



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City North 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 January 2023
Centre ID:	OSV-0003301
Fieldwork ID:	MON-0029027

## About the designated centre

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

The designated centre provides accommodation for six adults with a mild to moderate intellectual disability. The centre was located in a city suburb and comprises two semi-detached residential houses between which access had been created to allow shared kitchen/dining space and free movement between both houses. There are also two communal sitting rooms and bathrooms, separate laundry facilities and staff office space. The house is occupied seven days a week and accommodates male residents each with their own personalised bedrooms. Two bedrooms are located downstairs and four are on the first floor. There is parking for vehicles in front of both houses and a secure garden area to the rear of the property. The centre is located close to amenities including public transport. Residents are supported through a social care model with staff support by day and night.

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

Number of residents on the date of inspection:	4
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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
Monday 9 January 2023	09:45hrs to 17:45hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This centre is run by COPE Foundation. Due to concerns in relation to regulation 23: Governance and Management, regulation 15: Staffing, regulation 16: Training, regulation 5: Individualised assessments and personal plan and regulation 9: Rights, the Chief Inspector is undertaking a targeted inspection programme in the providers registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector, highlighting the steps the provider will take to improve compliance in the providers registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

The inspector met with four residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

The inspector was introduced to one resident after they had completed their breakfast. The resident spoke of their plans to celebrate a milestone birthday during 2023 and reduce the number of days they attended day services each week after their birthday. The resident explained that at the time of this inspection they attended their day service two days each week. They enjoyed participating in social activities with staff during the rest of the week. For example, on the day of the inspection the resident chose to have their lunch out with a staff member. They also showed the inspector their bedroom, proudly talking about family representatives that were in some photographs.

The inspector met another resident early in the afternoon when they returned from their day service. The inspector was aware prior to the inspection that this resident had moved into this designated centre in August 2022. They had been supported by the provider to remain in the locality as per their expressed wishes. The resident spoke with the inspector about their interests which included sports, particular television programmes and radio. The resident enjoyed social activities and attended their community based day service hub five days each week. Staff present encouraged the resident to talk about their interest in radio which they did enthusiastically. The spoke about their favourite radio station and which presenters they liked most. The resident was observed to interact and converse with the staff present and their peers in a jovial manner during the inspection. The resident did

highlight an issue to the inspector which they had raised with the staff team previously. When only one staff was on duty it was sometimes difficult to engage in community activities if they wished and access to a transport vehicle had to be planned and was not always available. This issue was identified on a number of occasions during the inspection and will be discussed in the quality and safety section of this report.

Another resident proudly spoke of a family event that they had attended in 2022. They had been supported by the staff team to follow a healthy eating plan as per their expressed wishes and had successfully lost weight in advance of the event. The resident also showed the inspector a personal photo book which had photos of many different activities, social events and community locations that they had visited during the year. The resident was also encouraged by staff present to talk about their recent vacation to a number of different towns in another county with family representatives over Christmas. During the inspection, the resident was observed to listen to music on their record player which was an activity they enjoyed very much. The resident also spoke of how happy they were to be able to attend their day service three days each week.

The inspector spent some time sitting with another resident as they looked through their personal photo book in the dining room in the afternoon. The resident appeared to be happy explaining where the photos were taken and who was in the photographs. The staff present also encouraged the resident to tell the inspector how they enjoyed making healthy smoothie drinks. Staff explained that this was a relatively new activity for the resident which they looked forward to participating in. The resident smiled as they demonstrated what actions were required and what fruit they enjoyed in their drinks which they usually made with staff support after returning from their day service in the afternoon.

The inspector completed a walk around of the designated centre with the person in charge. It was evident some upgrade and maintenance works had been completed since the previous inspection in October 2021. These included a new front door and windows, however some issues relating to the premises were identified during this inspection. These will be discussed further in the quality and safety section of the report.

The provider had reduced the capacity of this designated centre from seven residents to six and all bedrooms were single occupancy since August 2022. The person in charge outlined the individual service provided to each resident in the designated centre. For example, one resident stayed overnight from Tuesday to Thursday inclusive each week. They attended their day service during the day and also had the option to stay additional nights if they chose to. Another resident stayed with family representatives regularly at weekends. The inspector was informed that most weekends three or four residents were supported by staff in the designated centre. The mid-week evenings were the usual periods of time when all six residents may be in the designated centre together. A second staff was only available on one of these evenings each week which impacted on the residents' ability to engage in activities if they wished.

