



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

Issued by the Chief Inspector

Name of designated centre:	Kilcoran and East Cork
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	28 February 2024 and 29 February 2024
Centre ID:	OSV-0005603
Fieldwork ID:	MON-0042162

About the designated centre

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

Kilcoran East Cork is a designated centre located in the East Cork region. Residential services are currently afforded to 21 adults with an intellectual disability, following reconfiguration of the centre. The centre is comprised of six bungalows each being decorated in line with the residents' individual preferences and taste. The service operates on a 24 hour, seven day a week basis ensuring residents are supported by staff at all times. Staffing levels in each house are allocated according to residents' assessed needs, as reflected within individualised personal plans. Nursing support is in place as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 28 February 2024	09:00hrs to 17:30hrs	Laura O'Sullivan	Lead
Thursday 29 February 2024	09:00hrs to 18:00hrs	Laura O'Sullivan	Lead
Wednesday 28 February 2024	09:00hrs to 18:00hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

Kilcoran and East Cork is a designated centre in the East Cork area which provides full residential supports over six houses. Three of these houses are located within close proximity in a town while another three were located close together in another area. On arrival to the first house, after entering inspectors were met by a resident who greeted both inspectors warmly and shook their hands. Inspectors provided this resident with 'Nice to meet you' document while one of the inspectors explained to the resident why they were in their home. This resident was one of three residents who lived in this house with a second resident also present at the time. The third resident had been away from the house, temporarily staying at another designated centre and visiting a city, but they were due to return later in the day. The inspectors provided nice to meet you documents to be shared with the other houses under the remit of the centre to share with all residents. This had not been shared with all houses during the inspection process.

During the inspector's initial stages in this house, the resident initially met with engaged jovially with inspector. They asked both inspectors what football team they supported and appeared happy when one of the inspectors indicated Liverpool which was the team that the resident supported. This resident moved throughout the house at this time but later when one inspector was reviewing some documents in the house's living room, the resident pointed out their own individual personal plan. The resident went on to talk about some the goals that they achieved in 2023. These goals included going for a holiday in Kilkenny, seeing a show with Liverpool legends, going horse-riding and joining a tennis club. The resident went on to say that they did not want "to be shifted" to another designated centre because of incidents. This will be discussed later in the report.

The resident showed the inspector their bedroom. It was observed that this bedroom was personalised to the resident with a number of Liverpool posters on display while there were also Liverpool curtains present. While the bedroom was nicely furnished, it was apparent though that there was a strong musty smell evident there. Inspectors had earlier been informed that there were issues with mould within this house with spots of mould seen to be present on the living room curtains when inspectors approached the house at the at the start of the inspection. When the inspector highlighted the musty smell evident in the bedroom, it was indicated that the resident did not like having their window open.

The atmosphere in this house was calm with the resident initially met leaving the house during the morning with a staff member to go for some coffee. When this resident returned they offered the inspector some scones that they had recently made. The other resident who was present when the inspection commenced appeared to spend the vast of the majority of their time in their bedroom but did leave the house independently at one point to go for a walk. In the afternoon

though, as the resident was preparing to leave the house to go to a garden centre, the inspector met the resident as they were coming out of their bedroom.

It was observed at this time that the resident's bedroom, while reasonably furnished, was noticeably small. No musty smell was detected in this bedroom but there was some mould present in the ceiling and moisture on the windows. Before the resident left the house to go to the garden centre, the inspector had a brief chat with the resident in the living room. They told the inspector that they did not go to the garden centre often but did go farming regularly. The inspector asked the resident if they liked living in their home with the resident responding to this by saying "I dunno". The inspector then asked the resident what they liked or did not like about living in the house with the resident giving a similar response. It was then asked by the inspector if there was anything that the resident wanted to tell or show the inspector. The resident indicated that there was not and then left the house.

Notwithstanding the mould issues and musty smell highlighted, this house was seen to reasonably well furnished and clean. However, the external of the house did appear weathered while inside the house there was no space for a staff room or a staff office. This meant that there was a staff desk area in the house's living room while in the kitchen there were a number of locked presses evident. Inside the presses were files related to residents and residents' personal money. While it was acknowledged that such presses were locked for security reasons and to ensure confidentiality of residents' personal information, such matters detracted from the homely feel of the houses. This was also evident in the other houses visited during the inspection.

