Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 April 2022
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0035079

About the designated centre

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

This centre is located in West Cork. It is in a location with access to local shops, transport and amenities. The service is managed by COPE Foundation Ltd and comprises of a purpose-built 13 bedded ground floor house. This centre was set up to provide a specialist service for persons with an intellectual disability who required nursing care, in particular dementia care. The centre supports residents to live a meaningful everyday life. Each individual is assessed, and a plan to support them is put in place. The assisted living model provided in this home, is a flexible response to residents' changing needs and declining cognitive ability. As their needs change over time, the resident's plan of care is adapted and appropriate supports provided by staff. The emphasis is on independent living in so far as practicable, community integration and appropriate support provided including end of life care. The ethos in the centre is to provide a welcoming, homelike and friendly environment which affords comfort and safety to residents, staff and significant others.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 April 2022	09:20hrs to 15:40hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet all 13 residents living in the designated centre. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was an unannounced inspection to monitor the ongoing compliance by the provider with the regulations. The registration of the designated centre had been renewed in October 2021 as a result of responses made and actions taken by the provider following an inspection of the designated centre on 18 August 2021.

On arrival at the designated centre the inspector was greeted by one resident from their bedroom window which was located near the entrance of the designated centre. The inspector had their temperature checked on entry and met a number of staff, including the person in charge. The inspector was introduced to three residents who were in the dining room at that time. The inspector observed a nurse, who was clearly identified to be completing the medicines round, supporting one resident with their nebulised medications. They were observed to be wearing the appropriate PPE for the task. Another resident in the dining room at that time, who mobilised independently required constant supervision. The inspector observed the nurse ensured no items were left unattended that would pose a risk to the resident who was mobilising independently. However, it was evident there were competing demands on the nurse who was completing the medicines round at that time as other staff were supporting other residents in their bedrooms. This will be further discussed in the capacity and capability section of this report.

All of the residents in this designated centre required support from staff with activities of daily living (ADLs). Some residents have complex medical needs which require either one or two staff to support them with their ADL's. The inspector was informed that the level of support required by residents had increased since the previous inspection in August 2021. All 13 residents required assistance with their meals and had feeding eating drinking and swallowing plans (FEDS). Seven residents required two staff to support them with ADL's which included intimate care and safe transfer. Of these, five residents required the use of their wheel chairs to mobilise at all times, three residents required a nurse to support them when going on any external activities due to unpredictable seizure patterns. Three residents were in receipt of palliative care and also had a diagnosis of dementia. The remaining residents required constant supervision when outside the designated centre due to either unsteady gait or had no concept of dangers for example, lack of awareness of road safety.

The staffing resources on the day of the inspection were reflective of the minimum staffing levels outlined on the statement of purpose. While staff were observed to be busy throughout the day, it was evident staff tried to support individuals with their preferred activities. For example, three residents went out on a shopping trip during

the morning where they bought personal clothing. They returned after the other residents had eaten their lunch so the dining room was not busy while residents were being supported to have their midday meal.

Another resident indicated to staff that they wished to go for a spin when the transport vehicle returned after the morning outing. Staff supported this request, with the resident going for a spin on their own which it was evident they enjoyed. The inspector observed this resident to be sitting in a room known as the occupational area later in the afternoon. They appeared very relaxed and content observing activities that were taking place around them. The person in charge explained that this resident had begun communicating more with the staff in recent months, indicating when they would like to go out for spins. The inspector was aware that this resident was awaiting a referral for music therapy at the time of the last inspection. This remained unresolved at the time of this inspection. This will be further discussed in the quality and safety section of the report.

