

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

## Issued by the Chief Inspector

Name of designated centre:	East County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	14 June 2024
Centre ID:	OSV-0008693
Fieldwork ID:	MON-0042186

## About the designated centre

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

This designated centre is a two bedroom, double storey home located in a new housing estate in the suburbs of a large city. Full time residential services are provided to 2 adult females with an intellectual disability. The centre is a newly built double story home consisting of 2 single occupancy bedrooms. There are separate living, dining/kitchen and bathroom facilities for residents. There is an office space in the centre. Each resident has access to telephone, TV, radio and Internet. There is an enclosed garden space to the rear. The residential centre is open 7 days a week 365 days a year. The centre is staffed by a staff team comprising the person in charge, social care workers and care assistants. Nursing supports are not provided in the centre but access to nursing supports are available as required.

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

Number of residents on the date of inspection:	2
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 14 June 2024	09:30hrs to 16:30hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, the two residents who received supports in this centre were offered a very good quality service tailored to their individual needs and preferences. The service provided was seen to be safe and effective and this inspection found that since moving into this new centre, residents were receiving an enhanced service.

The inspector commenced the inspection in another location in agreement with the provider and visited this centre in the afternoon. The inspector had an opportunity to view all areas of the centre and to meet and spend time and speak with both residents living there.

This centre comprises one newly built detached two-storey house based in a residential housing estate located in a large city. Both residents have their own bedrooms and there is also a staff office, a kitchen and a sitting-room. Upstairs there are toilet and shower facilities and downstairs there is toilet facilities also. Parking is available to the front of the house and there is a private garden area to the rear. The centre is close to local amenities and public transport.

The provider had facilitated one of the residents living in this centre to move and de-congregate from a larger, less suitable environment. This centre afforded residents increased opportunities to this resident to exercise their rights in relation to where they lived, how they were supported and afforded them with a more homely and enhanced living environment. The second resident used to live in a community based setting located close to the larger centre and received some supports from there. This new home provided this resident with opportunities to avail of enhanced supports and staffing and they told the inspector about what a positive change this move was for them. Residents living in the centre told the inspector that they loved their new home and were enjoying getting out and about in the local area. Both residents were very proud of their bedrooms, which they had decorated themselves and the beautiful new furniture they had picked out for their new home.

Colourful flowerpots were on display outside the house and resident spoke about assisting with choosing these. The non-slip covering on the stairs was institutional in nature but was present in the house prior to residents moving in and otherwise the communal areas were seen to be nicely decorated.

On the day of the inspection, one resident attended a day service and the other resident was out of the house taking part in community based activities. Both residents returned to the house in the afternoon and met with the inspector in the sitting-room of their home. Residents' spoke about the transition to the centre. They told the inspector that this had been very busy and was a stressful time with 'boxes and boxes of stuff' to move into the centre but that it was great to be living in the

centre now.

Both residents told the inspector that they liked their new home. One resident said it was a 'lovely house' and 'lovely and quiet here'. They spoke about how nice their neighbours were and about how they had been welcomed to the house and how they were developing positive relationships with their local community.

When asked by the inspector if they felt safe in their home, one resident replied 'of course' and residents told the inspector that they would tell staff if they had a problem in the centre. Residents told the inspector that the staff in the centre were very good to them. When asked if there was anything that they didn't like about the centre, residents told the inspector that sometimes it was 'too hot' and showed the inspector fans in their bedrooms. Residents chatted at length with the inspector and showed the inspector their rooms and talked about photographs that were on display in the sitting room and their bedrooms. One resident had previously lived for over twenty years in with a number of other residents. She told the inspector that she sometimes missed her friends from that centre but that she visits them whenever she liked. Overall, residents were very positive about their new home, the staff that supported them, and the facilities and services available to them, including shared access to a car for transport. Residents reported that they got out very often and were supported to do the things that they enjoyed such as visiting people, going for meals out, gardening, and shopping for their new home.

A staff member spoke with the inspector and told them about the positive changes this centre had brought about for residents. Residents could be offered more choice and autonomy over their own lives in the smaller setting and this home offered a more peaceful and a safer environment to residents. This staff member told the inspector that they were in the process of completing training in the area of human rights and was familiar with the FREDA principles. Staff also spoke about residents enjoying the smell of cooking in the centre and having opportunities to help with this, as previously most of their food would have been delivered to them from a communal kitchen.

