



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0003698
Fieldwork ID:	MON-0040915

About the designated centre

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

The designated centre comprised of four purpose built units in a campus setting on the outskirts of a large city. The service provides full-time residential care to adult males and females with an intellectual disability and / or autism. Three units were located close to each other and the fourth was located within the wider campus. The units situated close to each other had a kitchen, a living room, separate laundry facilities and single bedrooms. These units had more than one communal area and some had visiting rooms. In addition, one of these units contained a single occupancy apartment comprising a sitting room with dining facilities, kitchen, bedroom and bathroom. The remaining unit was a single occupancy apartment located within the wider campus and this contained a kitchen, dining and sitting room area, a bedroom and bathroom. The staff team consisted of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 22 November 2023	09:20hrs to 18:50hrs	Elaine McKeown	Lead
Wednesday 22 November 2023	09:20hrs to 18:50hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This was an unannounced-risk inspection of the designated centre. The provider had been placed on a six-month regulatory improvement plan in October 2022. This designated centre was previously inspected on three dates since September 2020, this included two risk inspections in September 2020 and January 2021. Another unannounced inspection had been completed on 8 February 2023 prior to this inspection taking place. The provider was seeking to renew the registration of this designated centre.

This designated centre was comprised of four purpose built bungalows located on a campus settings. Three of these bungalows were located close together on the same grounds of a day services building. Two of these bungalows were interconnected while the third bungalow was interconnected to another bungalow that was part of another designated centre operated by the same provider. These three bungalows had a capacity for between five and six residents each while the fourth bungalow which made up this centre supported one resident giving the centre an overall maximum capacity of 18 residents. On the day of inspection 15 residents were met by inspectors who visited all four bungalows. The inspectors were introduced at times during the day that fitted in with individual daily routines. For example, one resident requested an inspector to visit them in the afternoon after they had completed a planned activity. Staff in another house requested the inspector wait until residents had completed their breakfast. Both of these requests were respected by the inspectors during the inspection.

On arrival at one of these bungalows, four residents were present while two further residents were in the day services building located close-by on the same campus. The inspector met two of the residents in the bungalow's dining room. These residents did look at the inspector when introduced by a member of staff but did not communicate verbally with the inspector so he did not obtain these residents' views on living in the bungalow. The two other residents that were initially present were in their bedrooms, and while the inspector did see one of these residents briefly when they left the bungalow later on, he did not meet either.

The two residents that were initially met in this bungalow appeared to spend much of their time during the morning of the inspection in the bungalow's dining room in the presence of staff members. Such staff were overheard to be very warm in their interactions with the residents during this time. The two residents who had been at the nearby day services building then returned for a meal with one resident overheard being offered choice on a drink that they wanted. The same resident was also asked how their time at day services had been by a staff member. This resident communicated verbally and was briefly spoken with by the inspector after their meal where they indicated that they had enjoyed a nice lunch.

One resident engaged with the inspector but it was difficult for the inspector to fully comprehend all of the responses made by the resident. The resident did respond to

some questions regarding their thoughts on living in the designated centre and attending their day service. The inspector also asked the resident what they had done in day services and the resident said that they did not know. When asked what they would be doing later in the day, the resident gave a similar response. This resident then asked the inspector some questions such as where the inspector was from and who he was here to see. After this resident requested a glass of milk which a staff member promptly provided for the resident.

The other resident who had returned from day services was also met by the inspector. At this time the resident was resting in the bungalow's living room. The inspector greeted the resident but they did not respond to him. It was observed though that the resident had a personalised blanket with them at the time which had photographs of the resident and their family on it. Some music was playing in the living room at this time and another resident requested to join their peer in the room. The former resident was offered the choice to turn on the television but declined and indicated that they wanted to listen to the music also.

This resident also appeared to be looking forward to Christmas. When the inspector was leaving this bungalow it was seen that they were wearing a Christmas jumper which they had requested that staff get for them from their bedroom. In one of the other bungalows it was also observed that a resident living there was looking forward to Christmas. This resident along with four others who lived in this bungalow were met when visited by an inspector. A sixth resident who also lived in this bungalow was away from the bungalow at the time of the inspector's visit and so was not met during the inspection.