Another three residents were supported to go out for a spin to local amenity areas in the afternoon. This facilitated staff to support the remaining residents within the designated centre. One resident was observed to enjoy watching a music video of a favourite traditional Irish band, another resident choose to spend time in the activation room where the inspector was reviewing documentation during the inspection. Another resident was supported to remain in bed as per their wishes on the day of the inspection. The inspector had met this resident on the previous inspection and it was evident their care needs had increased in the last few months. However, staff were observed to spend quality time with this resident during the day, position them upright so they could enjoy their meals safely and leave the room light on as per their wishes even though it was a bright day. A wall mounted television was also turned on so the resident could watch their preferred programmes during the day. The resident’s bedroom door remained open as per their wishes so they could interact with staff and peers. The person in charge informed the inspector that the resident had recently had a visit from family representatives which they had enjoyed.

The inspector noted an improvement in the meaningful day being provided to residents during this inspection compared to the previous inspection. In August 2021, due to staffing resource issues there was only one nurse on duty and four care assistants. No resident was supported to engage in external community activities at that time. On the day of this inspection there were two nurses and four care assistants, as per the minimal staffing levels outlined in the statement of purpose. The person in charge was also present and assisted during the day with supports to ensure residents’ needs were being met. This facilitated staff to be able to support community activities on a number of occasions throughout the day. The noise levels were very much reduced and residents were observed to be relaxed and content throughout the day. However, due to the complex needs of all of the residents, the inspector noted all of the activities occurred once the ADLs of residents were met. For example, the resident mobilising independently in the dining room could not be supported to engage in an activity until staff had completed meeting the assessed needs of other residents.

The inspector observed during the inspection the atmosphere in the designated centre to be relaxed, staff were observed to prioritise the supports provided to the residents. It was evident during the inspection that the staff were familiar to the residents. The inspector noted residents interacted with ease and engaged with the staff in different locations in the designated centre throughout the inspection. The inspector observed all interactions between the residents and staff were positive, professional and respectful. The inspector noted the smell of home cooking in the designated centre. At the time of the last inspection cooked meals were being prepared off site by the provider as part of the pandemic response. While this was a positive development for the residents; the time required by a staff member to prepare the meals in an already busy house impacted on that staff's availability to provide support the residents, if required.

Staff spoke of how they had supported residents to meet relatives in community settings such as a local hotel in recent months. Staff were hoping to plan a visit for another resident to their family home, as their family representative had been unable to visit the designated centre for an extended period of time. Another resident was supported through a recent illness with input from the palliative care team, dementia care team, physiotherapist, speech and language therapist and general practitioner. The staff team and allied health care professionals ensured the resident was kept comfortable. The recommendations regarding modifying their diet, fluid intake and positioning were all adhered to. The inspector was introduced to this resident who was sitting in their wheel chair at the time. While they appeared tired and did not respond to the inspector, it was evident staff were providing individualised person centred care to the resident.

While the provider had a dedicated cleaning staff available each week day for four hours, the staff team were required to ensure the laundry for all residents was attended to daily. The inspector observed this task to be ongoing throughout the inspection. While the staff team were observed to share responsibilities and tasks throughout the inspection including the outings, it was evident this busy designated centre continued to place a lot of demands on the staff team while they supported the complex and medical needs of the residents. Staff were also required to do an environmental check every 30 minutes during the day to ensure the ongoing safety of one resident who was at high risk of ingesting non-food items. As this resident was able to mobilise independently around the designated centre, staff were observed to be very vigilant throughout the inspection. The inspector noted that the provider had not ensured the minimal night time staffing levels that had been outlined following the inspection findings in August 2021 had been consistently adhered to. Not all recommendations made by an independent person competent in fire safety on the 24 August 2021, regarding this designated centre were consistently adhered to. Also, a review of this assessment had not taken place as outlined by the provider within six months. 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

The provider had not ensured that all actions outlined in the previous inspection had been adequately addressed or had consistently remained in place. The renewal of the registration of this designated centre was recommended following the compliance plan response submitted by the provider after the inspection that took place on 18 August 2021. While the remit of the person in charge had been reduced and some nursing posts had been filled, the staffing levels to which the provider committed to by night had not been maintained consistently during March 2022.