Some locked presses were also seen in the kitchen area of one of the houses visited. A staff member showed the inspector inside one of these presses which did contain some files but it also contained a basket that had a resident's headphone and some hand-held kitchen appliances. It was indicated to the inspector that the resident had another set of headphones (which they were seen wearing at the time) and that the kitchen appliances were stored due to a lack of space elsewhere. This house did have a specific storage room which was also locked and was used to store files related to the residents and the centre. Some archived files were also stored in the house's utility room but this room was observed to be cluttered when seen by an inspector. A staff member spoken with also indicated that this room was usually cluttered.

Communal areas in the second house visited were observed to be nicely presented and well-furnished although in a lounge it was noted that there was a staff desk area present with a large printer. Four residents lived in this house and each had their own individual bedroom. Three of these bedrooms were seen and noted to be reasonably spacious and well-furnished. The inspector met one of the resident as they were in their bedroom watching the soaps. This resident told the inspector that they liked living in the house and that there was nothing that they were unhappy with. When asked what they liked to do with their time, the resident responded by saying "go out" but did not elaborate further on this. The resident appeared relaxed and content as they watched television at this time. Another resident was met in the

house's lounge. This resident appeared keen to chat and the inspector asked them if they knew about the Health Information and Quality Authority (HIQA).

The resident indicated that they did not so the inspector told the residents about his job and why he was in the resident's house. After this the inspector asked the resident if they could talk about the resident's life in this house. The resident agreed to this and during the ensuing chat indicated that since they moved into the house, that they liked living there and felt safe. The resident also commented positively on the staff working in the house and said that they got on well with the other residents living in the house. They also mentioned that they went out for drives and did shopping. The resident then showed the inspector their bedroom which was personalised and had posters of Marvel movies on the walls plus a drawing of Bob Marley. The resident said they this was their favourite musician and that they liked their bedroom before showing the inspector some of their jewellery. The resident seemed very proud of these.

A third resident living in this house was seen to spend their time in an armchair in the house's kitchen. It was indicated that this was the resident's preferred area of the house and the resident did greet the inspector but did not interact with the inspector beyond this. This resident was seen doing some arts with some works that they had done on display in the kitchen. They also spent time watching something on their tablet device while wearing head-phones. The fourth resident was greeted by the inspector but did not interact with the inspector. This resident was heard vocalising at one point and went for a drive with staff soon after this. It was indicated to the inspector that routine was very important for this resident and they went for drives three times a day as part of this. When the inspector queried if the resident did things beside drives, it was indicated that the resident would often refuse alternative activities but might go for a walk at the end of one of the drives weather permitting.

When this resident returned from their drive, two other residents left the house with staff to go for a drive also. While they were gone the inspector asked if these resident did any other activities beside drives. The inspector was informed that they went for walks and helped with the shopping with some residents also attending a pottery class recently. When these residents returned it was noted that they were assisted to have a meal. Staff present were overheard at this time to be very pleasant and respectful towards the residents. For example, one staff member asked a resident what Marvel they wanted to put on a television in the house' dining-living room. Soon after this the inspector left this house. Before he left though he spoke with one of the residents who had gone for an earlier drive. The inspector asked the resident if they went for drives often with the resident responding that they did. When asked if the resident ever got out of the car during these drives, the resident responded "never". The resident then followed this up by saying that they would have gone for a walk earlier were it not for the rain.

The second inspector present on the first day of the inspection spent time in a house in the local area. It was observed on arrival to this house that a sunroom, now had a desk and was used an "office area" for a manager. A resident had issued a complaint with respect to this as it was an area which they enjoyed sitting and

relaxing in. On arrival one residents was relaxing having their breakfast at the kitchen table. They chatted with the inspector and recited a poem they had written in their youth. They also sang a song for the inspector. The resident attended the local day service for a drama session with a number of their peers. Later in the day they were supported to head to the city to meet with their family member.

Throughout the day the inspector observed residents coming and going from the centre. The centre had a number of steps leading to the entry of the house which residents were observed slowly moving on. As it was a wet day the handrails were also wet. Another resident who was visually impaired required full support on the steps. On two previous HIQA inspections, it was observed that the lift present to support exiting the building was not in working order. While a new lift was now fitted this remained out of use and resident continued to use the steps. This had not been identified as a potential risk within the centre.

While present in the house the inspector observed that one resident remained in the house throughout the day. They did not attend activities in the community as they remained in the living room watching TV. Another resident spent periods of time in their bedroom in the afternoon. It was evidenced in a team meeting that the person in charge had requested a review of activities within the house as on a number of occasions when person in charge was present the resident remained in their bedroom. It was also noted during this time that residents in this house were required to pay for their WiFi connection, this differed in each house under the remit of the centre.