When the inspector entered the bungalow, two residents were initially present. One of these residents was in the bungalow's living room and upon seeing the inspector they immediately took the inspector by the hand and brought him into the bungalow's dining area where staff indicated that the resident wanted a drink. A staff member then showed the resident two bottles of different drinks for them to choose from with the resident picking one of these. After finishing their drink the resident returned to the living room.

The other resident spent time listening to music with staff members present, who were overheard to be very pleasant towards to the resident in their interactions with them. Neither of these two residents communicated verbally with the inspector. Three other residents then returned to the bungalow having been attending day services on the campus. One of these residents also did not communicate verbally but they waved to the inspector after a staff member showed them a 'Nice to meet you' document which explained who the inspector was and why he was in the resident's home.

Another of the residents who returned greeted the inspector and smiled. They pointed out their clothes and shoes with staff indicating that the resident had recently gone shopping for new clothes for Christmas. The resident later brought the inspector to show him their bedroom and then looked for the clothes that they had bought. A staff member showed the resident where these were hanging up and upon seeing these the resident appeared very excited. Not long after this it was

noted that the resident had put on a Christmas themed hair band and the inspector observed that Christmas decorations were present in one of the bungalow's rooms which were to be put up soon.

The third resident who returned from day services also greeted the inspector and showed him their bedroom. This resident appeared happy at the time and in general while the inspector was present in this house, a nice sociable atmosphere was encountered. At one point it was seen that staff supported some residents with table top activities and encouraged other residents to be involved also. These staff prepared meals including making some rice crispy cakes which one resident in particular appeared to be looking forward. As the inspector was leaving this bungalow, it was seen that two residents were in the kitchen area with a member of staff while dinner was being prepared. A third resident was heard vocalising at this time with the staff member indicated that this meant the resident was waiting for their dinner.

Five residents were living in the third bungalow and were introduced to one of the inspectors during the morning. One of the residents was engaged in knitting and watching television in their bedroom. They had a comfortable chair to sit in but the space was confined with the chair positioned directly against the bed. This resident proudly showed the inspector a knitted Christmas tree that they had made and a staff member had sourced a wooden frame to provide structure to the tree. The resident had also visited a beauty salon the day prior to the inspection to get their nails and hair done. The person in charge also informed the inspector that the resident had enjoyed an overnight stay in a hotel during the summer months. This was part of the stepped approach to assist the resident to attain one of their goals which was to have a hotel break with spa treatments.

The other four residents were being supported in the sitting room when introduced to the inspector. Their usual morning routine had been altered to facilitate ongoing upgrade works in the kitchen and dining area. This resulted in these areas being inaccessible to the residents on the day of the inspection as new flooring was being installed. The staff team supported the residents to have their breakfast in the sitting room where the dining room table had been temporarily placed while the works were going on. Staff outlined this change had been explained to the residents in advance with ongoing assurances provided during the morning but the changes had impacted the residents actively engaging in other activities with the staff. The presence of external contractors who were completing the work was also deemed to be a contributing factor.

In addition, one resident was due to attend a scheduled medical appointment in the afternoon and another resident was unable to attend their regular day service due to a recent injury they had sustained. Staff outlined that the four residents would not usually spend the morning together. However, staff were unable to outline if there were any additional activities planned for the residents during the day. Due to the impact of the change in the breakfast routine staff had not yet liaised with the activation team at the time the inspector was present in the house. The person in charge informed the inspector that an activation staff had been deployed to the

house after the inspector had left.

In the afternoon, one resident met with an inspector in their bungalow where they lived alone with staff support. The resident spoke of how they had enjoyed having their lunch in the canteen on the campus explaining what they had to eat. The resident carefully examined the inspectors identification and repeated the inspector's name. They were observed to be smiling and engaging with the familiar staff member that was present with them. The staff member encouraged the resident to tell the inspector the names of the two pet rabbits that they cared for. The staff also involved the resident in the conversation as they explained some community activities that the resident enjoyed weekly which included visiting a particular fire station and visiting friends in the community for refreshments. The staff explained the importance of a regular routine for this resident which included regular calls and visits with family members. After a short while the resident indicated that they wished the inspector to leave and did not wish for the inspector to enter their bedroom. These wishes were respected and the inspector left after thanking the resident for meeting with them.