The inspector observed improvements in some areas on the day of the inspection which included the increased oversight by the person in charge and an increase in the meaningful activities which were provided to residents during the inspection. The staffing resources on the day of the inspection were reflective of the minimal staffing outlined on the statement of purpose. However, the inspector was informed that there was no dedicated resource available to support residents to engage in activities, both within the designated centre and in the community regularly or consistently. Insufficient resources in the designated centre had been highlighted in the provider's own annual review in October 2021. The person in charge outlined that since the previous inspection there was a dedicated activation staff available for two hours every Thursday morning to support leisure and recreation activities. Recently two residents had returned to attending golf activities during this time. However, if this person was unable to attend, the resource was not replaced which had occurred on two occasions in the weeks prior to this inspection.

The skill mix and qualifications of staff had been addressed as outlined by the provider in their compliance plan response to the Health Information and Quality Authority, (HIQA) following the last inspection, which included two nursing roles in January 2022. The inspector acknowledges that the provider has actively sought to recruit appropriately qualified staff in recent months not only for this designated centre but within the organisation. However, the inspector was informed that one nurse was on unplanned leave since February 2022 and another nurse who had been on extended leave since March 2020, would not be returning to their previous role in the designated centre. In addition, while the provider had reduced the remit of the person in charge, who now worked full time in this designated centre; this person also supported the staff team while working on the frontline in the months prior to this inspection. As a result the person in charge had to prioritise the staffing requirements which resulted in staff being unable to take planned annual leave or attend scheduled training. In addition, the person in charge was not able to complete supervision with staff as planned during the same period.

In addition, to the issues outlined in the previous paragraph, following a review of the actual staff rota, it was identified that there were 15 nights during March 2022 when only two staff were on duty at night time. This was not in line with the minimal staffing levels as outlined in the centre's statement of purpose and the person in charge had informed senior management of the issue in advance. The

staffing resources available during the day had also been impacted during recent months. The inspector noted that the extent of activities provided to residents were directly impacted when there was a reduced number of staff on duty. For example; on 23 March 2022 only five staff which included one nurse were on duty, no external activities were provided and while some residents were supported to listen to the radio or watch television, other residents had not been supported to engage in any activities on the day.

The provider had completed an annual review in October 2021 and a six monthly provider led audit in December 2021. Issues identified in the annual review included the following; auditors found no clear evidence of accountability for decision making and responsibility for the delivery of services once the person in charge had escalated issues. The management of escalated risks was deemed to be in breech of the provider's own safety statement. While actions to address this had been outlined, the inspector noted these had not been implemented since the annual review report was issued and the issue of clear evidence of accountability remained unresolved at the time of this inspection. There were three escalated risks identified by the person in charge. These related to safe fire evacuation and staff shortages impacting on residents safe care and engaging in meaningful activities. Also, resources were deemed to be insufficient in relation to staffing. The auditors noted that a resident was unable to be supported to leave the designated centre as per their wishes due to staffing levels while they were present. This was a similar finding on the previous inspection in August 2021 by this inspector. The absence of sufficient resources, the inability of staff to support individual choices, the lack of progress on developing a sensory garden were also highlighted in the annual report. In addition, the above issues remained unresolved at the time of the six month provider led audit in December 2021. The inspector found these issues to remain unresolved or had not been adequately addressed at the time of this inspection.

The inspector noted during the inspection and from a review of documentation there was evidence of the ongoing commitment and dedication by the core staff team. It was evident when resources were available staff endeavoured to provide residents with meaningful and varied activities, both internally in the designated centre and externally in the community.

Regulation 14: Persons in charge

The person in charge worked full time, was aware of their role and responsibilities and their remit was over this designated centre only.