One resident chatted with the inspector on their return from activities in the community; they had gone to the local pub for lunch and a drink. They had also attended the drama group in the morning. They chatted with staff present and engaged contently with them. This resident received support of one staff, as per their assessed needs. However, it was observed at times during the day that the specified staff was not present to provide this required support. This required review to ensure effective measures were in place to maintain the safety of all present. Also, this resident required support to maintain their mental health and at times of behaviours of concern. While some work had been commenced to support the resident, actions pertaining to the previous HIQA inspection had not been completed. Evidence of the work completed to date was also not present in the personal plan for all staff to be aware of. Upon review there were noted gaps in the recording of incidents of concerns, resulting in a potential incomplete review. On the morning of the inspection, an alleged incident had occurred, however this had not been reported in the correct manner with no evidence of the required support for the individual being implemented

On the second day of the inspection, the inspector had the opportunity to meet and spend time in the other three houses under the remit of the centre. On arrival to the first house, the residents were being supported to go about their day. Staff were observed having discussions to ensure all residents were supported to participate in an activity in the community. One resident chatted with the inspector about a new book shelf they had bought for their bedroom, this was now in the communal living room as it not fit in their room. The resident also chatted about a new literacy

course they were attending as they loved to read. They had a selection of books and showed the inspector their favourite books to look through and read.

One resident was watching the TV in their bedroom they called the person in charge and inspector into their room to chat. They showed the inspector their photos they had on display on their bedroom wall and old family photos. They were watching one of their favourite shows but the news was their favourite. They asked the inspector to call again and kept a "Nice to meet you" document so they knew who the inspector was the next time they called.

Residents in this house were supported to attend a range of activities both in-house and in the local community. Staff ensured that staff providing support were trained in accordance with the residents assessed needs. Staff spoke of providing support to resident with respect to such areas as shopping for personal items, activation and maintaining family contact. Staff spoke of residents' favourite items such as farm animals and supported residents to show the inspector some of their favourite items. As will be discussed later in the report in a number of houses visited the finances were addressed in a different manner, For example in this house toiletries for residents personal use was included in the "House kitty", where as in other houses residents had to pay for this out of their own finances.

The inspector spent time in another house where two residents currently resided. The inspector was shown around the house by the staff member present. Residents were supported to decorate their home in accordance with their personal choice. The communal areas were decorated to provide sensory and relaxing areas for residents. The inspector sat with residents and staff and enjoyed a cup of coffee and a chat. Residents smiled and interacted with staff present and enjoyed their snack. One resident smiled at the table and enjoyed partaking in their favourite table top activities. Another resident walked around the house and interacted with staff when they chose.

Staff spoke of the planned goals for these residents. This included the early stages of planning a trip to Wales. Staff were supporting residents to meet these goals. Staff spoke of activities which the residents enjoy. Activation in this house was tailored to meet the changing needs of residents present and residents' choice of participation was respected. The home presented with a calm atmosphere in a warm homely atmosphere. Residents appeared very relaxed with one resident going to the fridge to milk for the staff to make them tea.

The inspector finalised the inspection in the sixth house under the remit of the centre. One resident greeted the inspector and welcomed to the centre. They had gone to the barbers that morning to get a new haircut and shave to prepare for the HIQA inspection. The inspector and the resident went for a walk around the grounds of the centre. They showed them the flowers they had planted at the gate entry of the centre. They told the inspector they had goals to plant more trees in the garden. They were happy that the driveway had been fixed since the last time the inspector was present. They chatted with the inspector about what their life was like in the centre. They enjoyed getting out and about and the staff were very good to them.

They told the inspector it was very important for everyone to be nice to each other and one peer in the house was in "much better form" now.

Another resident in this house was relaxing on their favourite chair watching the TV. They told the inspector they had been sick recently but the staff were very good and looked after him. They smiled and laughed at staff and engaged happily with the inspector. They chatted about their favourite music and the bands they liked to listen to. Abba was one of the favourites and a number of golden oldies. Upon one residents return to the centre the staff requested the inspector to afford the resident time to return to their normal routine before meeting with them. Staff used the "Nice to meet you" document to let the resident know the inspector was in the house. The resident then chatted with the inspector about visiting the donkey sanctuary and smiled at the inspector. The interaction was ended when the resident indicated they wanted to move in. This was respected.

The next two sections of the report will review the governance arrangements in place and how these impacted the quality of life of residents. It was noted on the both days of the inspection that actions set out in the compliance plan response following the previous inspections had not been adhered to.