The inspector reviewed three questionnaires completed by residents in advance of the inspection. Overall residents outlined they were happy with their home and the support they received from the staff team. However, more staff resources available in the evenings and at weekends would benefit greater choice. If a resident wanted to stay at home the remaining residents would not be able to go out when only one staff was on duty. Also, the uncertainty of a transport vehicle being available added to the difficulty in planning activities with staff. Another issue that was highlighted related to the temperature of the food which was described as not being hot enough. This issue had been dealt with in advance of the inspection taking place to the satisfaction of the residents.

The inspector was informed that a resident who was supported to move to another designated centre run by the same provider in August 2022 had settled into their new home very well. The staff team and residents had regular contact with the resident since they moved out and had invited the resident to return to visit their peers and staff team.

In summary, the findings of this inspection found residents were provided with care and support from a dedicated staff team. However, the staffing resources of one staff at times in the day particularly in the evening time adversely impacted residents' choice to engage in individual or small group activities if they wished. Also, residents' access to transport to facilitate engagement in community based activities required further review.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, the inspector found at the time of this inspection that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents living in this designated centre. There was evidence of improvements in compliance with some regulations. However, not all actions from the previous inspection that took place in October 2021 had been completed or adequately addressed by the provider. These included residents' rights and individual assessments and personal plans. In addition, not all actions identified in the provider's own internal audits had been progressed or completed. Some of these issues remained unresolved at the time of this inspection which included contracts of care for residents and the provision of adequate transport arrangements for the residents. The issue regarding transport had been identified as an action in the previous inspection report of October 2021, on three internal provider audits since November 2021 and the annual review report of March 2022.

The inspector met with the person in charge, the community nurse and one member of staff during the inspection. All demonstrated their awareness of their roles and responsibilities within the designated centre. They were familiar with the assessed needs of the residents and shared responsibilities. The inspector observed evidence of the positive impact for the residents and staff team that the presence of the community nurse had on the management and ongoing review of the healthcare needs of the residents in the designated centre. The person in charge remit had reduced since the previous inspection. At the time of this inspection their remit was over two designated centres. They had completed the supervision schedules for most of the staff team with one outstanding scheduled. An audit schedule was also in place with clear delegation of these to all staff working both day and night shifts.

The person in charge ensured there was an actual and planned rota in place. A minimum of one staff was on duty at all times day and night. The residents were supported to attend their individual day services or places of employment in line with their wishes. Some residents were facilitated to remain in the designated centre two or three days during the week with a staff member. During these days the resident could choose what activity they would like to do. However, during the inspection, the inspector observed one resident express their concern about having to be back in the designated centre by a particular time as a peer would be returning to the designated centre. The staff present provided re-assurance and supported the resident to participate in their preferred activity. However, the inspector observed the resident and staff had returned before 14:00 hrs in advance of another resident returning.

The inspector reviewed the available staffing resources within the designated centre. The inspector was informed there were no staff vacancies at the time of this inspection. One new staff had recently joined the staff team and was still shadowing regular core staff at the time of this inspection. The person in charge outlined there were no relief staff available in the event of core staff being unable to work in the designated centre. At the time of this inspection a second staff member was available one day each weekend, usually alternating between Saturday or Sunday and for five hours in the evening one day a week. This was usually either a Tuesday or Wednesday evening from 16:00 - 21:00 hours. At all other times one staff supported the residents. While there were reduced numbers of residents at times, if one resident did not wish to go out on a planned activity the staff could not support the other residents to go out and the activity would have to be cancelled or re-scheduled.

The provider had ensured an annual review and internal audits had been completed. However, not all actions in the audits were addressed with repeated similar findings on subsequent audits. In addition, time frames for completion were not consistently documented. For example, food safety training for staff was identified as being required for staff working in this designated centre since November 2021. At the time of this inspection only one staff member had completed this training. The issue was highlighted in the annual review of March 2022 and the June 2022 six monthly audit.

Not all residents had been provided with a contract of care. For example, the

resident who was admitted into the designated centre in August 2022 did not have a contract in their personal plan reviewed by the inspector. In addition, other residents contracts were not reflective of the service being provided at the time of this inspection .

Following the planned admission of one resident to the designated centre in August 2022 the provider had reduced the maximum capacity of the designated centre from seven beds to six beds. All documentation including the statement of purpose reflected this reduction and the subsequent changes to the services provided in the designated centre.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

#### Registration Regulation 7: Changes to information supplied for registration purposes

Changes to the original application were submitted by the provider to reflect the change to services being provided in the designated centre which included a reduction in the number of beds being sought in the renewal of the registration of the designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.

