



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 7
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	05 September 2024
Centre ID:	OSV-0005779
Fieldwork ID:	MON-0034850

About the designated centre

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

The designated centre is located within a large satellite town. The premises is a large bungalow that has been specifically adapted to meet the needs of four residents who have severe and profound intellectual disabilities, complex needs and physical disabilities. All residents are wheelchair users and have high support needs. The premises comprises of a large living room, a large dining room / kitchen, four spacious individual bedrooms, a large bathroom, a staff office, a staff changing room, a shower room and a laundry room. The designated centre is fully wheelchair accessible and has external gardens to the front and rear. All residents have direct access from their bedrooms to the gardens. There is an external shed for gardening equipment. The staff team comprises of nurses and nursing assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
------------------------------------------------	---

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
Thursday 5 September 2024	09:45hrs to 18:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and heard while in the centre, residents in this centre were being well cared for and were living good lives in this centre. A committed staff team in place was providing for consistency of care and support and a good quality service was being offered. Some issues in relation to the fire safety precautions in place were identified during the inspection that were addressed by the provider in the days following the inspection.

The centre comprises a large single story detached bungalow located in a suburb of a large city. The centre was observed to be clean and well maintained throughout, bedrooms and communal areas are bright and well ventilated and residents' bedrooms are personalised according to their individual preferences. Photographs of residents themselves and other important people in residents' lives were viewed on display in a number of bedrooms. The centre is homely and inviting and a fish-tank was seen in the sitting room of the house. This centre catered for residents who used mobility equipment and the premises was seen to be accessible both internally and externally. A wheelchair swing and other garden furniture was viewed in the garden for the use of residents and the garden was seen to be a pleasant area for residents to spend time in. All residents could access the exterior of the centre through french doors from their bedrooms.

A person participating in the management of the centre (PPIM) was present in the centre for the inspection and the inspector also had an opportunity to meet with the CNM1, who was providing oversight for centre and two others until the new person in charge commenced. There were three residents in this centre at the time of this inspection and one vacancy. One resident had died since the previous inspection and this individual was fondly remembered and spoken about throughout the inspection by the staff and management. The inspector had an opportunity to meet with all three residents on the day of this inspection and spend some time in their company. Residents were out earlier in the day attending to planned appointments and activities and were present in the centre in the afternoon. During the inspection residents were observed to be happy and content and interacting in a positive manner with the staff and management present in the centre. For example, residents used their own communication styles to joke with staff and the inspector and the inspector saw residents frequently smiling and laughing during the time she spent with them. One resident was heard to ask staff to go for a walk in the afternoon and staff listened and responded to this request. Residents used specialised seating equipment and were seen to be comfortable at the time of the inspection and the inspector heard staff offer residents a chance to lie down in the afternoon if they wished.

The inspector was assisted by staff to communicate with residents according to their own capacities and preferences. The inspector had an opportunity to speak with the area manager and also with the three staff members working in the centre on the day of the inspection. Overall, feedback provided to the inspector indicated that

residents continued to be well supported and cared for in the centre and that staff and management were responsive to any concerns that might arise.

Residents were observed leaving the centre in accessible transport on the morning of the centre and in the afternoon were seen to spend some time in the different areas of their home. Staff were seen to support residents in activities and offer choices. For example, a resident was observed having a sensory hand massage and one resident was seen to be supported to select the music they enjoyed on one of the new smart TVs that had been installed. Staff told the inspector that another resident loved watching specific interest programmes on these TVs also. Staff told the inspector about the preparation and planning that was needed prior to engaging in new community based activities as some residents had specific assessed needs and mobility needs that might make it difficult to access some amenities. It was clear that staff in the centre were committed to ensuring that the residents in this centre had access to equal opportunities for recreation and sharing public spaces.

Throughout the day, the inspector saw that residents were relaxed in their home and in the presence of the staff that supported them and that care was provided to residents in a dignified and supportive manner. A calm atmosphere was evident in the house throughout the inspection. Staff were seen to take measures to ensure residents privacy and dignity was respected, especially during times when personal care was being provided. Residents were observed having a meal on return from their morning activities and mealtimes were seen to be enjoyed by residents, with appropriate support provided to residents in a manner that respected their dignity. The inspector saw home-cooked meals being prepared and the smell of meals cooking in the kitchen added to the homeliness of the centre. One resident was supported in the centre with a PEG (percutaneous endoscopic gastrostomy) to feed and these supports were always provided by nursing staff.