Judgment: Compliant

Regulation 15: Staffing

The provide had not ensured that the number, qualifications and skill mix of staff was consistently appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had not ensured all staff were supported to attend mandatory training or to attend supervision. At the time of this inspection over 30 % of staff required refresher training in fire safety, 56% required training in positive behaviour support as an alternative training to managing behaviours that challenge and 43% required refresher training in manual handling. While there was a schedule of planned training for 2022, due to staffing resources in the designated centre the person in charge had been unable to release staff to attend training in April 2022.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured effective governance and management systems were in place in this designated centre. Issues identified in the annual review and six monthly audit completed since the last inspection had not been adequately addressed. In addition, not all actions from the previous inspection had remained consistently in place which directly impacted on the quality and safety of the service provided to residents in this designated centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required additional review as the fire evacuation plan for the designated centre was not included in the document as per the statement contained within the document at the time of the inspection.

Judgment: Substantially compliant

Quality and safety

This designated centre was previously inspected on 18 August 2021 as part of the renewal of registration process. During that inspection, an immediate action was issued to the provider in relation to regulation 28: Fire precautions. To ensure sufficient resources were available to facilitate the safe evacuation of all residents in the event of an emergency occurring. The provider committed to an additional staff member being on duty by night from the 18 August 2021 while a fire safety review was completed. This resulted in three waking staff being on duty at night time. A fire safety report was completed by an independent person competent in fire safety to assess the existing level of fire safety in the designated centre. This report was submitted to HIQA after it was completed on 24 August 2021. One of the recommendations included in the report to upgrade fire safety referred to the importance " *that the necessary controls are in place to ensure all residents that are evacuated during fire drills do not re-enter the compartment being evacuated while staff are assisting other residents".*

The inspector was informed that a review in relation to the additional night time staffing by the provider over the six months since the last inspection had not been documented. The external person competent in fire safety had not re-assessed the necessity of the additional staff, by the time of this inspection. This had been submitted as an action in the provider's response following the last inspection. However, the additional staff had not been in place, as already mentioned in this report, on 15 nights during March 2022. All residents' personal emergency evacuation plans, PEEPs had been subject to regular review. The inspector noted emergency equipment identified on some PEEPs including evacuation sheets were in place and checked to be in proper working order regularly by staff. However, no minimal staffing fire drill to evacuate all 13 residents had taken place since the last inspection. An unplanned compartmental evacuation had taken place on 28 February 2022. A steamer pot in the kitchen had caused the alarm to sound. Seven staff safely moved all of the residents to a safe location in two minutes. Familiar staff were required to encourage one resident to leave the area, as they did not wish to comply initially. Another fire drill with three staff was completed on 5 February 2022. Only two residents were documented as partaking in this compartmental evacuation and it took the staff two minutes 14 seconds to safely move the residents to a safe area. Both of these residents were deemed to be at high risk of returning into a fire zone, if left unsupervised. A minimal staffing drill had been reported as being completed on 22 September 2022 after the last inspection. However, during this drill only 12 residents were present. The findings during this inspection did not provide assurance that all procedures as outlined in the fire safety report were consistently in place since the last inspection. This included control measures to ensure residents would not be able to re-enter a fire zone, up-to-date fire safety training for all staff, the completion of a minimal staffing fire drill with all 13 residents and the quarterly completion of a full fire evacuation drill to ensure sufficient measures and resources were in place to effectively and safely evacuate all of the residents in this designated

centre.

The inspector also noted other actions from the previous inspection also remained outstanding. These included a review of all personal plans to be completed by 31 December 2021. At the time of this inspection, there were two personal plans that still required review. A referral for music therapy for one resident which was submitted in April 2021 still remained unresolved. The inspector reviewed some daily communication notes for residents. These evidenced the requirement for staff to balance the safety of residents with high levels of complex needs while trying to provide a meaningful day and good quality of life for residents. This was also evident during the inspection.