Judgment: Compliant

#### Regulation 15: Staffing

There was a core staff team available to support the needs of the residents, which

was in –line with the statement of purpose and the size and layout of the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents. Additional staffing supports included dedicated cleaning staff each week for three hours and the community nurse who supported residents to attend healthcare appointments. However, the presence of two staff to support residents to engage in activities as per their choice was limited each week and required further review.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The provider had ensured a staff training schedule for 2023. All staff had attended fire safety, safeguarding, manual handling and IPC training. A new staff member was scheduled to attend emergency medication administration training in the weeks after this inspection. However, not all staff had up-to date training in managing behaviours that challenge, food safety or medication management at the time of this inspection.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The provider had ensured all information including periods of absences for residents were maintained in the directory of residents. However, the date of admission to the designated centre for one resident was not evident in the directory or on their individual personal plan reviewed by the inspector. This information was sourced by the person participating in management before the inspection ended.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. An updated insurance certificate was submitted by the provider following this inspection as the previous certificate had elapsed on 31 December 2022.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of services to residents. However, not all actions identified in provider's internal audits and annual report had been adequately addressed or completed.

Judgment: Substantially compliant

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

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose. However, not all residents had a completed contract of care and other contracts reviewed did not accurately reflect the services being provided to the residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge prior to the inspection taking place and on the day of the inspection.

Judgment: Compliant

### Regulation 30: Volunteers

The provider did not have any volunteers working in this designated centre.

Judgment: Compliant

<b>Regulation 31: Notification of incidents</b>
The chief inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The chief inspector was notified in writing when the person in charge was absent for a continuous period of more than 28 days from the designated centre.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
The chief inspector was notified in writing of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy. Easy -to -read information relating to complaints was also available for residents within the designated centre.
Judgment: Compliant
<b>Quality and safety</b>
The provider demonstrated individualised supports were in place for residents to attend day services in -line with their expressed wishes. The services provided

within the designated centre had changed in August 2022 resulting in six full time residents being supported in the designated centre. This led to all bedrooms being single occupancy and respite or short break services were no longer provided in the designated centre. In addition, some improvements were evident regarding the maintenance both internally and externally in the designated centre. However, further improvements were required in areas such as residents rights and personal plans. A review by a person competent in fire safety of fire evacuation times was also required to ensure residents could be safely evacuated from the designated centre.

While completing the walk around of the designated centre the inspector observed a damaged fire seal on one of the upstairs bedroom doors. The person in charge was not aware of the issue and following a review of the fire door checks no issues had been identified or documented on the fire door checks that were completed on 8 January 2023, the day before this inspection. During the inspection the person in charge had contacted the relevant personnel who came to review the door. The seal was replaced and the person in charge provided written assurance that the issue had been addressed to the inspector the day after the inspection. One resident expressed a preference to leave their bedroom door open, while no doors were observed to be restricted during the inspection, the person in charge had ordered a door stop to facilitate the resident while adhering to fire safety precautions.

The inspector reviewed the fire safety checks completed in the designated centre. While the person in charge clearly identified on recording sheets that weekly checks were to be completed each Saturday this was not being consistently completed by staff on duty. In addition, the inspector was unable to review the servicing records of the fire safety equipment, lighting and alarms at the time of the inspection by a person competent in fire safety. The person in charge had ensured that regular fire drills with scenarios were conducted including simulated night time evacuations with all six residents. Most fire drills were completed within three minutes. There was evidence of shared learning and actions being taken which included fire safety discussions with residents and drills being repeated if further learning was required by residents. Each resident had a personal emergency evacuation plan (PEEP) which was subject to regular review and updated as required. However, the acceptable duration of fire drills required further review by a person competent in fire safety. The fire drill recording template stated drills should be completed within four minutes. All drills were completed under this time, with most drills completed close to three minutes. The person in charge was unable to clarify where this time to complete the safe evacuation of residents had originated from.

It was evident residents were supported with their healthcare needs by the staff team in conjunction with the oversight of the community nurse. For example, one resident required ongoing input to manage a long term medical issue. At the time of this inspection, the issue was being well managed resulting in a reduction in the extent of medical intervention being required by the resident with ongoing monitoring by the staff team. The inspector was informed that the same resident was awaiting inclusion in a national health screening programme for which they had become eligible in October 2022 and this was being followed up at the time of the

inspection.