Overall, this inspection found that there was evidence of very good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Management systems were seen to be in place in this centre that overall provided for a high quality, responsive and person centred service to the residents living there. The evidence found during this inspection indicated that the services provided within the centre were safe, consistent and appropriate to residents' needs. While

the provider had in place some management systems that promoted good quality and safe services, some issues were found in relation to the provider addressing potential actions required in a timely manner following a review that had been completed in the centre. This will be discussed under Regulation 23: Governance and Management.

This centre was registered in December 2023 and this was the first inspection of the centre. This short notice announced inspection found that this centre was very well managed at a local level and had good systems in place to ensure that residents received appropriate care and support.

There was a clear management structure present in this centre. The person in charge reported a regional manager who was also a person participating in the management (PPIM) of this centre. The PPIM reported to the Chief Operations Officer (COO) who in turn reported to the Chief Executive, who reported to a Board of Directors.

The person in charge was present on the day of the inspection and a person participating in the management of the centre was also present for a short period at the outset of the inspection. The person in charge maintained a very strong presence in the centre and staff and residents reported that this individual was very supportive and responded promptly to any concerns. An appropriate local audit schedule was in place and these audits were seen to be completed to date as per the schedule, with actions identified and addressed from these. Documentation was in place that reflected the services being provided in the centre and the person in charge was seen to have oversight of this.

Staffing levels and skill mix were appropriate to meet the needs of the residents and staff training was being provided in a variety of areas. Additional supports were available from a nearby designated centre also ran by the registered provider. The person in charge had remit over both of these centres and the inspector saw that the staff teams in both centres worked well together to offer a responsive and effective service to residents. For example, these centres shared transport and sometimes pooled staff resources to support residents to access activities in the community.

There was limited evidence that other members of management were regularly on site or available to residents or staff. Residents and staff told the inspector that the PPIM was the only other member of management that had visited the centre since it had opened. A visitor's book in the centre had commenced in April 2024. The PPIM for the centre was seen to have visited the centre on the day previous to the inspection and staff. There was no evidence viewed that showed any other provider representatives had visited the centre or met with residents since it had opened. The impact of this was limited by the strong oversight provided by the person in charge appointed to the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain very good oversight of the centre. The individual was full time in the role. Evidence of the person's qualifications, experience and skills along with other required by the regulations was previously submitted by the registered provider and was reviewed by the inspector as part of the application to register the centre. Since then, the remit of the person in charge had reduced and at the time of this inspection, the person in charge had remit over two designated centres in total, located in the same housing development. This meant that the person in charge was able to spend time regularly in both locations and was available to residents and staff in this centre on a very regular basis.

Judgment: Compliant

## Regulation 15: Staffing

A small consistent staff team supported the residents in this centre. There were staff of a sufficient number and skill mix rostered to ensure that residents' needs were met in the centre. The planned and actual roster for the designated centre was reviewed by the inspector. A sample of four weeks rosters were reviewed and this showed that staffing levels in the centre was maintained at minimum levels at all times. Potential gaps identified in the planned rota were seen to be filled as required.

Generally, by day, one to two staff supported the two residents living in the centre. At night, usually one waking night staff supported residents. The residents living in this centre did not require nursing supports within the staff team and were supported by a mix of social care workers and care assistants. However, nursing input was available from a designated community nurse if required by residents and the inspector saw that this individuals' working hours were recorded on the roster along with their telephone number. In the event that this nurse was unavailable, the providers on-call management arrangements provided staff with access to supports from a nurse if needed.

Staff files were not reviewed during this inspection.

Judgment: Compliant



## Regulation 16: Training and staff development

The training needs of staff were being appropriately considered and this meant that residents could be provided with safe and good quality care and support appropriate to their needs. The inspector viewed a training matrix for five staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that overall the person in charge was maintaining good oversight of the training needs of staff. Mandatory training provided included training in the areas fire safety, hand hygiene, safety intervention, infection prevention and control, and safeguarding.