The inspector reviewed four personal plans during the inspection. It was evident that the provision of additional activities directly reflected the resources that were present. For example, on 3 and 4 of April 2022, some residents were supported to go shopping in the community, others went for a drive to a local beach. Others in the designated centre had foot massages and spent time in the sensory room. Alternatively on 8 October 2021, the day of the provider's auditors were present, sufficient resources were not present to facilitate expressed wishes to go out on a community activity. Since the last inspection due to the impact of COVID-19 in the community, the person in charge had to prioritise the safety of residents while maintaining staffing levels in the designated centre. Following a review of the staff rota over the last few months in conjunction with the activity records of these four residents, there were a number of occasions when residents were supported to have their basic needs met with no opportunity to engage in additional activities. During the inspection staff spoken to outlined the additional benefits for residents when the third staff member was on duty at night time. The inspector was informed that some residents can wake early in the morning. The additional night staff was able to provide support to these residents to get up as per their wishes, if required. This was difficult for staff to accommodate when two staff were only on duty. The assessed needs of seven residents required two staff to support them with their care needs. The staff informed the inspector that this can result, at times, in other residents having to wait until the day staff come on duty to be assisted to get up. The night before this inspection, one resident required staff support throughout the night as they were unable to sleep. There had been three staff on duty which facilitated staff to support the resident throughout the night. Another resident during a recent illness required the assistance of two staff with changing their position every two hours while in bed and this was maintained during the night by staff on duty.

Regulation 13: General welfare and development

The registered provider had not ensured each resident was consistently provided with the appropriate care and support in-line with their assessed needs and expressed wishes. This was also a finding during the previous inspection.

Judgment: Not compliant

Regulation 17: Premises

The premises was kept in a good state of repair. The provider had responded to garden maintenance that had been raised by family representatives during consultation when the annual review was being completed. The plans to complete the sensory garden area were in progress at the time of this inspection. While the design of the designated centre had ample communal space, the inspector noted that the dedicated activity room was under utilised when resources were not available.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk, including the escalation of risk to senior managers. However, the provider had not ensured the accountability and decision making regarding escalated risks had adhered to the provider's own safety statement. Three escalated risks had not been amended, accepted or rejected by senior management at the time of this inspection. This will be actioned under regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent. All residents had been supported to remain safe during the pandemic and had not contracted COVID-19. There was a dedicated resource of 20 hours per week to ensuring effective cleaning in the designated centre. The HIQA self-assessment had been completed and was subject to regular reviews. The most recent being completed in January 2022. There were two staff members identified as the COVID-19 leads and they completed regular audits in infection prevention and control. In addition, hand hygiene assessors worked in the designated centre and they had competed quarterly audits with no issues reported. Also, staff practices on the day of inspection evidenced adherence to current public health guidelines ensuring the ongoing safety of the residents. Daily and weekly checklists were consistently completed. Non-touch hand sanitising dispensers were located in a number of area,

all of which had adequate supply of sanitising fluid when checked by the inspector. The person in charge had ensured all up-to-date information regarding infection prevention measures were available to staff and there were also easy –to-read information and signs for residents throughout the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not ensured control measures were consistently in place to facilitate the effective and safe evacuation of all residents from the designated centre since the previous inspection. In addition, the recommendations made by an independent person competent in fire safety in August 2021 had not been rigidly adhered to which resulted in an increase risk to the safety of the residents in the designated centre. A minimal staffing fire drill with all residents in the designated centre had not been completed since the last inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

While progress had been made with the review process of the personal plans of residents, not all plans had been subject to review within the last 12 months. This was also at variance with the provider's compliance plan response following the last inspection which stated that all plans would be reviewed by 31 December 2021. In addition, a referral for music therapy for one resident which was made in April 2021 had still not been completed. While some keyworkers were reviewing personal goals and supporting residents to access the community, due to lack of resources this was not consistently being done for all residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to nursing supports and allied healthcare professionals, While the availability of nursing resources had improved since the last inspection, it was noted by the inspector that on a number of occasions in recent months, due to staff illness some shifts during the day had only one nurse on duty which was at variance with the minimal skill mix outlined in the statement of purpose. This will be actioned

under regulation 15: Staffing.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not always have the freedom to exercise choice and control in their daily lives. This was also a finding during the previous inspection.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for West County Cork 2 OSV-0003288