The provider had consulted with family members of all three residents about their satisfaction with the centre prior to this announced inspection using a survey provided by the Chief Inspector. These were viewed by the inspector on the day of the inspection. Overall, the feedback contained in these surveys was very positive. For example, one family member commented that the 'house is beautiful, peaceful and very well maintained. The house is a 'home' and has a wonderful calmness and home environment.' Another commented that their relative had 'lots of engagement with the outside world' and mentioned a recent holiday their relative had been on. Relatives reported staff 'continuously demonstrate kindness and empathy in their work' and were 'kind and supportive' and 'very vigilant'.

The care and support offered to residents was observed to be very good and this inspection found there was evidence of very good compliance with the regulations. This meant that residents in this centre were being afforded safe and person centred 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.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were of good quality and appropriate to residents' needs. In keeping with previous inspections of this centre, this inspection found that the management and staff team in place in the centre were very familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. While there was no person in charge working in the centre at the time of the inspection, there was evidence that oversight was being maintained by the provider until the person appointed to the role commenced.

This announced inspection was carried out to inform the decision relating to the renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. The previous inspection of this centre took place in February 2023, with overall very good findings. The provider had submitted a compliance plan following that inspection and this inspection found that the actions outlined in that plan had been completed.

A recent management change had taken place and the person in charge had departed the role. A new candidate for this role had been identified and the provider had notified the Chief Inspector of this change. This individual was due to commence the role in the month following the inspection. In the interim, the staff team were supporting the CNM1 and the PPIM to maintain oversight of the centre. There was no evidence to suggest that these arrangements were impacting on residents during this inspection. Both of these individuals told the inspector about how they were maintaining oversight of the centre and both were knowledgeable about residents, their support needs and any issues that might arise in the centre.

Staff in the centre were well informed, appropriately trained for their roles and staffing was appropriate to meet the needs of the residents. The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs. The staff on duty were familiar with complaints and safeguarding procedures in place in the centre. Staff told the inspector that issues raised were responded to promptly. There had been no accidents or incidents reported in recent times in the centre and risk was seen to be well managed.

There were plans for another resident to move in and this was discussed with the inspector. The PPIM spoke about some environmental adaptations the provider intended to make to ensure that the service would appropriately meet the needs of this resident.

Overall, this inspection found that there was evidence of good compliance with the

regulations in this centre and this indicated that residents were being afforded safe and person centred services. 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 15: Staffing

The registered provider had ensured that staffing arrangements in place were appropriate to the number and assessed needs of the residents in this centre. At the time of this inspection, there was a sufficient number and appropriate skill mix of staff to provide care and support in line with residents assessed needs. Nursing care was available to residents if required. A regular core staff team worked in the centre providing continuity of care to residents. The inspector was told that some staff members had worked in the centre and with these residents for a number of years, including in previous placements. This meant that residents were being offered care and support in a manner that best suited their needs and preferences and that staff in the centre had the knowledge and skills to ensure that residents were offered an appropriate and person centred service. A planned and actual staff rota was maintained in the centre.

A sample of three and a half months actual and planned rosters was reviewed by the inspector. 12.5 whole time equivalent care staff and staff nurses were employed in the centre and the PPIM told the inspector that there was one vacancy at the time of the inspection. In addition to this the statement of purpose also set out that a CNM1 and person in charge were also appointed to provide administration and oversight support in the centre, and this was shared across three designated centres. The roster for the week that the inspection took place had 17 staff named, while the training records indicated 14 staff were appointed to the centre. The PPIM told the inspector that some staff had been deployed from other areas to work in the centre during this period.

The statement of purpose for the centre set out that the preferred skill mix of staff at night would include a member of nursing staff alongside a care staff. However, in the event that a nursing staff was not available, a familiar senior staff member and a care assistant could support the residents overnight. A risk assessment had been completed in relation to this and the PPIM and CNM1 were very clear on the criteria required for staffing this centre. A review of the rosters showed that this had occurred on 12 occasions in July and August 2024. While staff did indicate that it was preferable to have a nurse on duty at night, there had been no incidents or reported issues to indicate that this arrangement had impacted negatively on residents at the time of this inspection.