While reviewing documentation which included personal plans, inspectors observed photographs of some residents engaging in different activities. For example, one resident attended a wedding of a family member in July 2023. They were photographed smiling and wearing their suit. They had also been supported by staff members to participate in the pre-planning. Another resident had expressed a wish for many years to live near their family home. A purposed built home had been built and the resident was expecting to move into their new home in the months after this inspection. They were being supported by the staff team to transition to their new home which they would be sharing with another peer. The resident was very excited with development.

The inspectors observed all of the buildings to contain decor that was reflective of the individual residents and their personal interests. For example, one resident had pictures of animals on their walls, another had decorations and personal items displayed in their bedroom. The provider was actively progressing with extensive maintenance works in a number of buildings. As previously mentioned some of these upgrade works were underway and in progress on the day of the inspection. Planned works for other buildings in the designated centre were being scheduled to ensure minimal disruption to the residents living there. One resident who had made a complaint about the premises where they lived was due to be supported by the staff team to have a short hotel break while upgrading and maintenance works was being completed on their home. The works had originally been planned to commence on the week of this inspection but had to be delayed to ensure all required works could be completed by the external contractors within a few days to reduce the risk of causing increased anxiety to the resident. A staffing rota with additional supports was in place during this period for the resident while they would be staying in a location that was deemed to best suit their needs while the upgrade works were being completed.

In summary, there was evidence of improvements for some residents to engage in more frequent meaningful activities since the previous Health Information and

Quality Authority (HIQA) inspection in February 2023. The provider was actively seeking to recruit more staff and progressing with scheduled upgrade/maintenance works. Changes to some processes were evident of shared learning from the provider across the organisation which included developing meaningful goals for residents. One resident was being supported to move to another designated centre near their family home which was in -line with their expressed wishes. However, other residents had limited opportunities to engage in activities away from the campus setting.

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

Overall, this inspection found that there was evidence of improvements for some residents in relation to their personal goals and being supported to have greater access to regular meaningful activities. However, this was found not to be consistent in all of the houses that were part of this designated centre. The provider had addressed a number of actions that had been identified in the previous HIQA inspection, which included staff training prioritised and scheduled for the weeks after this inspection in-line with the provider's compliance plan response following the February 2023 inspection. In addition, the provider had addressed issues relating to the staff rota which clearly reflected the senior staff on duty, the fire warden on each shift and the location relief staff were working. However, on the day of the inspection not all staff working were documented on the actual rota. A nurse working in one of the houses was not included on the actual roster.

During the introduction meeting for this inspection it was indicated that the centre had five staff vacancies with such vacancies being filled by relief staff and agency staff (staff sourced from a body external to the provider). It was also indicated that a risk related to staffing had been escalated internally within the provider. During the course of the inspection staff members spoken with during this inspection stated that the minimum staffing requirements were provided in each bungalow of the centre. It was also indicated that where agency staff were used these were generally agency staff who had previously worked in the centre and were familiar with the residents.

As part of the staffing compliment for the centre, as outlined in the centre's statement of purpose, it was indicated that some activation staff were to be part of the staff team in the designated centre. Such staff's primary focus is to support residents to engage in activities and it was highlighted in one bungalow how a new activation staff member had recently commenced working there. This was described as a positive development and this did contribute to some residents engaging in

some additional activities. It was noted though that not all of the bungalows had a dedicated activation staff member at the time of this inspection and will be discussed further below, some improvement was identified regarding the provision of activities for residents.

Aside from this there was also some evidence of staffing challenges in other areas. In one bungalow, it was highlighted how one resident had a particular preference for the gender of staff that supported them on a one-to-one basis. While efforts were made to provide this resident with their preference, it was not always possible. In another bungalow, there was evidence that the needs of one resident were increasing. As a result, there were times when the resident would need the support of up to three staff to transfer to and from their bed. As this bungalow could at times be staffed by just three staff, this did present challenges particularly in terms of maintaining supervision of other residents. It was indicated though that at such times staff in the bungalow could call for additional staff support from either the day services building or another bungalow. One staff member spoken with said that this additional staff support would be provided always but another indicated that it be provided "most of the time".

