



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	23 & 29 May 2024
Centre ID:	OSV-0003287
Fieldwork ID:	MON-0034584

About the designated centre

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

West County Cork 3 is located on the outskirts of a town and consists of two two-storey houses connected by a shared entrance. Each house is comprised of resident bedrooms (eight in one house and six in the other), bathroom facilities, a kitchen-dining area leading to a living area and a separate smaller living room. The centre is open Monday to Friday each week and supports up to 14 residents over the age of 18, both male and female with intellectual disabilities. Residents attend a day service away from this centre, Monday to Friday, but some residents have a semi-retirement activation plan in place and do not go to day services everyday. Residents are supported by the person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 23 May 2024	10:45hrs to 18:45hrs	Conor Dennehy	Lead
Wednesday 29 May 2024	14:00hrs to 15:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Staff members on duty were seen to interact appropriately with residents and there appeared to be a good relationship between staff and residents. Feedback in surveys was positive, and residents met during this inspection generally appeared content. One resident though did raise some queries around this centre opening on a full-time basis.

This designated centre operated on a Monday-to-Friday basis and was registered for a maximum of 14 residents. Generally, nine residents availed of this centre but at the time of this inspection one of these residents was away with their family on a foreign holiday so eight residents were present on the first day of inspection, six of whom were met during the course of this inspection. When the inspector arrived to commence the inspection, most residents had already left the centre to attend a nearby day services operated by the same provider. Two residents though remained in the centre as part of a semi-retirement initiative. The inspector met both early into the inspection with one of these residents raising a hand and giving the inspector a thumbs up. Both of these residents left the centre soon after with a staff member to go on an outing and did not return to the centre until later in the afternoon. As such, no residents were present in the centre for a large portion of the inspection. The inspector used this time to review the premises provided and certain documentation.

Among the documentation that was reviewed was surveys that asked questions about residents' lives in the centre. Seven surveys were provided for residents, with four indicated as being completed with help from staff, two with help from staff and family members and the final one answered by a family member on behalf of a resident. These surveys were seen to contain positive responses to questions raised, with specific comments made including "I love it", "I have lots of friends" and "I have my own shower". One resident's survey, which was completed with the help of a staff member, referenced the resident going to another centre at the weekend but wanting to stay in the current centre. Aside from such comments, this survey contained positive feedback. The surveys reviewed commented positively on residents' bedrooms and the overall premises provided. The premises which made up this centre was a large building that comprised two adjoining houses with a shared entrance that was also connected by a corridor on the first floor. These two houses had a similar layout with communal areas in both, including a living area connected to a kitchen and dining area along with a separate living room.

Fourteen individual resident bedrooms were present in the centre along with offices, utility rooms and bathrooms facilities. Despite the size of the premises provided, on the first day of inspection it was observed that it was clean, well-maintained and well-furnished. The bathrooms in the centre were generally seen to be of a good standard but the inspector read a report from an occupational therapist (OT) which recommended some changes to a shower area used by a resident. The inspector was informed that this recommendation had yet to be implemented and was related

to future planning so was not expected to be done until 2025. Around the centre it was seen that various photographs of residents were on display, which added to a homely feel. There were also signs and posters present to give information to residents. These included pictures of the staff members who were on duty and posters around advocacy, human rights, safeguarding and how to make complaints. Aside from these, the inspector also noted that copies of the centre's statement of purpose (an important governance document that describes the services to be provided in a centre) and residents' guide were present at the entrance of the centre.

This residents' guide outlined some information about living in the centre, including how residents were to be involved in the running of the centre. As part of this, the residents' guide indicated that residents had a monthly resident forum so that they could let staff know about any issues. Notes of such forum meetings were read by the inspector which indicated that they were occurring monthly in 2024 with such forums chaired by the person in charge. The notes of these forums indicated that residents were given information around topics such as infection prevention and control, rights restrictions, safeguarding, fire safety and the provider's complaints policy. Notes of a resident forum that had taken place the week of this inspection indicated that the inspection had been discussed with the residents. The residents who were present in this centre on the first day inspection returned to the centre from their day services or outings in the final hours of the inspection. Among these were the two residents that the inspector had met early into the inspection. One of these residents again gave the inspector a thumbs up while the other was engaged in some colouring and seemed content while doing so. The staff member who had supported these residents with their outing informed the inspector that while away from the centre these residents had gone for a walk in a park and done some shopping among other activities.