The roster, along with other records, including activity records and daily support notes showed that in the two month period preceding this inspection, adequate staffing had been maintained in the centre to ensure that residents were provided

with appropriate care and support and that residents were being afforded opportunities to leave the centre and attend community based activities very regularly. Some staff members expressed concerns that these staffing levels might be difficult to maintain once relief and student staff returned to education. The planned rosters viewed showed that staffing levels would likely be reduced, but the inspector acknowledges that not all gaps in this roster had been filled at the time of the inspection and that these rosters did not fully reflect the actual staffing that would be present in the centre in that time period. The staffing indicated on the rosters was generally in line with the minimum staff requirements of the statement of purpose for the safe operation of this centre. There was no evidence at the time of this inspection to show that residents were being impacted by staffing issues.

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 reviewed a training matrix for fourteen staff that were also named on the centre roster. Two staff were on long term leave and these training records were not reviewed. This matrix showed that staff were provided with training appropriate to their roles and that overall the person in charge had maintained good oversight of the training needs of staff. There were no issues noted in relation to the absence of a person in charge from the centre for the period prior to the inspection.

The matrix reviewed showed that mandatory training provided included training in the areas fire safety and evacuation, safeguarding, manual handling, safety intervention/positive behaviour support, and infection prevention and control. All of the mandatory training reviewed was fully up-to-date. Most staff had also completed training in Human Rights. Staff that spoke with the inspector told the inspector about some of the training they had completed, included site specific training on evacuating residents using ski sheets.

Supervision records were not reviewed during this inspection. However, staff confirmed that they were well supported in the centre and had access to formal supervision when required.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured there was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight.

The management structure in the centre was outlined in the statement of purpose submitted as part of the application for renewal of registration. Frontline staff reported to a CNM1 and the person in charge. Ordinarily, the person in charge reported to a regional manager, who reported to a regional manager, who was also person participating in management (PPIM). The PPIM reported to the chief operations officer, who in turn reported to the chief executive, who reported to a board of directors. At the time of this inspection, there was no person in charge working in the centre, but an individual had recently been appointed to this role and was due to take up this position within the weeks following the inspection.

Documentation reviewed during the inspection included resident information, the annual review, the risk register, the report of the unannounced six-monthly provider visit, team meeting minutes and audits. This was largely up-to-date and the inspector saw that the systems in place in the centre meant that the staff team were continuing to update documentation and were ensuring that day-to-day oversight was maintained in the centre. The inspector also spoke with the three staff working in the centre during the inspection, including a student nurse. All of the staff told the inspector that they felt well supported in the centre and were comfortable to raise any concerns they had.

An annual review had been completed in respect of the centre within the previous year. It was seen that this annual review did not include consultation with the residents or their representatives. However, when this was discussed with the PPIM there was a plan in place for the next annual review to contain this information and there were indications during this inspection that overall residents were consulted with as much as possible about the services that were being provided to them. It is acknowledged that meaningful consultation with some residents about their views of the centre would be difficult due to their communication needs.

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 following the change in the person in charge and an updated statement of purpose was submitted by the provider.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a high standard of evidence-based care and support. Safe and good quality services were provided to the three residents that lived in this centre. Some issues in relation to the fire precautions in place in the centre were identified and these were addressed in the days following this inspection.

Residents were supported by a familiar and consistent staff team in the centre and there was overall a low turnover of staff reported. Staff working with residents on the day of the inspection were observed to be very familiar with residents and their preferences and support needs. Staff in the centre presented as having a strong awareness of human rights.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector saw that there was ongoing consideration of the future needs of residents. The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, support plans, health action plans, risk assessments and communication guidance. The documentation viewed was seen to be well maintained, and information about residents was up-to-date and person-focused. There was clear evidence that efforts were being made to establish how best to obtain consent from residents in relation to the care and supports provided to them and to involve residents in decisions about their day-to-day life.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals. Support plans were in place to guide staff on

all areas of service provision to residents. There was evidence that residents had good access to specific healthcare supports, including access to allied health professionals as required. All of the residents living in the centre required specific supports in relation to their mobility and had specific accessibility requirements it was seen that staff were familiar with these supports and considered how best to ensure that these supports could be met when accessing the community.

Staff spoke about residents in a respectful person focused manner. Staff told the inspector that they felt residents were safe and well cared for in this centre and the evidence found during this inspection showed that residents were being provided with high quality, person centred and responsive services.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Staff were observed to be very familiar with and respectful of residents' communication methods and styles. The inspector reviewed the communication guidance in residents' personal plans and saw that detailed and relevant guidance was available to staff in relation to supporting residents to communicate. Rosters reviewed showed that familiar staff were allocated to the centre on an ongoing basis and that in the event that relief or agency staff were required, they would always be on duty with a familiar staff member that knew residents' communication styles and preferences.