The inspectors were aware the provider was actively engaging with their funder at the time of this inspection to address organisational wide issues which also included this designated centre. The provider had also submitted details of planned organisational management changes/re-organisation to the chief inspector. The re-organisation included this designated centre. There had been a change to the person participating in management. This person commenced their role in this designated centre at the start of November 2023. They demonstrated throughout the inspection their knowledge of their role and responsibilities and had already been in a similar role in a number of other designated centres with the provider. They were familiar with the escalated risks that had been identified within the designated centre. They had held a number of meetings with the residents and different staff groups since they took up the role and had more scheduled in the weeks following this inspection, which included meeting with the dedicated activation staff members.

The provider intended to make a change to the person in charge in the weeks after this inspection. At the time of this inspection the post holder had been in position for over three years. They demonstrated their knowledge of the assessed and changing needs of the residents living in this designated centre. There was also evidence of oversight and delegation of duties. The inspectors were informed there was a planned induction period for a detailed handover to be given to the incoming person in charge .

The provider had ensured an annual review of the designated centre and internal provider led audits had been completed as required by the regulations. Regarding the annual review which was completed in September 2023 evidence of actions and progress being made was documented in a number of regulations. However, not all actions had been completed within the time lines documented. For example, all staff supervision was to be completed by September 2023, this had not been achieved and remained incomplete at the time of the inspection. In addition, it was identified

that the issue of consistent staffing resources not being available was impacting core staff being able to provide support to residents. A number of residents had also indicated in their responses to the auditors of the annual report that they would like to go out in the community more often. The most recent internal provider led six monthly audit was completed in May 2023. Actions identified included staff training, resident forums and maintenance works, all of which were in progress. In addition, the infection prevention and control (IPC) standards were made available to all staff, and the person in charge had ensured all agency staff had reviewed the required policies. This was documented as being completed by 15 May 2023.

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. The floor plans were required to be updated and re-submitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations.

Not all areas were found to be accurately represented on the floor plans. This was outlined to the provider representatives during the feedback meeting

Judgment: Substantially compliant

Regulation 15: Staffing

There was a core staff team available to support the residents. The recent recruitment of a dedicated staff in one of the houses to fill an activation post was described as having a positive impact on the services provided.

While the provider was actively seeking to recruit suitable staff, there was continued reliance each week on agency staff to cover gaps in the roster. At the time of this inspection there were five care assistant vacancies. Staffing challenges remained which impacted the ability of the staff team to provide one-to-one staff to a resident in-line with their known preference.

There was an actual and planned roster but it was not reflective of all staff working in the designated centre on the day of the inspection. For example, a nurse was working in one of the houses but this was not documented on the actual roster.

On the day of the inspection only one house had a dedicated activation staff available to support them. The inspectors acknowledge that additional activation staff were deployed during the day to one of the other houses. In addition, the provider is seeking to increase the number of dedicated activation staff within the

designated centre.

The requirement for additional staffing resources to support the changing and increasing assessed needs of the residents in this designated centre had been highlighted on internal audits and escalated to senior management as a risk. The issue remained unresolved at the time of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. The training matrix was kept up-to-date, with staff attending training as scheduled. All staff had attended refresher training in areas such as fire safety, manual handling, infection prevention and control and safeguarding.

In addition, following the February 2023 inspection, the provider had submitted a date for compliance with refresher training for all staff to be completed by 31 December 2023. This included over 20 staff due to attend training in management of actual and potential aggression. Dates were booked for on-site training to be completed in the weeks following this inspection. The provider had also ensured other staff resources were available to support residents while training was taking place.

At the time of this inspection only 50% of the staff team had attended training in the administration of emergency medications. This potentially could adversely impact residents with known medical conditions participating in community activities if trained staff were unavailable to support them.

The person in charge and person participating in management were aware of gaps in the supervision of staff members which had not been completed as scheduled since June 2023. This will be actioned under Regulation 23: Governance and management

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to monitor the services being provided to residents such as internal audits and completing an annual review which included consultation with the residents and their representatives. However, not all actions identified in the annual review had been addressed within the time lines documented. For example, staff supervision had not progressed since June 2023.

The provider was actively seeking to recruit additional staff to provide resources to effectively deliver care and support to the residents living in the designated centre. Staffing resources had been identified as an escalated risk.

An organisational review of the management structure had also introduced recent and planned changes in this designated centre which included the person participating in management and the person in charge.