Capacity and capability

This was an unannounced risk inspection completed in Kilcoran and East Cork, a designated centre operated by the registered provider the Health Service Executive. An inspection had been completed within the centre previously on the 31 August 2023. This inspection evidenced a high level of non-compliance which resulted in the centre entering a period of regulatory escalation. Prior to this inspection an update had been requested with respect to the actions to be carried out. This inspection was completed to ensure all actions set out by the provider to be completed had been adhered to and to monitor ongoing compliance with the regulations under the Health Act 2007. There was evidence provided over the two days of the inspection that this plan had not been adhered to.

There were a number of areas of concern evidenced on the days of the inspection that required additional assurances from the provider. In the days following the inspection a provider assurance request was issued to the provider to afford organisational-level assurances in the areas of residents' finances and how finances are spent by residents. This included the use of a house kitty and access to WIFI.

While the registered provider had completed the regulatory required monitoring systems for the centre including the annual review of service provision and six monthly unannounced visits to the centre these tools had not been used to identify and address areas of non-compliance identified. Some of these audits were

completed at times when residents were asleep and could not interact with the auditor. It would also make it difficult to observe interactions and the daily life of residents.

Centre-specific audits had also not identified these with audits detailing personal possessions. Day to day oversight within the centre did not ensure adherence to practices such as correct documentation completion, handover review and access to correct information.

Regulation 15: Staffing

Staff spoken with during this inspection highlighted that there was a good continuity of staff support including regular relief in the houses visited but that there was some use of agency staff (staff sourced from an agency external to the provider). Actual rosters reviewed indicated that staffing levels in keeping with the centre's statement of purpose were being maintained but these rosters also indicated that a high number of different individual staff had worked in the houses. For example, in one house it was counted that 34 different staff had worked in the house in a three month period.

In another house it was indicated that one resident did not like unfamiliar staff and that this could be trigger for the resident also. Despite this, on the first day of inspection when inspector visited this house, an agency staff member was met who was working in the house for the first time. Another agency staff member met during this inspection discussed a recent incident that had occurred where the same resident had reacted negatively a different agency staff member who rarely worked with that resident. Inspectors were provided with a copy of the centre's overall risk register and it was noted that this had two open risks related to staffing both of which were rated as orange risks. One of these related to a shortage of staff nurse while the other related to a lack of staff resources in three houses for social care worker and care assistants. It was acknowledged that there were general challenges in staffing in the health and social care sector and that recruitment efforts were ongoing.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Gaps in staff training had been identified as an open risk for the centre. A training matrix for staff working in this centre was provided on the first day of the inspection. While this indicated that most staff had completed training in relevant areas, some staff had undergone training in areas such as safeguarding, positive

behaviour support, hand hygiene, food safety and de-escalation and intervention. Of the staff that had undergone training in these areas, a higher number of them were overdue refresher training at the time of this inspection. However, on the second day of the inspection this matrix was redacted by the provider stating this information was not accurate.

No further matrix was received.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure to the centre. The person in charge in place while over this designated centre only, had a remit for six different houses across a varied geographical region. Based on visitors logs reviewed in houses during this inspection during this inspection, the person in charge was visiting some houses at varied frequencies. Staff spoken with indicated that the person in charge did visit the houses regularly but one staff member spoken with did not know who the person in charge was. The provider did not have a rights review committee in operation at the time of this inspection to ensure appropriate oversight of restrictions in the centre. This was to be in place by 1 March 2024.

While the registered provider had completed the regulatory required monitoring systems for the centre including the annual review of service provision and six monthly unannounced visits to the centre these tools had not been used to identify and address areas of non-compliance identified. Centre-specific audits had also not identified these with audits detailing high levels of compliance in such areas as personal possessions. While governance meetings were held these were not utilised to discuss areas of concerns or escalated to members of senior governance to ensure areas of concern were addressed in a timely manner.

The provider had not ensured oversight in relation to residents' personal finances and had how these were been utilised within the centre. Decisions were agreed within governance meetings with respect to changes in charges with no evidence of consultation with residents. Following the inspection the provider was requested to submit assurances with respect to this.

Some varying information was provided around the frequency of such meetings with some staff indicating that they were held monthly while others indicated that they took place every two months. Despite this in one house records provided indicated that four staff team meeting had taken place in 2023 and that there had been none since November 2023. In another house it was seen that a staff meeting had taken place more recently in January 2024. Notes of such meeting indicated that matters

such as HIQA, safeguarding and infection prevention and control were discussed although the notes of some meetings varied in their level of information provided. It was also noted that attendance at some staff meetings was low with just three staff attending one meeting in November 2023.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had most of the required information and had been reviewed recently. However, for one house it was noted that the description and sizes of some rooms in one house were not accurately stated. This required review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services must be notified of specific incidents within three working days. This is important in order to ensure that the Chief Inspector is aware of any incidents which have or could adversely impact residents living in a designated centre. While relevant notifications had been submitted since the previous inspection in August 2023, some recent notifications had not been reported within three working days as required. In addition, during December 2023 the Chief Inspector had been notified of an instance where a resident had threatened to hit a peer but a similar threat that happened two days later to another resident but this had not been notified.