Of the residents who returned from their day services, the inspector met four of these. Three of these residents greeted the inspector and initially seemed quite happy with one shaking the hand of the inspector while another told the inspector that they liked living in the centre. Soon after though when the inspector sat with one resident, the resident briefly became teary when speaking about a family member which appeared to cause another resident present to become teary also. The former resident then requested a glass of milk, which a staff member present promptly provided to the resident, who seemed content after this as did the other resident. Such staff and the person in charge were seen to interact with residents in a warm manner generally. For example, on one occasion, a resident was seen to engage jovially with the person in charge when pointing out some pictures of residents that were present in the entrance area. Overall, there appeared to be a good relationship between staff members and the residents, with some residents supported to leave the centre with staff to go to a local restaurant near the end of the inspection. Before they left, one of these residents greeted the inspector and then asked when the centre would be opening seven days a week.

The resident was informed by the person in charge that this matter was with the Health Service Executive for funding. Soon after, while the inspector was speaking with a staff member in one of the living rooms, the resident twice entered and

commented to the inspector. While the inspector could not clearly make out what the resident was saying at these times, the responses of the staff member present suggested that the resident was asking if they could live in this centre on a full-time basis. While this resident availed of this centre on a Monday-to-Friday basis, they attended another centre operated by the provider on a Friday-to-Monday basis for respite (three other residents had similar living arrangements). This resident had a wish to remain living in West County Cork 3 on a full-time basis and highlighted this to inspectors previously in inspections of this centre in June 2018, February 2020 and February 2023 as well as an October 2023 inspection of the other centre involved. The resident had been supported to write letters to the provider's Chief Executive Officer, a member of the provider's board of directors and a local politician, highlighting that that they wanted to live in West County Cork 3 full-time. In one of these letters, the resident highlighted how their current living arrangements were stressful and that they had been waiting for this centre to open seven days a week for a long time. This matter will be returned to later in the report.

In summary, the premises where residents lived was seen to be well-presented on the first day of inspection with information around relevant matters seen to be in display around the centre. While most residents spent the first day of the inspection in their day services, two residents were supported with a semi-retirement initiative. Based on the interactions observed, there appeared to a good relationship between staff and residents. Positive feedback was contained within the surveys reviewed during the inspection.

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

Capacity and capability

A good level of compliance was found in most regulations reviewed. Some regulatory actions were identified though relating to policies and contracts while a longstanding issue relating to residents' rights remained at the time of this inspection.

This centre was registered until October 2024 and was last inspected by the Chief Inspector of Social Services in February 2023. During that inspection it was highlighted how the provider had submitted a proposal to their funder in November 2021 to make this centre a full-time residential service from its traditional Monday-to-Friday operations. While there had been approval for this proposal from their funder at a local level in September 2022, final approval from the funder at a national level was awaited at the time of the February 2023 inspection. The Monday-to-Friday operations of the centre did not enable a resident to have choice

and control over where they wanted to live which was reflected in a judgement of not compliant under Regulation 9 Residents' rights during the February 2023 inspection, with similar findings having been also made during previous inspections in June 2018 and February 2020.

Despite this, the provider's response to this regulation for the February 2023 inspection did not provide assurance that the resident involved would be able to live where they wanted. On the current inspection, which was to inform a decision on renewing the registration of this centre for three years beyond October 2024, it was found that this situation remained unchanged. While it was acknowledged that the provider had continued to raise this issue with their funder, there appeared to have been no progress on this issue since the February 2023 inspection. While approval for the full-time proposal, which also included provision for nursing support for the centre, required input from the funder at a national level, under the regulations the responsibility for ensuring compliance with Regulation 9 Residents' rights rests with the registered provider of this centre, namely COPE Foundation.

Aside from this issue though, the overall findings of this inspection found evidence of good compliance in most other regulations reviewed. For example, it was found that regulatory required documentation such as the centre's statement of purpose, a directory residents and staff rosters were being appropriately maintained. There was evidence of appropriate management arrangements in place for the centre, while oversight of the centre was provided by local auditing and key regulatory requirements such as an annual review that assessed the centre against relevant national standards. However, some regulatory actions were identified in some other areas. These included not all required policies being reviewed at three-yearly intervals and residents' contracts for the provision of services not clearly outlining the nature of the service that residents were to receive in this centre.