As previously mentioned one resident had moved into the designated centre in August 2022. This was after a short transition period from another designated centre run by the same provider. However, not all aspects of the resident's personal plan had been updated/reviewed. This had been identified on the most recent internal audit of 7 December 2022 that had been completed by the provider. The inspector was informed during the inspection of the ongoing input and review from members of the multi-disciplinary team including positive behaviour support professionals to ensure the resident's individual assessed needs were being met.

While some residents personal plans had been subject to regular review, not all personal goals had documented evidence of progress or if the goals were achieved. For example, a number of residents had expressed an interest to return to a social club on Tuesdays and attend a choir group. Both of these activities had been stopped during the pandemic. However, no update on progress in achieving these goals or alternative activities were documented in the residents' personal plans. One resident had a goal to visit Dublin zoo, another to go to visit Knock shrine, but there were no details of actions taken to attain the goals.

The residents were involved in the running of this designated centre which included meal choice, household activities and shopping. Some residents accessed public transport either independently or with staff support. However, arrangements in place for access to a transport vehicle were not reliable, consistent or available at all times. This had been identified as an ongoing issue in the annual report and internal audits since November 2021 and in the previous inspection report of October 2021. The provider had identified a bus used by day services for residents to use in the evenings and at weekends in this designated centre. However, the inspector was informed that on occasions in the past, the keys of the bus were not available which meant the planned activity could not go ahead. Also, if only one staff was working and any of the residents chose not to participate, the remaining residents could not complete the activity.

Some residents spoke of their interest in attending sporting events such as matches, while other residents liked to spend their evenings in the designated centre. When only one staff was on duty individual or small group activities could not be supported in line with residents wishes. Some residents had also highlighted that they would like to return to a number of community activities that had been stopped due to the pandemic. While the social club and choir had not restarted no other alternative social activities had been documented as being discussed or reviewed with the residents to support their interests.

As previously mentioned a number of improvements were evident in the designated centre relating to the premises which included actions from the previous inspection being completed. However, the internal surface of a microwave was observed to be damaged. Also, torn curtain lining in one resident's bedroom was evident from the exterior as the inspector approached the designated centre to commence the inspection.

The designated centre was found to be warm and generally clean. While there was evidence of some good infection prevention and control (IPC) measures within the designated centre which included staff knowledge, regular audits such as observational hand hygiene audits and dedicated cleaning staff working three hours every week. The person in charge had also completed regular reviews of the Health Information and Quality Authority (HIQA) self-assessment and had scheduled a deep clean of the designated centre on 6 January 2023 in advance of this inspection. However, a number of issues relating to IPC were identified. The inspector noted black marks evident on paintwork in two of the bathrooms which evidenced either poor ventilation or moisture build -up in the rooms. There was also damage evident to the floor surface around one toilet in one of the bathrooms. In addition, gaps on the floor surfaces at entry/exit points to some rooms adversely impacted effective cleaning of these areas and there was evidence of debris build - up in some of these gaps.

### Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Residents were supported to access and develop their computer skills and other forms of media within the designated centre.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to visit their family representatives regularly and to have visitors to the designated centre.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge had ensured residents were supported to manage their financial affairs and individual arrangements were in place to ensure residents had access to their personal finances with support as required.

Judgment: Compliant

### Regulation 13: General welfare and development

While residents were supported to attend day services regularly each week and to engage in some community activities, opportunities to participate and engage in interests were not always facilitated due to staffing resources and the lack of available transport. This will be actioned under regulation 16: Staffing and regulation 9: Residents rights

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured actions from the previous inspection had been addressed. However, a microwave had damage evident on the internal surface and damaged furnishings such as curtains required review also.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the assistance required by each of the residents in this designated centre. In addition, food was observed to properly and safely stored. However, not all staff had completed training in food safety which was identified as being a training requirement for this designated centre. This will be actioned under regulation 16: staff training.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. It had been updated to reflect the current services provided in the designated centre.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured one resident had been supported to transition into the designated centre providing information on the services and supports available to them. In addition, the resident was supported to continue to attend their day service and there was evidence of on-going supports to ensure the resident was provided with training in life skills.