Any restrictive practices in use in a designated centre must be notified to the Chief Inspector on a quarterly basis. While such notifications had been submitted since the previous inspection, it was observed in one house that some restrictions had not been notified. These included the use of child locks on cars, nightly checks on residents when in bed and medically required fluid restrictions.

Judgment: Not compliant

Quality and safety

There was not consistent evidence of resident consultation in such areas as finances and operations in the centre. The provider level monitoring systems such as the

unannounced visits to the centre did not allow for consultation with residents. These were completed at night time hours. While residents' meetings were held regularly in some houses, this was not the case for all. Following the last inspection residents in some of the houses had been supported to commence skills training to self-advocate their will and preference this had not been commenced for all with no evidence of shared learning within houses under the remit of the centre. Residents were not supported to access an advocate to support them in such areas as accessing personal finances and where to live. This was an action which had been identified as part of the previous inspection of the centre in 2023.

Within the centre there was evidence of inconsistencies with respect to documentation. In some areas personal plans were reflective of the assessed needs of residents with clear guidance on how to provide support in a dignified manner in such areas as healthcare supports, protection and activation. However, improvements were required to ensure all information pertaining to the individual was present, up to date and reflective of their current needs. This included how to support a person at times of behaviour of concern. In many houses it was not that recording charts to monitor a number of areas such as activities, intimate care and mental supports were not completed correctly.

As stated previously all six houses were visited over the course of the two day inspection. While residents were supported to decorate bedroom in line with their choice and interests improvements were required. Access to one house remained a concern as the lift remained out of action, mould was clearly evident in another house with dampness on the windows. Some bedrooms areas were small and did not meet the needs of the individuals residing within them. In some areas general wear and tear was evident including the need for painting and repairs in bathrooms.

Regulation 13: General welfare and development

The registered provider had not ensured that each resident in the centre had access to opportunities for activation in accordance with their interests, capacity and development. Supports were not in place to evidence that residents' were supported to develop and maintain links with the wider community. On the first day of inspection, it was noted that some residents spent period of time in their room or watching TV. Records reviewed evidenced this could be a regular occurrence. Other residents spoke of going for a spin but not getting out of the car.

Judgment: Substantially compliant

Regulation 17: Premises

While the houses visited were seen to reasonably well furnished and clean for the most part, in one house it was highlighted to inspectors that there were issues with mould and a musty smell evident in one resident's bedroom in the same house. There was mould evident on the curtains when the inspectors were entering the house. While the provider stated there were actions in place to address this there was no plan in place to review or to ensure it was addressed promptly.

While all residents had their own individual bedrooms, these varied in size across the houses with a resident in one house observed to have a very small bedroom. This resident enjoyed to spend time alone in their room. Suitable space for storage and for staff also appeared to be an issue in some houses. This contributed to staff desk areas being in communal rooms, locked presses being in kitchen areas and a utility room being cluttered. Such factors detracted from the homely feel of some houses.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had individualised personal plans in place with a sample of these reviewed across all houses during this inspection. It was seen that the contents of these plans did provide guidance for staff to support residents in some areas such as intimate personal care, communication, particular recommended diets and aspects of their health needs. Annual multidisciplinary meetings were also held. However, it was noted that hospital passports in place did not include sufficient details of residents' medical history nor any diagnosis that they may have had. In addition, while there was some easy-to-read documentation in place around general things, it was indicated that residents did not have an accessible version of their personal plans available.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

As referenced elsewhere in the report, the presentation of one resident was impacting the peers whom they lived with. It was seen that this resident did have recently reviewed guidance in place around how to encourage this resident to engage in positive behaviour. This guidance outlined instances that could trigger the resident which included unfamiliar staff and having no day service. On the day of inspection it was seen that an agency staff member who had never worked in the resident's house before was on duty while there had been some recent instances where the resident's day service had been cancelled. The guidance outlined particular responses to adopt with the resident depending on their presentation and a staff member spoken with during this inspection demonstrated a good awareness of these and the needs of the resident. Records were being kept to reflect how these

responses were being implemented on a daily basis. However, in these there was some instances where a particular response to the resident was being used contrary to the guidance provided. When this was highlighted to a member of a management, it was also indicated that such records were not being appropriately reviewed.