Residents had access to media such as television, newspapers and radio and residents were supported to communicate with family members and supporters by telephone if desired. Recent referrals had been made to an appropriate allied health professional to further explore the supports that could be offered to residents to assist them to communicate.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was ensuring that each resident was provided with appropriate care and support, having regard to their assessed needs and wishes. Residents were supported to maintain personal relationships. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities.

The inspector saw that residents were very content and well cared for in their home and were comfortable in the presence of the staff team that supported them.

Residents were seen to be supported with making choices in this centre. For example, staff knew the residents very well and were very familiar with the communication methods that residents used to indicate their preferences. Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs as outlined in other sections of this report.

The inspector was told by staff and management that residents' families visited the centre whenever they wished and that regular contact was maintained with important people in residents' lives if they desired this. The inspector saw family contact records on file that provided evidence for this and family surveys reviewed also indicated that families were familiar with the supports offered to their relatives in the centre.

The inspector spoke with staff and residents about the things that residents enjoyed and some of the activities they had recently taken part in. A sample of recent care notes was also reviewed by the inspector for one resident and all three residents' activity records for a two month period was also reviewed. The records showed that the residents had access to a variety of centre based activities and had also enjoyed activities outside of the centre regularly during this period. For example, residents had visited a newly opened local café for breakfast, gone on day trips and regularly enjoyed walks locally. Staff told the inspector that one resident enjoyed using public transport and had recently taken the bus to visit a local village popular with holidaymakers. Another resident enjoyed sports and was supported to watch a big match in the VIP area of a local hotel.

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 seen to be well maintained and of a suitable size and layout to meet the needs of the three residents that lived there at the time of the inspection.

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. For example, canvas pictures of the residents were displayed in the hallway and the furnishing in the kitchen was homely and welcoming and in keeping with community living. There was a suitable outdoor areas available for the use of residents and consideration had been given to making these areas accessible to the residents. Laundry facilities were provided in a

separate utility room.

Judgment: Compliant

Regulation 20: Information for residents

An appropriate resident's guide was in place and was submitted and reviewed as part of the application to renew the registration of the centre. This included the information required such as the arrangements for visiting and how to access inspection reports. This was updated by the provider to reflect the recent changes in management that had taken place in the centre and was resubmitted following the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had in place an appropriate risk management policy and this included details of risk that are required to be assessed under the regulations. The provider had submitted this prior to the inspection and this was reviewed by the inspector and was seen to be up-to-date. Risks present in the centre had been identified and a local risk register was in place in the centre to document these. This was reviewed by the inspector and it was seen that this had been reviewed as appropriate. The inspector saw also that individual risks were considered and that information relating to the controls in place for these risks was available to staff in residents' personal files. The use of oxygen in the centre was discussed with the PPIM, who took some actions on the day of the inspection to ensure that documentation in relation to specific risks in place around this was updated.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had, for the most part, 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.

Fire safety systems such as emergency lighting, fire alarms, a fire panel, 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 fire safety records reviewed showed that quarterly checks by a fire safety company were completed on the fire alarm system and that there were a number of checks being completed by staff in the centre. Daily checks were being completed by staff of the means of escape routes and no gaps were noted in a two month sample reviewed.

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 within the provider's mandatory timelines.

There were plans in place to evacuate residents in the event of an outbreak of fire. Fire evacuation drill records were reviewed from January 2024 to date. The registered provider had ensured, by means of fire drills, that staff and residents were aware of the procedure to be followed in the case of fire. However, further work was required to ensure that staff were fully aware of these procedures, particularly in the event of a fire at night. The night time simulation drills documented did not accurately reflect the time it might take to evacuate all residents if they were in bed. The inspector brought this to the attention of the PPIM on the day of the inspection and requested some assurances in relation to this. These were provided after the inspection and the provider informed the inspector that a suitable evacuation drill had been completed successfully.