Regulation 14: Persons in charge

The provider had appointed a person in charge who, based on documentation reviewed in advance of this inspection, was appropriately qualified and experienced. The person in charge was responsible for a total of two designated centres at the time of this inspection. This remit was not found to have a negative impact on the administration, governance and operational management of the current centre, with documentation reviewed and discussions with staff indicating that the person in charge was a regular presence in the current centre. The person in charge also displayed a strong knowledge of the residents and the operations of the centre. It was highlighted during this inspection that the person in charge was intended to become responsible for a third designated centre pending the submission and granting of an application to register another centre. While this would increase the remit of the person in charge, it was highlighted how the total number of residents that the person in charge would be involved with would remain unchanged. The person in charge was also to be supported in some of their remit by a clinical nurse manager 1 (CNM1) although this CNM1 would not have an involvement with West

County Cork 3.

Judgment: Compliant

Regulation 15: Staffing

There were no staff vacancies at the time of this inspection. While some challenges were highlighted relating to relief staff, overall the findings of this inspection indicated that staffing in the centre was in keeping with the centre's statement of purpose. Staff members spoken with demonstrated a good understanding of residents' needs. While the provision of nursing support formed part of the proposal to make this centre a seven-day service, current nursing oversight and support for the centre was provided by the person in charge and from nursing staff in the day services where all residents attended. Planned and actual staff rosters were being maintained in the centre.

Under this regulation, specific documentation relating to all staff working in a centre must be obtained. This documentation included written references, full employment histories and evidence of Garda Síochána (police) vetting. In advance of this inspection, which was initially intended to be a one-day inspection, the inspector requested such documentation be made available for review on the day of inspection. It was indicated that such documentation was not present in this centre but was held in the provider's head office. As such, at the invitation of the provider, the inspector attended the provider's head office on 29 May 2024 for a brief second day of inspection to review this documentation. During this eight staff files were reviewed which were mostly found to contain all of the required information. It was noted though that photo identifications had expired and copies of some training were not present in some staff files (the inspector was informed that training records could be located elsewhere).

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was made available for the inspector to review. It was seen that this directory contained all of the required information such as residents' names, dates of birth, dates of admission to the centre and the residents' general practitioner details.

Judgment: Compliant

Regulation 22: Insurance

Documentary evidence of appropriate insurance arrangements for this centre was provided during the inspection process.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the recurrent findings under Regulation 9 Residents' rights, overall the findings of the current inspection indicated that residents were well supported while they availed of this centre. This was assisted by the governance and oversight arrangements in operation, particularly at a local level. There was an organisational structure in effect in the centre, with support available out-of-hours if needed for staff. Performance reviews were being completed with staff. As part of the monitoring arrangements for the centre, a new schedule of audits had been recently introduced for the centre and was being adhered to, which is important in promoting systematic monitoring. An annual review of the centre had also been completed since the February 2023 inspection.

This annual review provided for consultation with residents and their families while also assessing the centre against relevant national standards which addressed a regulatory action from the previous inspection. Provider unannounced visits to the centre were also being conducted, which were reflected in written reports with an action plan in place to address any issues identified. Such provider unannounced visits must be conducted at six monthly intervals. It was noted that there had been a near seven-month gap between the two most recent provider unannounced visits. While a similar issue had been found during the February 2023 inspection, in advance of the current inspection the provider had acknowledged that there had been some centres which had not received an unannounced visit in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Under this regulation the provider is required to ensure that residents have a contract in place to set out the services to be provided to residents. During this inspection, the contracts of four residents were reviewed. These did provide some information on the supports residents were to receive, with such contracts indicated as being agreed to by residents' representatives. It was noted though that these contracts did not make clear the services to be provided in this centre, as they did

not reflect the Monday-to-Friday operations of the centre. The inspector was informed that work relating to residents' contracts was being undertaken by the provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was in place for this centre that contained all of the required information such as the care and support needs the centre was intended to meet, a description of the rooms in the centre, the information in the centre's certificate of registration and the arrangements for dealing with complaints. This statement of purpose had been reviewed during May 2024 and was present in the entrance area of the centre.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer who was involved in the centre. On the first day of inspection it was seen that their roles and responsibilities were set out in writing while the person in charge outlined how the volunteer was supervised. On the second day of this inspection, a copy of Garda vetting for this volunteer was provided.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the complaints process was on display in the centre and complaints were discussed with residents during resident forum meetings. For any complaints made, it was found that records were kept which outlined the nature of the complaints, how they were responded to and if the complainants were satisfied with the outcome. One complaint had been made by a resident who wanted to reside in this centre on a full-time basis. While this complaint had been responded to, the resident was not satisfied with the outcome. This is related to the findings under Regulation 9 Residents' rights.