Within the centre an identified need for residents was the safe administration of medication. However, three out of six of the rostered staff team were not trained in the safe administration of medications. This meant that there was potential that on occasion residents would have to wait a period of time for a trained member of staff to attend the centre in the event that they required medications unexpectedly. The Statement of Purpose of the centre did state this training was available to staff and the person in charge provided a risk assessment to the inspector in the days following the inspection in relation to this and the inspector saw that this training was scheduled for two staff.

Judgment: Compliant

## Regulation 23: Governance and management

This inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose.

There was strong local oversight provided by the person in charge of this centre. Residents were seen to be very familiar with the person in charge and it was evident that they were comfortable to raise concerns with this individual and met them regularly. However, there was limited evidence that other members of the management team were regularly present in the centre. The impact of this was reduced by the strong oversight and presence maintained by the person in charge.

While overall, management systems in place were ensuring that the service provided was safe and appropriate to residents' needs, some improvements were required to ensure that all issues were clearly identified and actions completed in a timely manner. A provider level audit had been completed by a delegated person in the centre six weeks prior to the inspection. At the time of this inspection, the person in charge reported that they had not received any written feedback in relation to this and there was no action plan in place to address any identified concerns.

A governance protocol for linked centres was in place. This set out the management

details for eight areas under the remit of the provider that were linked to ensure that governance oversight and support was available at all times. This clearly set out the governance and on-call arrangements should the person in charge be absent. A governance protocol was also in place in respect of the arrangements for the management team to take leave that ensured governance structures were always in place and available if required. A daily shift planner was in place that outlined residents' activities and appointments and also identified allocated staff for safeguarding, medication administration and the fire officer on duty. Information for staff was laid out clearly and easy to find and clear handover and staff induction procedures were in place.

An audit schedule was reviewed by the inspector and it was seen that actions identified through a comprehensive system of auditing were clearly documented. This including details about the progress and completion of actions and any outstanding actions. The inspector saw that 32 audits had been identified for completion in 2023 and reviewed seven completed audits in further detail.

The centre was seen to be adequately resourced. Residents had access to transport to facilitate medical appointments and social and leisure activities, staffing in the centre was appropriate to the needs of residents and the premises was fit-for-purpose and maintained to a high standard.

As the centre had not been operating for over six months, a six monthly provider review or annual review had not been completed.

Judgment: Substantially compliant

#### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that admission policies and practices took account of the need to protect residents from their peers. For example, compatibility assessments had been completed prior to residents being admitted to this centre. Contracts of care were in place in this centre for residents. Both contracts were viewed and had been appropriately signed by the resident and also by the person in charge and an advocacy officer. Contracts were available in an easy-to-read format. Details of how fees and charges were calculated were included but amounts were not explicitly stated in the contracts. The provider was in the process of updating these contracts.

Judgment: Compliant

#### Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre. Some minor amendments were required to ensure that this reflected accurately the management arrangements in the centre and an updated statement of purpose was submitted by the provider.

Judgment: Compliant

## Quality and safety

The well being and welfare of residents was overall maintained by a good standard of evidence-based care and support. On the day of this inspection it was seen that overall safe and good quality supports were provided to the residents that lived in this centre by a committed staff team. Some issues were identified in relation to fire safety and these are discussed under Regulation 28.

The person in charge told the inspector about the supports that were provided to residents to assist them to transition into the centre from their previous homes. Some familiar staff supported residents with the transition and efforts were made to support the residents to become familiar with the local area. Residents were also supported to maintain contact with the people they had previously lived with. Residents were taking a very active role in the decorating and furnishing of their new home and it was clear that this was an activity that was enjoyed by both residents.

The person in charge also spoke with the inspector about the positive benefits for the two residents since they had moved into this new residential setting. Staff also spoke about the positive impact the transition into this centre had for residents. For example, peer-to-peer safeguarding risks were substantially reduced and residents now had much improved access to the community.

Consideration was being given to the potential to carry institutional practices from the previous congregated setting into this community based centre. The person in charge told the inspector about efforts that were made to ensure that this was minimal and the ongoing work being carried out with the staff team around this.

During the inspection, the inspector spoke with the staff member working with the resident along with some staff that supported these residents sometimes but were working in the other designated centre under the remit of the person in charge on the day of the inspection. Staff were familiar with the likes and dislikes of residents and demonstrated a strong commitment to ensuring that residents were afforded choice and were offered regular access to activities in their homes and in the community. Staff told the inspector that residents were getting out in the community a lot more in their new home compared and that the low number of residents living together meant that residents were afforded more autonomy over

their daily lives.