Two staff spoken with during the inspection confirmed they regularly took part in fire evacuation drills and were familiar with the procedures in place for evacuation. However, in the event unfamiliar staff were present, the guidance in place was not sufficiently detailed to ensure all staff would be fully aware of what to do in the event of a fire at night. The personal emergency evacuation plans required some minor amendments to ensure there was full clarity for all staff in relation to night time evacuations and this was addressed by the PPIM during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The previous person in charge appointed by the provider had ensured that appropriate assessments were completed of the health, personal and social care needs of residents and that the centre was suitable for the purposes of meeting the needs of each resident. Residents had personal plans in place, that were updated to reflect any changes in their circumstances. Multidisciplinary team reviews had been

completed in respect of each resident and to guide the support plans in place for the resident and identify any updates required.

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Appropriate staffing was in place to meet the assessed needs of the residents living in the centre at the time of the inspection. Individual risk assessments were viewed in residents' personal files also.

All three resident's person centred plans (PCPs) were reviewed during this inspection and a sample of supporting documentation was viewed in each residents' personal file also, including support plans, social stories, goal review sheets and keyworker meeting notes. These contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. This meant that the care and support offered to residents was evidence based and person centred.

There was evidence that residents had been encouraged to set and achieve goals as part of the person centred planning process and there was evidence of ongoing progression, completion and ongoing review of goals. The goals in place were seen to be meaningful and it was clear that goals were identified with residents based on their capacities, assessed needs and preferences. For example, one resident had set a goal of going to Lourdes, and another had set a goal to organise a party to celebrate a milestone birthday. It was seen that efforts had been made to make personal plans accessible to residents. For examples, residents recorded the completion of goals using pictures. The inspector viewed numerous photographs showing residents completing goals including attending concerts, breaks away and achieving milestones with family members.

Judgment: Compliant

Regulation 6: Health care

The registered provider was providing appropriate healthcare for each resident, having regard to that resident's personal plan. A sample of healthcare records were reviewed from all three residents' files. There was detailed information recorded in each residents' personal file about their healthcare needs and how these were supported in the designated centre. Healthcare action plans were in place for identified healthcare needs and the inspector the records reviewed showed that residents were supported to access appropriate healthcare, including regular bloodwork, and access to appropriate health and social professionals. Residents had received significant allied health input including speech and language therapy, physiotherapy, dentist and psychiatry. Nursing support was available to residents on the staff and management team and staff had on-call options if nursing support was required outside of the times that these individuals were reporting for duty.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider was ensuring that each resident's privacy and dignity was being respected in relation to their living arrangements and efforts were being made to ensure that each resident had the freedom to exercise choice and control in his or her daily life.

The evidence found on this inspection indicated that residents' rights were respected in this centre. Insofar as possible, and in line with their communication needs and preferences, residents were seen to be supported to exercise choice and control in their daily lives and to participate in decisions about their own care and support. For example, guidance was available to staff to inform them about how a resident might indicate consent to specific supports and the inspector observed staff following this during the inspection. 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 and heard to consult with residents about their preferences and to inform them prior to attending to personal care. The inspector saw that privacy was afforded when residents were being supported with intimate care.

Where preferred or required, visual prompts and social stories were in regular use in the centre to inform residents about things that were happening and support them to make choices. The inspector observed staff using these throughout the day and a variety of visual information aids were viewed in residents' documentation.

There was a very strong focus on residents' rights in this centre. Residents living in this centre were supported to participate in meaningful activities. For example, one resident had recently been supported to go on a holiday abroad to a place that was of personal significance to them. Efforts had been made to provide activities that reflected residents' preferences. For example, residents were supported to attend music concerts that were in line with their preferences. Staff spoken to during the inspection presented a positive overview of residents and their lived experiences, and had a strong awareness of residents' preferences and communication styles.

The previous inspection had found that residents did not have access to their own monies. Since that inspection, the provider had commenced a piece of work to address these issues and at the time of this inspection, the inspector was told that two residents now had access to their own bank cards and that further actions were planned in this area.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City South 7 OSV-0005779

Inspection ID: MON-0034850

Date of inspection: 05/09/2024

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• All staff will take part in a simulated night time fire drill to ensure familiarity with procedure for night time evacuation. To be completed by 30.11.2024• Individual PEEPS will be amended to include additional evacuation information individual to each resident. To be completed by 30.11.2024• The PIC will devise a protocol guidance document to support fire evacuation at night time. All staff will read and sign understanding of the evacuation procedure within the designated centre.• Day time fire drills and night time simulated fire drills will schedule for the year in the diary.	

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 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	30/11/2024