Where residents required staff support in the area of behaviors of concerns guidance was not consistent. Some residents had been referred for additional external supports. Systems for recording incidents of concern were not consistently recorded in all houses. Gaps were evident when documenting if strategies were effective or not. If strategies were not effective it was not clear what was then completed to support the individual.

It also observed that some restrictive practices in use such as locked gates and child locks were not being considered as a restrictive practices. It was noted however in a staff meeting that a review was to be completed and nightly checks for example were to be referred to under restrictive practice.

Judgment: Not compliant

Regulation 8: Protection

It was documented that residents in one house were negatively impacted by the presentation of a peer. This was resulting in safeguarding incidents and was also negatively impacting the residents' lived experiences in their home. Staff spoken with working in this house were aware of such safeguarding concerns and the measures to take response. Safeguarding plans were also in place related to this matter. However, one of these safeguarding plans was dated from November 2023 and was indicated to be reviewed within one month but there was no reference to it being reviewed since then. The same plan referred to a resident having a detailed mental health support plan. This support plan was not seen when reviewing files related to the resident nor could staff locate it. Another impacted resident had a safeguarding plan in place but this was dated from January 2024 and did not reflect incidents that had happened more recently since then.

In another house when querying with staff if there were any safeguarding concerns present, one staff member indicated that there was one safeguarding plan between two residents. Another staff member though referenced there being two safeguarding plans in place in the centre. When reviewing records related to residents in this house, the inspector located one safeguarding plan that was dated June 2023. This was dated June 2023 and was to be reviewed within six months but there was no indication of it being reviewed since then. When reviewing notes of a staff meeting in this house during January 2024 this reference all safeguarding plans in the house being discontinued

Where meeting had been completed with an external agency with respect to safeguarding plans to be implemented there was no record maintained of these meetings are actions to be taken to ensure the safety of all residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had not ensured the centre was operated in a manner that was respectful to the rights of residents. Residents in two houses had been supported to learn to advocate on their own will and preference but this had yet to be commenced for all residents in the centre. Residents did not have access to an external advocate to support them in such areas as where they wished to live or access to their own bank account. This was an action from the previous HIQA inspection.

When reviewing records related to one resident, an inspector saw a record of communication from an independent advocate indicating that the resident's wish was to live elsewhere. This communication also indicated that the resident was added to a waiting list for independent advocates around this matter with the communication dated October 2022. When asked how this matter had been followed up since then, an inspector was informed that the resident had not brought it up since nor had it been raised with the resident.

There was not evidence of ongoing consultation with residents in the operations of the centre. As stated previously a change was made to the fees to be charged with no consolation with residents, communication with finances was to be disclosed to families not to residents. Residents' meetings were not consistently being completed in all houses to ensure residents were supported to raise concerns or discuss issues within the house. Changes were also made to living environment without discussing with residents.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Kilcoran and East Cork OSV-0005603

Inspection ID: MON-0042162

Date of inspection: 28/02/2024 and 29/02/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Staffing respective areas • The centre, in as much as is practical and possible, will assign regular staff to all areas. Where agency staff are required in a house, every effort will be made to assign agency staff who have previously worked within that location and who have an established relationship with the resident. • Challenges in staffing in the health and social care sector • Recruitment in the current climate within healthcare is extremely challenging and added to that the ongoing difficulty within the HSE when recruiting under the current restrictions • Four recruited registered staff nurses have recently commenced employment with the service. Following completion of their induction, will be allocated to centres requiring additional nursing input. (Date for completion 13/05/2024). • Interviews were held for care assistants ID on 22/03/24 and successful candidates will be entering the recruitment check process, on completion of same they will be allocated to centres requiring additional resources. (Date for completion 30/06/2024). • Interviews were held for social care workers on 05/04/24 and successful candidates will be entering the recruitment check process, on completion of same they will be allocated to centres requiring additional resources. (Date for completion 30/06/2024). <p>The above two processes are subject to recruitment checks and successful candidates accepting posts when offered.</p>	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- Training Matrix
- The training matrix to be reviewed and updated (Completed for 10-05-24).
- Available training
- A schedule of training is completed with training dates for upcoming training circulated to all staff via their respective line managers.