Judgment: Compliant

Regulation 4: Written policies and procedures

Under this regulation the provider is required to have specific policies in place and to ensure that such policies are reviewed at intervals not exceeding three years. The provider's policies were held in an electronic format and during the first day of inspection, the inspector reviewed six of these policies. Four of these were found to have been reviewed in the previous three years, but the policies on visitors and admissions had not been. It was indicated to the inspector that these policies were at the final stages of review.

Judgment: Substantially compliant

Quality and safety

The centre was provided with appropriate facilities. The needs of residents were outlined in their personal plans. Staff members spoken with during the inspection demonstrated a good knowledge of residents and were provided with relevant training in areas such as fire safety and safeguarding.

As mentioned earlier in this report, the premises provided was seen to be well presented during this inspection. The premises was also equipped with required facilities to ensure compliance with the regulations. For example, there were facilities provided for food to be stored in hygienic conditions and for medicines to be stored securely in. Appropriate fire safety systems were also in place. These included fire blankets, fire extinguishers, emergency lighting, a fire alarm and fire containment measures. Such systems were being serviced by external maintenance personnel to ensure that they were in proper working condition, while internal staff checks were also being conducted on a regular basis. The procedures for fire evacuation were on display in the centre, and fire drills had been conducted regularly in the centre to ensure that staff and residents were aware of what to do in the event of a fire.

Records reviewed indicated low evacuation times for fire drills that were conducted at varying times to reflect different scenarios including when residents would be in bed and when minimum staffing levels were on duty. It was noted though that a fire drill to reflect a night-time situation when all nine current residents availing of the centre were present had not been conducted in the previous 12 months. However, it was acknowledged that two night-time situation fire drills had been completed in the same period, one with eight residents and the other with seven residents, with both recording low evacuation times. Training records provided indicated that staff had completed relevant fire safety training in addition to safeguarding training. Where any safeguarding matters arose, they had been responded to appropriately while staff members spoken with during this demonstrated an awareness of safeguarding.

Such staff also displayed a good knowledge of the needs of residents and how to support the residents.

The needs of residents were set out in their individualised personal plans which are specifically required by the regulations. Under the regulations, there are specific requirements related to personal plans with the evidence provided during this inspection indicating that they had been met. For example, residents' personal plans were subject to an annual multidisciplinary review and were also available in accessible format. When reviewing three residents' personal plans, the inspector noted that they contained recently reviewed guidance on residents' health, personal and social needs, while a person-centred process was used to involve residents in their personal plan and to identify goals for residents to achieve. Such goals included things like attending concerts and going on overnight stays with evidence provided that residents were supported to achieve these. It was noted though that some resident goals included being able to stay in this centre seven days of the week but as highlighted there had been no progress on this matter since the February 2023 inspection.

Regulation 17: Premises

The premises provided was seen to be clean, well-furnished and well-maintained with appropriate communal space and storage facilities provided. While the bathrooms in the centre were generally seen to be of a good standard, the inspector read a report from an OT which recommended some changes to a shower area used by a resident. These recommendations had not been implemented at the time of this inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Information around particular diets that residents needed to follow was outlined in their personal plans with staff having an awareness of such diets. Appropriate facilities were provided for food to be stored hygienically in.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide for the centre that was seen to be present in the entrance area of the centre. The inspector reviewed this guide and

noted that it contained all of the required information such as information about the terms and conditions of residency, the procedure respecting complaints and the arrangements for visiting.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was equipped with appropriate fire safety systems while internal and external checks on such systems were carried out. Fire drills were conducted which indicated low evacuation times, but in the previous 12 months no fire drill had been conducted to reflect a night-time situation with minimum staffing when all nine residents who availed of this centre were present.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate facilities were provided for medicines to be securely stored, with provision made for medicines that were to be disposed of to be kept separate from other medicines. When any medicine errors did occur, it was seen that there was appropriate follow-up action taken, such as contacting a general practitioner as a precaution. Assessments were conducted to determine if residents could self-administer their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individualised personal plans which set out their health, personal and social needs. These personal plans were available in accessible format and were subject to multidisciplinary review. A person-centred planning process was followed to involve residents in their personal plans. Residents were supported to achieve goals although some residents had a goal of being able to stay in this centre seven days of the week. This is addressed further under Regulation 9 Residents' rights. At the time of this inspection, appropriate arrangements were in place to meet the needs of residents in its existing operations but there were indications that the health needs of some residents were increasing, so these would need to be kept under close review.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had undergone relevant training in positive behaviour support and de-escalation and intervention. Processes were in operation for any restrictive practices in use to be reviewed.