Inspection ID: MON-0035079

Date of inspection: 05/04/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider will make every effort to ensure that the number, qualifications and skill mix is appropriate to the number and assessed needs of the residents, the statement of purpose and layout of the designated centre. A business plan will be prepared and submitted to the HSE for further funding in order to provide additional staff to reflect the assessed needs of the residents A CASS referral has been submitted to the MDT Team to carry out an assessment of the Resident's needs. A staff recruitment day is to be held in West Cork, date to be confirmed.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Registered Provider will ensure that all staff will be supported to attend mandatory training furthermore, the Registered Provider is currently exploring options with external Training companies with the possibility of them facilitating mandatory training programs for members of staff. Staffing resources will be addressed to enable staff to attend training.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider will assess the resident's needs and develop a plan to ensure resources are available to support effective delivery of care and support. The Registered Provider shall make every effort to ensure that the quality and safety of the service provided to the residents will be consistent and in accordance with the statement of purpose. The Registered Provider shall make every effort to ensure that management systems are in place to ensure that service provided is safe, appropriate to resident's needs, consistent and effectively monitored.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been reviewed and The Fire Evacuation Plan has been included within the document.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The Registered Provider will assess the resident's needs and the staffing compliment and make every effort to ensure the staffing compliment will be sufficient to provide appropriate care and support in-line with the resident's assessed needs and expressed wishes. The registered Provider will prepare and submit a business plan to HSE for additional funding for additional staffing. A CASS referral has been sent to the MDT Team to carry out an assessment of the Resident's needs.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A minimal staffing fire drill with all the residents and 3 members of staff was carried out on 10/05/2022. Same took 3 minutes. Residents were compartmentally moved from zone where fire supposedly was ,4 residents were support by 2 staff to move to safe compartment, the 3rd staff ensured that the mobile residents did not return to the fire zone. Further to a recent inspection by an external person competent in fire safety. That reports on the 12/05/2022 that the compartmentalisation of the single storey premises facilitated evacuation through each section of the building if required. Furthermore, the report states, we are satisfied that the minimum staff levels of 2 persons that are aware of the fire safety procedures of the premises is appropriate for the current number of residents being 13 in total. A minimal staff fire drill to reflect the updated report will be completed by 30/05/2022 the duration of the fire drill will be recorded, issues and concerns will be noted and an action plan will be developed in response to the findings.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All personal plans will be reviewed and updated by May 31st. The Registered Provider will seek additional resources from its funders for the provision of additional staff to ensure that all resident's will be supported to reach their personal goals and access the community if they wish. The Person in Charge will ensure that a comprehensive assessment will be carried out to reflect their changing need by an appropriate health Care Professional of each resident. A CASS referral has been sent to the MDT Team to carry out an assessment of the Resident's needs. A business plan will be prepared and submitted to the HSE for further funding in order to provide additional staffing to reflect the assessed needs of the residents	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider will seek additional resources from its funders for the provision of additional staff to ensure that the resident's will have the freedom to exercise choice	

and control in their daily lives. The registered Provider will prepare and submit a business plan to HSE for additional funding for additional staffing.
A CASS referral has been sent to the MDT Team to carry out an assessment of the Resident's needs.
A staff recruitment day is to be held in West Cork, date to be confirmed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	30/06/2022
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/07/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Substantially Compliant	Yellow	31/07/2022

	accordance with their interests, capacities and developmental needs.			
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.	Not Compliant	Orange	31/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/07/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/07/2022

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	30/06/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for	Not Compliant	Orange	31/07/2022

	the quality and safety of the services that they are delivering.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/06/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/05/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/05/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	30/06/2022

	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 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	31/07/2022