The Registered Provider Representative will ensure all staff are supported in attending/accessing available training

Regulation 23: Governance and management

Not Compliant

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

- Rights Review Committee (RRC):
- As per previously submitted compliance plan the intention was to have an active RRC in place by the 1st of March 2024. Unfortunately due to unforeseen circumstances this was postponed.
- The initial meeting of the commencement of a RRC has been held with an external nominated member and the Interim Director of Services on the 02-04-24. Discussion at said meeting focused around the structure, members, frequency of RRC meetings and training. The external nominated person has agreed to chair the RRC.
- The Registered Provider Representative will also sit on the RRC
- RRC example of process for SRC presentation was held on the 30th of April which was attended by PIC's and relevant staff.
- A schedule of meetings will be agreed for the remainder of 2024.
- Governance meetings/Areas of concern
- An updated agenda item to reflect identified areas of concern are captured and to provide a pathway for each centre to escalate accordingly.
- Outside of the governance team meetings areas of concern can be escalated via the management structure to ensure that they are addressed in a timely manner. Any items raised, addressed and/or ongoing will also be brought to the next meeting of the governance team.
- Residents personal finances
- A service review in relation to residents' personal finances was completed for the end of March 2024. Findings from this service wide review were included in the Provider Assurance Report which was returned to HIQA on 19/04/2024
- Staff Meetings
- A structure of, and schedule of, staff meetings will be put in place for the remainder of 2024.
- Staff will be afforded opportunity to add items to the agenda.
- Minutes and attendance at staff meetings will be maintained by respective line managers and the PIC/CNM3.

- To ensure oversight and governance minutes of all staff meetings will also be shared with the Registered Provider Representative.
- To ensure all members of the team are informed and up to date; minutes of team meetings will be made available to all team members not in a position to attend.
 - The size of the designated Centre
- The size of the designated Centre will be reviewed and any recommendations of the review will be explored by the management team at SRC in consultation with the Registered Provider.

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

- Room Description and Size
- The statement of purpose was reviewed, necessary information to update sourced. Document to be updated to ensure that the description and sizes of rooms were accurately stated. Completed for 10-05-24.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Notification of incidents
- The Registered Provider Representative will ensure that PIC will notify the Chief Inspector within three working days. The interim Registered Provider Representative has communicated and highlighted the importance of adherence to the management team. Completed 18-04-24.
- Incident discussions at team meetings will also include identification and reporting of incidents.
 - Restrictive Practices
- The use of restrictive practices will be returned as per regulatory requirements any additional identified practices will be included in said returns.

The oversight of restrictive practices by the service will be conducted by the RRC see entry under regulation 23

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> - Residents finances • The Registered Provider Representative has communicated to all relevant parties at SRC that no changes are made to finances and operations that would have an impact on service users without prior consultation. Completed 16-04-24. • An initial review in relation to residents’ personal finances was completed for the end of March 2024. Findings from this were included in the Provider Assurance Report which was returned to HIQA on the 19-04-2024. - Unannounced visits not allowing for consultation of residents • Future Regulation 23 unannounced visits will be scheduled to be completed at a time that will ensure sufficient time for consultation with the residents and their input included. - Resident meetings • Resident meetings are held on a weekly basis and a log of same maintained in each house. • Communication from the Registered Provider’s Representative sent to respective line managers for each area identifying the importance of resident meetings and a log of same maintained in each location. Completed 16-04-24. • The Registered Provider Representative has instructed regular engagement, oversight and supervision of resident meetings from the governance team of each area. - Additional resident support • Advocacy support for each house is available via an advocacy support group. Residents are supported in accessing the service by staff. • Each residents’ will and preference is considered when engaging with advocacy support • Residents significant others/Family members/legal representatives where requested/required are involved in the delivery of supports/care with them. - Documentation • The introduction of a new standardised resident personal file for each resident across the service has commenced (10-04-24), plan to be completed by 30-06-2024. • This will include the review and update of all documentation for each resident. • The Registered Provider Representative has highlighted the the importance of governance oversight in ensuring that all documentation is completed appropriately, accurately and schedule of review is adhered to (16-04-2024). - Premises • Please see entry under regulation 17 - Access to opportunities for activation • A comprehensive review of activation for the centre will be completed to identify areas of improvement and the community engagement/social activities options for the residents of the centre. To be completed by 31-05-24. • The will and preference of individual residents to their preferred activities will be reviewed and reflected in the personal care plan. To be completed by 30-06-2024. • In the interim, the weekly resident meetings will reflect the will and preference of each residents engagement preferences with their local community and what activities they 	

wish to engage with.