This inspection found that resident consultation was occurring in this centre. Resident meetings were being held and documented. Issues raised by residents were responded to. For example, residents had complained about how hot their bedrooms were, and in response the person in charge had arranged for fans in their bedrooms until the issue was rectified by the heating contractor. There was evidence also that residents were supported to maintain important relationships with family and friends.

The inspector reviewed residents' documentation in the centre. Residents had up-to-date personal plans and there was evidence of residents' assessed needs being considered including access to allied health professionals as required. Some of the supports available to residents included psychology, psychiatry, speech and language therapy and access to general medical services. An OK Health check was viewed in a residents file also.

A weekly timetable was viewed that showed that residents were attending a variety of activities regularly including accessing day services, boccia, bowling, shopping, art therapy, yoga and visiting friends. Keyworker meeting minutes showed that residents were being offered activities also and these mentioned new therapies, aqua aerobics and gardening activities that were being considered by residents. Residents spoke about going out on a daily basis if they wished and about the things that they liked to do.

### Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were seen to be well supported in this centre in line with their assessed needs and wishes. There was evidence that residents were supported to attend a variety of activities including community based activities. Residents were supported to maintain personal relationships. For example, residents told the inspector about visiting some of the people that they knew from the previous centre and how they could do this whenever they wanted. Residents also told the inspector about the activities that they enjoyed, about attending day services if they wished and how they were settling into their local community.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to

meet the aims and objectives of the service and the number and needs of residents. A walk around of the premises was completed by the inspector. The premises was newly built and was of a suitable size and layout to meet the needs of the two residents that lived in this centre. Some areas, such as the bathroom, were small but were appropriate to meet the current needs of the residents.

Resident bedrooms and living areas were seen to be decorated in a manner that reflected the individual preferences of residents. The centre was observed to be clean throughout on the day of the inspection and overall communal areas were seen to be homely and welcoming. There was a suitable outdoor areas available for the use of residents. Residents had chosen wardrobes and had access to suitable storage. Residents had access to laundry facilities also. A ventilation system was present in the centre. Some issues had been raised in relation to the heating of the centre, with the house reported to be too hot on occasion by residents and staff. Fans were observed in residents' bedrooms. The person in charge had taken action in relation to this. This had not fully remedied the situation and the person in charge was taking further action to address this at the time of the inspection.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge was ensuring that residents were supported to be involved in food preparation in their home and that there was adequate provision for residents to store food in hygienic conditions. Equipment such as a fridge, oven and hob were in place and the person in charge had put in place a system of food labelling to ensure that food was safely stored and disposed of if required. Some food records, such as food temperature records were viewed. The inspector saw that residents were offered a meals and refreshments regularly and had access to facilities to prepare their own meals and snacks. The evidence viewed indicated that residents were provided with a variety and choice of food and drinks in the centre, including snacks and refreshments.

Residents were involved in grocery shopping and told the inspector that the food provided to them was good and that they were offered good choice in this area

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection and that adequate precautions were taken against the risk of fire. Arrangements were in place for

maintaining fire equipment and reviewing and testing fire equipment. Appropriate containment measures were in place. The registered provider had not fully ensured, by means of fire drills, that staff and residents were fully aware of the procedure to be followed in the case of fire.

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers, break glass units and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Fire safety systems were reviewed by the inspector during the inspection. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and records viewed showed that quarterly checks by a fire safety company were completed on the fire alarm system. Easy-to-read evacuation procedures were on display in the hallway. Fire safety records for the period since the centre had opened were viewed and these showed that there were a number of checks being completed by staff in the centre. Monthly checks of fire equipment were being completed. Daily checks were being completed by staff of the fire evacuation route. There were some gaps identified in the documentation for weekly inspections but following discussion with the person in charge this was a documentation oversight rather than a practice issue.

The stairs provided the only egress route from upstairs. A small locked press was viewed underneath the stairs and the person in charge informed the inspector that this contained the heating manifold and was locked as per fire regulations. During the inspection, the person in charge confirmed with the facilities manager that this press was appropriately fire proofed.