Judgment: Substantially 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 during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had systems in place for the review of adverse incidents occurring in the designated centre. However, not all incidents where a resident may have been adversely impacted by the actions of another peer were reported in writing to the chief inspector within three days as required by the regulations. Following a review by the inspectors of incidents documented since the previous inspection in February 2023, an adverse incident had occurred in August 2023. While the person in charge had submitted information pertaining to one of the residents in the relevant quarterly notifications, a three day notification relating to the suspected adverse impact of a peer's actions had not been submitted. The inspectors acknowledge that a retrospective notification was submitted by the

person in charge on the day of the inspection.

The person in charge had systems in place for the review of restrictive practices within the designated centre. This included the reporting of recently documented restrictions to support the assessed needs of residents, such as money management. However, not all restrictive practices had been reported in the most recent quarterly notifications as required by the regulations. This included the use of close circuit television (CCTV).

Judgment: Not compliant

Quality and safety

During the previous inspection of this centre in February 2023, improvement was found to be required in the areas of assessing residents' needs and personal planning. On the current inspection it was found that there had been improvement overall in such areas. A sample of personal plans were reviewed during this inspection and were found to contain guidance on supporting residents' needs in various areas such as their health, nutrition, communication and intimate personal care. Guidance on supporting residents to engage in positive behaviour was also provided for although it was seen that some of this guidance had not been reviewed in over 12 months and/or required updating to reflect new developments. While this area needed review, on the current inspection it was also found that residents' personal plans were now available in a more accessible format which had not been the case during the February 2023 inspection.

Improvements were also found in relation to assessing residents' needs. Under the regulations residents' health, personal and social cares needs should be assessed at a minimum on an annual basis. Despite this, at the time of the February 2023 inspection, inspectors only found evidence of residents' health needs being assessed. Since then a new assessment for residents' personal and social needs had been introduced to supplement the assessment of health needs. Inspectors reviewed a sample of these new assessments and did note that they assessed relevant areas. The majority of these assessments seen had been completed although it was noted that some sections in some assessments had yet to be completed. It was indicated to the inspectors that staff were still getting used to these new assessments and that they were a work in progress.

Aside from the new assessments for residents' personal and social needs, it was seen that health assessments for residents had been reviewed since the February 2023 inspection. Such assessments did contain relevant information and did take account of some recent developments. However, it was noted in some that information about vaccines residents received had not been updated. For example, some residents' health assessments indicated that they were to receive the flu

vaccine annually but the assessment indicated that they had not received these in a number of years. This was queried with a member of staff and other records were provided that these residents had received such vaccines more recently. Evidence was also provided that residents were facilitated to avail of national screening services and receive input from health and social care professional such as general practitioners. It was noted though that a psychology review by one resident was overdue. Following that resident's multi-disciplinary team (MDT) review meeting on 30 March 2023, an action was documented that the resident would benefit from a psychology review. While the resident was on a referral waiting list, it had not been followed up at the time of this inspection.

While this needed review, it was found that residents had been recently supported to participate in a person-centred planning process to identify goals for them to achieve. Such goals were noted to have a focus on communication participation and included matters such as going to a pub for a music session and joining a community group. Some residents had also goals identified to go on foreign holidays and it was seen that obtaining passports for residents was being explored as part of this. In addition, some residents had been supported to register to vote recently so that they could exercise their right to vote if they wished to do so. Documentation around some of these goals were available which outlined how these goals were to be achieved and when they were to be achieved by. It was noted though that this was not in place for all identified goals but it was indicated that this area was still being worked on. It was also acknowledged that some residents' person-centred planning meetings had only been completed in the weeks leading up to this inspection.

Outside of residents' goals, inspectors also reviewed the activities that residents generally did during the week. As referenced earlier, there was some dedicated activation staff assigned to this centre to support activities and the addition of a new activation staff in recent time was highlighted as a positive development. In one bungalow it was seen that specific activation profiles for residents were in the process of being completed which were intended to outline what activities residents' liked to do and how they were to be supported in doing these. One activation staff member spoken with outlined how these profiles were being development which included getting to know the residents. There was also evidence that in recent times residents were able to avail of additional activities such as going swimming which was a positive development. Despite this, inspectors did find some room for improvement relating to the provision of activities particularly activities in the community away from the campus.