- Current access to activation/socialisation/community engagement includes but not limited to;
 - Adult education classes in local CETB center are available to Residents
 - Day services and therapy garden are available
 - Pottery classes are attended by some residents
 - Residents are supported in accessing and attending restaurants, Marina Market, meals out etc.
 - Residents are supported attending the cinema
 - Residents attend soccer, rugby or other supporting events as per their will and preference
 - Residents are supported with engagement with family, friends and any other significant people in their lives
 - Access to house vehicles
- o For regular outings and walks in different locations as per residents will and preference
- o Visits to areas of significance and importance for residence as per their individual will and preference
 - Any other activities identified by a resident that they can be supported to achieve
 - Consideration at all times for each resident's will and preference for engagement, their preference for particular environments and how they engage in certain surroundings.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Premises
- Outside Lift identified as not working on the day of inspection
 - The lift is in working order
 - Staff have received training on its use and safety protocols
 - Weekly checks are completed to ensure its use and safety
- Evidence of Mould
 - Cleaning schedule in place with increased frequency to address the mould as required
 - Curtains to be included in the cleaning schedule, where required new curtains will be sourced
 - The Registered Registered Provider Representative has engaged directly with the landlord of the property and a schedule for new windows to be agreed with an appointed contractor
 - Internal decorating to be completed once new windows are installed. The will and preference of the residents for the internal decorating will be included in all decision making.
- Any other identified works
 - Where there is identified need for the completion of work on a residence, appropriate engagement with HSE estates/maintenance/landlord will take place to ensure a timely response.
- General Wear and Tear

- A review of each area will be completed and a request for identified work will be forwarded/escalated to the relevant bodies to seek action. To be completed by 30-06-24.
- Space, storage and use of locks
- Suitable space for storage management of clutter
- A review of storage will be carried out in each location. Once completed a plan will be formulated to address storage concerns and maximise the homely feel of each residence. Date to be completed 30-06-24.
- Staff Desk in communal area
- The inspector was advised at the time of the inspection that this was a consequence of the request from the Interim Director of Services for increased support/governance/oversight in a particular location. This will be reviewed and alternate plan implemented. Completed for the 03-05-24.
- Locked presses in kitchen areas
- A review of locked presses was completed for the 10-05-24.
- Where a need has been identified to remain locked this will be included in the restrictive practices returns

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

- Personal Care Plans
- The introduction of a standardised resident personal file for each resident across the service has commenced (10-04-24), plan to be completed by 30-06-2024.
- This will include the review and update of all documentation for each resident
- The interim director of service has highlighted the the importance of governance oversight in ensuring that all documentation is completed appropriately, accurately and schedule of review is adhered too (16-04-2024).
- Hospital passports – each residents hospital passport will be updated and reviewed to reflect details of residents medical history and any diagnosis that they may have had. (Date for completion 31/05/2024)

Ongoing auditing of document to be completed and appropriate action plans implemented where indicated.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Behaviour Support plans
- A review of existing behavioural support strategies will be carried out and a schedule put in place to monitor reviews, to be concluded by 30-05-24.
- Vacant CNS in behavioural support, efforts to recruit into the vacant post are ongoing. Derogation has been sought via Disability HR department. No date yet available for when recruitment can be commenced.
- Use of restrictive practices

The governance of restricted practices will be supported by the reintroduction of the Rights Review committee (see entry under Regulation 23)

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Safeguarding
- Review of existing safeguarding plans to be implemented and a schedule for updating same to be compiled. To be completed by 31-05-24.
- Discussion on a monthly basis relating to safeguarding plans, areas of concern to be included in staff meetings
- Identificaiton and reporting of any safeguarding incidents supervised by relative management team and engagement with safeguarding team as appropriate/required.
- Documentation
- The introduction of a standardised resident personal file for each resident across the service has commenced (10-04-24), plan to be completed by 30-06-2024.
- This will include the review and update of all documentation for each resident, ensuring all relevant documentation for each resident is in their file.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Rights review committee
- As per previously submitted compliance plan the intention to have an active RCC in place by the 1st of March 2024. Unfortunately due to unforeseen circumstances this was postponed
- See entry under regulation 23
- Advocacy
- Advocacy support for each house is available via an advocacy support group. Residents are supported in accessing the service by staff.

• Residents significant others/Family members/legal representatives where requested/required are involved in the delivery of supports/care with them.

• Resident Meetings

See entry under regulation 13

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/06/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2024
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.	Not Compliant	Orange	30/06/2024

Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2024
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	30/06/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/06/2024
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/06/2024

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2024
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	30/06/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure	Not Compliant	Orange	30/06/2024

	including physical, chemical or environmental restraint was used.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/06/2024
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and	Substantially Compliant	Yellow	30/06/2024

	where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/06/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/06/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/06/2024
Regulation 08(1)	The registered provider shall ensure that each resident is assisted	Not Compliant	Orange	30/06/2024

	and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2024
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	30/06/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/06/2024
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in	Not Compliant	Orange	30/06/2024

	accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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.	Not Compliant	Orange	30/06/2024