A training matrix reviewed showed that the registered provider had made arrangements for staff to receive suitable training in the area of fire safety. All staff working in the centre at the time of the inspection had completed fire safety training. There were plans in place to evacuate residents in the event of an outbreak of fire. Fire evacuation drill records were reviewed from when the centre had opened. These showed that a number of fire drills had taken place, but that a fire drill had not been completed that simulated the staffing levels at night or when staff were lone working since the centre had opened. Also, not all staff had taken part in fire evacuation drills and this could mean that staff would not be fully familiar with the evacuation procedures in the event of a fire, although both residents required minimal assistance with evacuating.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Personal plans were in place as required for residents. Individualised plans were in place for both residents that reflected their assessed needs and these were reviewed by the inspector. An individual profile form was in place in both files that outlined the current and potential future supports required by residents. Support

plans were in place that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. Person centred plans in place were seen to be prepared in an accessible and reader friendly format. The inspector saw that goal planning was documented in the centre and that residents were being afforded opportunities to set and achieve goals. The inspector saw evidence in the personal plans that residents had been supported to take part in goal planning meetings and that goals were being updated as circumstances changed. Goals varied depending on the particular interests and capacities of residents but some of the goals set by residents included local activities, breaks away, a trip to Lourdes, day-trips to preferred locations and important places in their lives. One resident had identified a goal to visit a television set in the UK. There was clear evidence of progression and ongoing review of goals documented in Goal Action Plans. Staff spoken to were familiar with the goals that residents had. The inspector viewed information in the planning documentation about how residents were consulted with about their goals.

Judgment: Compliant

### Regulation 8: Protection

Overall, the inspector saw that efforts were being made to protect residents in this centre. The findings of this inspection indicated that residents were safe in the centre. The person in charge told the inspector about how consideration had been given to resident compatibility prior to residents moving in.

Both residents spoke with the inspector and confirmed that they felt safe in the centre. Staff interviewed during the inspection confirmed that they felt residents were safe in this centre and told the inspector who they would speak to if they had a concern. Staff spoken with were familiar with how to report a safeguarding concern. At the time of this inspection, no safeguarding concerns had been identified since the residents had transitioned into the centre. Training records reviewed showed that staff had appropriate training in the safeguarding of vulnerable adults. Individual risk assessments were viewed to be in place in residents' personal files also and these outlined controls in place to mitigate against and safeguard residents against specific risks.

Judgment: Compliant

### Regulation 9: Residents' rights

The evidence found on this inspection indicated that residents' rights were respected in this centre. Residents were seen to have freedom to exercise choice and control in their daily lives and to participate in decisions about their own care and support.

Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen to consult with residents about their preferences.

Residents were being consulted with in the centre about the running of the centre and issues that were important to them. Residents regularly met with their keyworkers and these meetings were documented also and provided evidence that residents were offered choices in relation to the activities they took part in and were involved in setting their own goals. The inspector also viewed a number of documents that showed that residents had been consulted with about their transfer into this centre and that the transition was in line with their wishes.

Residents had access to internal and external advocacy services and were supported to access this service if required. Records viewed in the centre showed that residents regularly met with advocacy officers. Residents had a good understanding of their rights in the centre and told the inspector that they felt their rights were respected in the centre. For example, residents told the inspector about the choices that they could make in the centre.

The inspector viewed consent booklets that were in place for both residents to outline their wishes in relation to various aspects of the service they received.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for East County Cork 4 OSV-0008693

Inspection ID: MON-0042186

Date of inspection: 14/06/2024

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• PPIM visits on an ongoing basis, other members of management are welcome to visit with the residents consent and are required to sign in the visitors book.</li><li>• Provider level audit has since been received by the PIC on 4/07/24 and an action plan has been developed and in progress.</li></ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"><li>• The PIC had found discrepancies where some staff were filling in the wrong section of the fire log, same has now been rectified with colour coded tabs added to the fire log</li><li>• A night time drill has been completed 23/07/24 a time drill with a lone worker was completed on 23/07/24</li><li>• PIC has compiled a staff fire drill completion record and identified staff outstanding of completing a fire drill, Fire drills are now scheduled on the roster to ensure these outstanding staff complete same.</li></ul>	

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
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.	Substantially Compliant	Yellow	31/10/2024