While it was acknowledged that some residents had particular needs and preferences around the activities they did, a sample of activity records reviewed indicated that the majority of activities residents participated in were based on the campus where they lived. These included going to the day services building and going for walks. While there were some external activities recorded, such as eating out and meeting with relatives, inspectors also observed some days where residents were not recorded as having done any activity. While these were very much in the minority for most residents reviewed, for one resident an inspector counted 23 days in September, October and November 2023 where the resident was not recorded as

having done any activity. Prior to COVID-19 pandemic, this resident had attended day services in another location away from the campus five days a week but could now only attend this a maximum of two days a week. During the inspection it was indicated that on some days when the resident was meant to attend their day services, they were not able to go due to staffing issues in that day services.

It was acknowledged that such staffing issues did not relate to this designated centre but a complaint around his resident's access to day services had been previously made on their behalf. Taking into account the activity records reviewed and the resident's current day services arrangements, their rights to a meaningful day were being adversely impacted. It was seen though that interactions between residents and staff in all bungalows were found to be respectful and warm throughout the inspection. However, an inspector did observe one instance which did impact residents' rights to privacy in their home. While in one bungalow, it was seen that two maintenance personnel entered the bungalow via a side entry door without announcing themselves in advance or knocking. They then proceeded to freely enter the bungalow's living room where a resident was present before staff member redirected them out. The same two maintenance people then moved to and from the interconnected bungalow via a link corridor. It was unclear if these two maintenance people announced themselves prior to entering the interconnected bungalow.

On the day of inspection some maintenance work was ongoing in one bungalow. In the bungalows visited by inspectors it was seen that they were clean while efforts had been made to make them homely. For example, there were numerous framed photographs of residents on display while some residents' bedrooms seen were observed to be personalised and well-presented with storage provided for their personal belongings. Some areas in need of maintenance were seen though but it was acknowledged that further maintenance works were either planned or progressing. For example, it was observed in some bungalows that the quality of flooring varied with one living room flooring seen to be marked in various places. This was due to be replaced with the maintenance work ongoing on the day of inspection also relating to flooring in a different bungalow. Some flooring in the bungalows had already been changed, such as in residents' bedrooms, but it was observed that this resulted in some fire doors in one bungalow having noticeable gaps under them.

Such fire doors are intended to prevent the spread of fire and smoke and the presence of such gaps under these doors could reduce their effectiveness. Fire doors were present throughout all four bungalows along with other fire safety systems that included fire alarms, emergency lighting, fire extinguishers, fire blankets and evacuation pads. Fire drills were being conducted at varied times and with varied levels of staffing. All evacuation times recorded in drill records seen were under the time that the provider had assessed as being a safe evacuation time. All staff had completed fire safety training and when reviewing other records in one of the bungalows, it was noted that staff were generally carrying out internal checks on the fire safety systems in place. It was noted though that there was some inconsistency in the frequency of one weekly check while some gaps were seen in a daily check for escape routes. No escape routes in any bungalow were seen to be

obstructed on the day of inspection but in one bungalow an inspector did observe that a break glass unit for an escape route was missing its glass.

Notwithstanding the maintenance issues and fire safety issues noted, the premises provided by the four bungalows were generally suited to meet the needs of most residents. However, as highlighted above, one resident's needs had increased which resulted in them sometimes needing three staff for transfers. This resident had been recently assessed by an occupational therapist and it was recommended that, given their needs, they needed a new bed and hoisting equipment. While this had been ordered it was not in place at the time of this inspection. In addition, when reviewing records for one resident, reference was made to a resident's walker being too big for the bungalow where they lived. This was queried with management of the centre who indicated that the resident was supported to mobilise in other ways and the walker was intended to be used to support the resident's muscle strength. It was also highlighted that the walker was intended for the day services that the resident attended which had more space and that the resident had a different smaller walker that was used there.

Regulation 11: Visits

Residents were supported to maintain relationships with family members and friends, within the designated centre, in social community settings such as cafes and visiting family homes in-line with their expressed wishes.

Space was available in all bungalows for residents to receive visitors in private. Staff spoken with indicated that residents received visitors with records reviewed also confirming this.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured residents were supported to retain control of their personal possessions. The staff team ensured logs of personal possessions were maintained for each resident, which included details if items were no longer in use/discarded /broken.