Judgment: Compliant

Regulation 8: Protection

Where any safeguarding matters had arisen since the February 2023 inspection, documentary evidence was provided that they had been responded to appropriately. Staff members spoken with were aware of relevant safeguarding information and had also been provided with safeguarding training. Residents met during this inspection appeared comfortable in presence of staff. During the course of this inspection, no safeguarding concerns were identified.

Judgment: Compliant

Regulation 9: Residents' rights

During this inspection, evidence was seen of measures being taken to promote the rights of residents. These included:

- Monthly resident forums and one-to-one meetings between residents and their key-worker (staff specifically assigned to support individual residents) to consult with residents and give them information.
- Residents being asked whether they wanted night-time checks to be carried out, with residents' choice respected if they declined these.
- A resident being supported to join Inclusion Ireland.
- Staff speaking of and supporting residents in a respectful manner.

However, due to the Monday-to-Friday operations of this centre, four of the residents who availed of this centre used other centres operated by the provider for weekend respite. While it was indicated that two of these residents had no issues with such arrangements, as highlighted in the 'What residents told us and what inspectors observed' section of this report, one resident was strongly expressing a wish to reside in West County Cork 3 on a full-time basis. Efforts had been made to support the resident in expressing their wishes about this. For example, the resident

had been supported to raise a complaint about this and to write to senior personnel within the provider (such personnel had responded to the resident).

Despite such efforts, the resident continued not to have choice and control over where they lived. This had been highlighted in three previous inspection reports in June 2018, February 2020 and February 2023 as well as during an October 2023 inspection of the other centre involved. While the provider was continuing to engage with their funder on this matter, the provider's response to this in the February 2023 inspection did not assure. Based on the findings of the current inspection, no progress on this matter had been made since then, and without progress some residents' person-centred planning goals could not be achieved. As such, the findings under this regulation remained unchanged from previous inspections.

In addition to this resident, the fourth resident who availed of weekend respite had been supported by the provider's internal advocate over a period of time to express their will and preference about their living arrangements. In doing so, the resident expressed their desire to reside full-time in the current centre rather than attending another of the provider's centres for weekend respite. It was noted though that staff in both West County Cork 3 and the other centre (which was inspected the day before the first day of this inspection by the same inspector) indicated that the resident was happy going to respite. While the resident was not met on either inspection, a survey completed on behalf of the resident by a family member also indicated similar.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for West County Cork 3 OSV-0003287

Inspection ID: MON-0034584

Date of inspection: 23/05/2024 & 29/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: PIC will link with HR dept to ensure all documents are in place in relation to staff. Ref regulation 2. All garda vetting documents are in date and held in HR dept. Copies of current training records held on site.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure six monthly unannounced visits to the designated centre, will be completed in a timely manner within the six-month period.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered provider is currently reviewing and updating the contract of care policy. As part of the update, the new contract of care will encompass the level of service the</p>	

<p>individual is offered.</p> <p>On completion the PIC will discuss with residents and their family representatives as required.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider is in the final stages of sign off for the named policies above and will be published on electronic format once sign off by the provider.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The modification recommended by the OT dept, to the bathroom is for future planning to support tilt in space shower chair. The resident has not been assessed for this equipment change at present.</p> <p>Following discussions with facilities manager the bathroom modification is scheduled to be completed in the first quarter 2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A night-time fire drill, with minimum staffing when all nine residents who availed of this centre were present was completed 11/06/2024. Evacuation Time 1 Minute 35 seconds.</p>	
Regulation 9: Residents' rights	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider put forward a proposal to their funder in November 2021 to make this centre a full-time residential service from its traditional Monday-to-Friday 5 day/ 4 night operations. The registered provider has met with the funder on numerous occasions both in the centre and in other forums to advocate for this service expansion.</p>	

The provider is exploring individualized funding streams with the funder that may be available to support an increase to 7 days on a phased basis. The provider regularly engages with the funder to advocate on behalf of the residents for resources to achieve this goal. The provider is committed to open the Centre as a seven-day residential service when the appropriate level of funding is secured.

Currently the SOP for the designated centre is for a 5 day / 4 night service. The providers Client Information System also confirms this and outlines a 5 day 4 night service offered to residents.

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	21/06/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2025
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	Substantially Compliant	Yellow	31/08/2024

	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.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/09/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Substantially Compliant	Yellow	30/09/2024

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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	30/06/2025