The person in charge supported the discharge of another resident from the designated centre in a planned and safe manner.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk in the designated centre. The most recent review was completed in October 2022. Individual risk assessments for residents were also completed and subject to regular review.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections which included regular cleaning of frequently touched areas, dedicated cleaning staff and IPC audits. However, further review of two bathroom areas was required. In addition, not all floor surfaces were intact with gaps evident at entry /exit points of some rooms which impacted the ability of staff to effectively clean these areas.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms and emergency lighting. However, not all weekly fire safety checks were consistently completed. In addition, one fire door did not have an intact fire seal at the time of the inspection and the

duration of fire drills required review by a person competent in fire safety. Documentation relating to servicing of fire safety systems were also not available for review at the time of the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. However, not all of the personal plan for the newly admitted resident had been documented as being reviewed within 28 days of admission as per the statement of purpose. In addition, not all goals identified for residents had documented evidence of being progressed or reviewed, while some goals had not been attained with no rationale documented for the reason why.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported with appropriate health care within the designated centre and attended allied healthcare professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider's internal review process had identified a number of issues which included one positive behaviour support plan had not been subject to regular review or updated since the resident's admission to the designated centre. In addition, all restrictive practices had not been subject to regular review in line with the provider's policies. These issues had either been addressed or were in progress at the time of this inspection. The staffing ratios in the designated centre did not allow for individual activities was also identified by the internal auditors. This will be actioned under regulation 15: Staffing

Judgment: Compliant

## Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had ensured all residents privacy and dignity were supported. However, residents did not consistently have the freedom to exercise choice and control in their daily lives. Engagement in activities and interests was adversely impacted by staffing ratios and lack of adequate access to transport

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially

	compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Cork City North 1 OSV-0003301

Inspection ID: MON-0029027

Date of inspection: 09/01/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• There are currently no vacancies in the centre.</li> <li>• Relief staff are available to work extra days on the weekends and evenings to facilitate activities for residents</li> <li>• Relief staff are also available from linked centres as required</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• MAPA training (Safety intervention training) – as per centre's risk register the two day safety intervention training is not a requirement for this centre. All staff have attended positive behavior support training – 1 day safety intervention training scheduled for staff in the coming weeks</li> <li>• HACCP training scheduled for staff</li> <li>• All staff now have received medication management training – two day training session held on 7th and 8th February 2023</li> <li>• All staff have received training in administration of buccal midazolam and epilepsy awareness</li> </ul>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Actions outstanding from internal audits have been completed and action plan is available for review onsite. Sent to inspector by email on 12th January 2023</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• PIC will ensure that contract of care for one resident is signed and filed onsite</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Microwave has been replaced</li> <li>• Damaged curtains will be replaced by the end of February</li> <li>• Outstanding issues with gaps evident at entry / exit points and bathroom review have been send to maintenance waiting completed dates – aim for completion end of March 2023</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Outstanding issues with gaps evident at entry / exit points and bathroom review have been send to maintenance waiting completed dates – aim for completion end of March 2023</li> </ul>	

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"> <li>• Weekly fire checks are to be completed on Fridays – all staff are aware of this and to be discussed again at next staff meeting</li> <li>• Fire strip on one door was replaced on the day of inspection</li> <li>• Staff have agreed on a maximum evacuation time of 3 minutes and to aim for same when carrying out drills – any issue with time of evacuation should be documented and escalated to management</li> <li>• Documentation relating to servicing of fire fighting equipment will be kept onsite and is available from maintenance department for review – PIC to ensure file of same are available onsite for review at all times</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• Keyworker for new resident will arrange a PCP meeting – aim for completion the end of March 2023</li> <li>• PIC has spoken to all staff in relation to documenting progress of goals – all goals to be reviewed on a quarterly basis or sooner if required – to be discussed again at next staff meeting</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• Access to transport for the weekends and evenings has been provided – PIC to liaise with manager of nearby day service to ensure that key is always available to staff in Cork City North 1 and put protocol in place around same so that all staff are aware that they have access to the vehicle</li> <li>• Residents can also avail of public transport where necessary</li> <li>• Relief staff can be rostered on evenings and weekends to facilitate activities for residents who may want to do different things – centralized relief panel available – PIC to</li> </ul>	

roster relief staff where available

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/03/2023

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/02/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	10/02/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with	Substantially Compliant	Yellow	28/02/2023

	each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	28/02/2023
Regulation 05(1)(b)	The person in charge shall ensure that a	Substantially Compliant	Yellow	31/03/2023

	comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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 where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/03/2023
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	Not Compliant	Orange	28/02/2023

	consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	28/02/2023