In addition, all residents had been supported and assessed in relation to the management of their personal finances. One resident did have their own bank card, with systems in place to support the resident as required. The remaining 17 residents did require staff support with their personal finances and these were

subject to regular review and audit by the person in charge.
Judgment: Compliant
Regulation 17: Premises
Overall the premises provided was seen to be clean and homely. Upgrade works were underway in some areas , with planned scheduled works for other areas within the designated centre. These were scheduled to be completed in the weeks after this inspection.
Judgment: Substantially 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.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider has systems in place to ensure the identification, assessment and management of risk. However, while centre specific and individual risks were subject to regular review, not all controls documented were reflective of what was in place or as outlined in the statement of purpose. For example, one resident had an identified risk that required them to be supported by two staff during the day. However, this was not always in place as per the findings on the day of the inspection. On review of the statement of purpose, the minimal staffing supports for the resident was documented as being one staff by day.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had ensured effective fire safety management systems were in place. All residents had personal emergency evacuation plans (PEEPS) which were subject

to regular review. All staff had attended fire safety training. A fire warden was identified on each shift both day and night in each of the houses. Staff were aware of the fire evacuation plan and individual supports required by residents to assist them to safely evacuate if required. Regular fire drills had taken place including a minimal staffing drill.

The provider had protocols in place for fire safety checks to be completed regularly which included daily, weekly and monthly checks. However, these were not consistently documented as being completed.

Gaps were evident underneath a number of doors which included areas where recent upgrade works to flooring had been completed. This was discussed during the feedback meeting on the day of the inspection .

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. The provider ensured there was input from the multi-disciplinary team, (MDT) as required. Each resident was supported to access their personal plan in an accessible format.

Residents were being supported to actively engage in the planning and development of their personal plans and in identifying meaningful goals, which included community participation. While a number of residents had clearly documented steps to achieving their goals with time lines identified this was not consistent for all residents in the designated centre.

There was evidence of ongoing review to ensure the designated centre continued to support the assessed and changing needs of each of the residents in the designated centre. However, at the time of the inspection equipment which included a bed and hoist as recommended by an occupational therapy assessment for one resident were not in place.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident, in conjunction with their family representatives. Nursing staff were available at all times in the designated centre. Weekly visits to the centre by the GP

supported ongoing review of any medical concerns. All residents has been supported to have an annual health check completed. While gaps were identified in some health assessment documentation pertaining to the vaccine status of some residents this information was made available for review on the day of the inspection in other records.

A psychology review as recommended by the MDT in March 2023 for one resident remained outstanding at the time of this inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured all staff would be provided with up-to-date knowledge and skills to respond to behaviours that challenge and support residents to manage their behaviours by 31 December 2023 as outlined in the provider's compliance plan response submitted to the chief inspector following the February 2023 inspection.

However, the review of some residents positive behaviour support plans was not clearly documented. For example , one resident's support plan was last reviewed in January 2021.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. Information was available for residents in easy- to- read format.

There was one open safeguarding concern at the time of this inspection which was still awaiting a response from the HSE safeguarding team.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was actively seeking to ensure residents rights were respected and promoted within the designated centre. This included providing assistance for residents to register to vote, obtain a passport and engage in regular meaningful

activities while respecting their wishes.

Residents privacy and dignity was respected for the most part, further review of the process in place when external contractors are carrying out planned works would ensure residents privacy is consistently supported in their home.

One resident had not yet returned to attending their day service as they had prior to the pandemic. The inspectors acknowledge this is being reported as a staffing issue within the day service. However, there was a lack of activities being recorded for the resident in recent months while they remain in the designated centre. The resident's MDT had identified in March 2023 that the resident could become bored and the resident themselves had indicated they would like to attend their day service more often.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 4 OSV-0003698

Inspection ID: MON-0040915

Date of inspection: 22/11/2023

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.

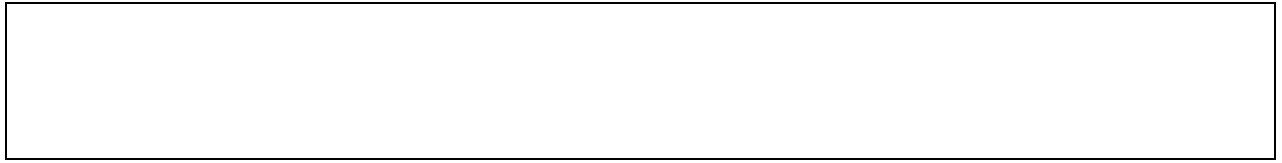
Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Floor plan issues/concerns were reviewed by internal HIQA administrator – meeting and review organised and floor plans will be submitted following review – to be completed by 31/01/2024.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: PIC to ensure that actual and planned rosters reflect daily changes and needs on site. PIC to ensure changes that occur on a daily basis are completed in a timely manner. PIC to ensure that rosters are completed in a timely manner at least 2 weeks in advance. Weekly request for familiar agency are made and use of relief staff (to fill current 5 vacancies). Provider is actively recruiting. Activation staff vacancy and CNM1 vacancy will be advertised in the first quarter of 2024. Staffing vacancy review at the end of 2024 (annually).</p>	

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> <p>PIC has sent email request to training administrator for upcoming dates for buccalum (emergency medication) training for any staff that require same, dates to be added to training schedule once same received.</p> <p>PMR schedule has been updated and reviewed same to commence in Jan 2024 and will be completed in the 1st quarter of the year.</p> <p>Training dates for staff requiring refresher training in MAPA and Manual handling have been booked for the year of 2024, to ensure that all staff continue to be compliant with training</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PMR schedule has been updated and reviewed same to commence in Jan 2024 and will be completed in the 1st quarter of 2024.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>PIC will review the current system in place to review notification, this will ensure that all reviews are completed in a timely manner. All staff have access to information in relation to notifications in an information pack which is available in main office and in induction pack in each house. All incident logs to be reviewed by the PIC to ensure that notifications are completed as required by regulations.</p> <p>CCTV within one of the houses was reviewed to consider the use of the rights restriction. New system and protocol in place in relation to use of same. It is only to be turned on when necessary and will be switched off when not in use. This will be trialed 3 months and reviewed to minimize the restriction of the residents' rights.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Schedule of works in place. Works are ongoing and are being completed update of works completed will be compiled by the PIC in Jan2024. This update will be forwarded to PPIM and facilities manager to ensure completion of all works.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments are scheduled for review on an annual basis or as required. PIC reviewed risk assessments post inspection and required changes were completed. All other risk assessment is to be reviewed in March 2024. New risk is completed as required i.e. changing needs</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC to complete reviews of fire documentation. New schedule for these reviews will be in place from Jan 2024 Gaps on three fire doors were escalated to facilities manager post inspection.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal plans are being reviewed on an ongoing basis due to being an active record. Goals etc. are continually being reviewed and updated using the step by step approach. Schedule to complete same has been put in place and PIC regularly reviews same.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Referral sent for Psychology assessment for resident that required same following MDT meeting. Referral sent on 8-12-2023, awaiting response Follow up MDT is scheduled for March 2024.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Referral sent for review of PBS specialist for resident. Referral sent on 8-12-2023 PIC and support staff to review current PBS plans in use to see if currently relevant. This is to be completed by 1st quarter of 2024</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All external contractors were contacted in relation to announcing when they are arriving into residents' homes. Facilities manager was also contacted in relation to same, to ensure that this information was passed on. 13-12-2023. The provider also followed up with facilities manager and was reassured that all contractors are aware of this going forward.</p> <p>PIC to arrange meeting with RM and day service manager to look at the resident's current service and how both residential and day service can work together to support resident to increase his attendance at day service. In the mean time PIC will ensure that staff are offering a range of activities for the residents. Activation staff meeting to be held in Jan 2024 to ensure that all residents attend activities of their choice in line with their own goals and interests.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	31/01/2024
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	Substantially Compliant	Yellow	31/12/2024

	the designated centre.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2023
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	30/06/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional	Substantially Compliant	Yellow	31/03/2024

	responsibility for the quality and safety of the services that they are delivering.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	20/02/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/02/2024
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	30/11/2023
Regulation 31(3)(a)	The person in charge shall	Not Compliant	Orange	01/02/2024

	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.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/06/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are	Substantially Compliant	Yellow	30/04/2024

	implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/03/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2024