



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 9
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	25 April 2024
Centre ID:	OSV-0003304
Fieldwork ID:	MON-0033969

About the designated centre

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

Cork City North 9 comprises of Le Cheile - No's 1 and 4, a two-storey building. Le Cheile provides respite services to a maximum of eight residents over the age of 18 and currently provides services for female residents only. Le Cheile No. 1 ground floor comprises of 3 single bedrooms, a kitchen / dining room, a sitting room, a playroom, an assisted bathroom, a staff office, toilet and shower room. A small secure outdoor garden space is also available. The first floor comprises of 3 single bedrooms, a living room, a kitchen / dining room, a bathroom and a staff toilet. Le Cheile No. 4 ground floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. A secure outdoor garden space is also available. The first floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. Residents are supported by a staff team consisting of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 25 April 2024	08:40hrs to 17:40hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were enjoying good quality supports and were being offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were local management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and that the residents had been well supported during the recent transition to the centre. Residents were being supported and encouraged to increase their access and participation in the community.

The centre is a large two-storey building with a similar layout on both floors. The main communal area of each floor can accommodate three residents and both apartment spaces are single occupancy and are linked to the main communal area also. The centre is located near a main road in a busy urban area, close to residential and commercial developments and residents had access to a secure courtyard area also. One other designated centre operates from the grounds adjoining the centre also. The resident living in the apartment at the time of the inspection had access to a secure outdoor area outside of their apartment and this was seen to have been minimally decorated and laid with artificial grass in line with the preferences of this resident. Access to the grounds was via secure electronic gates for security purposes.

This centre had previously operated as a children's respite centre. That service had moved to a different building and following refurbishment works the function and purpose of this centre was changed to accommodate adults on a full-time basis. Eight adults had moved into the centre from a larger institutional-type setting in December 2023 as part of the providers overall decongregation plan. Since then, one resident had sadly died and at the time of the inspection seven residents were accommodated in the centre.

All residents had their own bedrooms in this centre and residents' bedrooms and living areas were personalised. Residents had been involved in decisions about the décor in their home, such as the colour of their bedrooms and the curtains and furniture purchased for their use. One resident required a hydraulic bath and this had been installed for them prior to their transition to the centre. On each floor, residents had the use of a large kitchen and dining room and a large sitting room and there was also a large dayroom on the ground floor that was being decorated to provide an additional communal area for residents. This meant there were facilities for residents to meet with visitors in private if they wished also. Each apartment area had a bedroom, a bathroom and a large open plan kitchen and living room area. A number of residents used mobility aids and there were a number of hoists installed in bedrooms and bathrooms in the centre. Labels on these indicated they had all either been newly installed or recently serviced.

The residents on the first floor accessed this part of the centre by lift, and there were plans in place should the lift not be operational. There were suitable cooking and laundry facilities available. The inspector saw that while there were communal facilities available to residents on the first floor, these residents tended to use the communal facilities on the ground floor on the day of the inspection. This appeared to be as per their preferences and residents using the sitting room downstairs on the day of the inspection appeared to enjoy each other's company and appeared comfortable with this arrangement.

The inspector had an opportunity to meet or observe all of the residents of this centre and to view all parts of the registered designated centre. One resident was unwell on the day of the inspection and did not wish to speak with the inspector and this was respected. The inspector observed this resident receiving care and support from staff on a regular basis from staff in the centre. Residents were observed leaving and returning to the centre for planned activities throughout the day. Residents communicated with the inspector using their own communication styles. The inspector was able to observe residents as they went about their daily routines and heard and observed some staff interactions with residents throughout the day. One resident met with the inspector in the living room of their apartment, one resident spoke with the inspector in the kitchen of their home and a number of residents met with the inspector in the downstairs sitting room.

One resident showed the inspector their new apartment and patio area and told the inspector how positive this change had been for them. They told the inspector that they preferred to spend time on their own with staff and family and loved having their own space now but could still visit their friends in the main house if they wished. This resident showed the inspector some work that had recently been completed on their accessible patio area and told the inspector about how they enjoyed sitting in this area with family on the previous day. They told the inspector that their family member could stay as long as they wished now that they had a space of their own. The inspector saw that this area was nicely decorated with artificial grass, pots, colourful furniture and decorations and pretty outdoor lighting.

Another resident told the inspector that they had gone for a walk and lit a candle in the local church on the morning of the inspection, stopping to buy newspapers for other residents on the way home. She told the inspector she liked to get out and about and was enjoying living in the centre. Another resident told the inspector about how much they liked their apartment, attending day services and the staff that supported them. Other residents were observed to get ready and leave for a planned shopping trip. Some residents were heard to be offered opportunities to leave the centre and decline, and were seen to be comfortable and content in the sitting room of their home. Residents were offered regular meals, snacks and drinks throughout the day and where residents required support with eating or drinking, this was provided in a respectful and caring manner.

Residents also spoke with the inspector about their friend that had recently died and showed the inspector a picture that was displayed of this person. Residents were seen to laugh and joke with staff and the person in charge. All of the residents spoken with told the inspector that they liked their new home and were happy living

there. Residents told the inspector that they felt safe in the centre and that staff working in the centre were very good to them. Some residents were observed to move about independently in their home, and others were seen to be supported by staff to mobilise around their home. From what the inspector saw, residents were being well supported by staff that were familiar with them and their specific support needs.

Staff were observed and overheard to interact respectfully and appropriately with residents and to be familiar with and respond appropriately to residents' individual communication styles. Staff spoken to during the inspection presented as very committed to the residents that they cared for. They told the inspector about the positive impacts the transition into the centre had for residents, about how residents were beginning to settle in and about plans for the future to increase community participation and integrate residents into their new community. A staff member spoke to the inspector about how residents' rights were promoted in the centre, such as offering residents a choice at mealtimes, and encouraging and supporting residents to choose and purchase personal items and gifts themselves.

As part of this announced visit, residents were provided with an opportunity to complete questionnaires about their service prior to the inspection. Some residents completed these themselves and others were supported by staff to complete them. The inspector received six completed questionnaires and reviewed the responses provided in them. The feedback provided from residents was overall positive. One survey indicated that the resident did not like their home but was positive about other aspects of the care and support provided to them. Some surveys indicated that residents felt the food provided could be better and the response to this is discussed further in the quality and safety section of this report. As residents completed these surveys anonymously it was not possible to follow up directly with residents who expressed dissatisfaction with aspects of the service. However, the inspector did meet with or interact with all but one resident during the inspection and overall residents presented as happy and content in their homes and were very positive about the staff and the care provided to them.

Overall, this inspection found that there was evidence of very good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs in this centre. The positive impact of the transition to this centre for residents was evident. 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

Management systems in place in this centre were ensuring that the service being provided to residents was safe and appropriate to their needs. This inspection found

that there was very good compliance with the regulations in this centre. Some improvements were required in relation to staff training and the recording of complaints.

This centre is run by COPE Foundation. This was the first inspection of this centre since the change in the purpose and function of the centre and was intended to inform the decision relating the renewal of registration of the centre. This announced inspection found that overall the management team in this centre were maintaining strong oversight and that the focus in the centre until recently had been to ensure the successful transition of the residents into the centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame.

There was a clear management structure present in this centre and the systems in place were ensuring that overall residents were being provided with a good quality service in the centre. An appropriate audit schedule was in place and these audits were seen to be completed to date as per the schedule, with actions identified and addressed from these. The person in charge was present on the day of this inspection. The person in charge reported a regional manager who was also a person participating in the management (PPIM) of this centre. This individual was also available on the day of the inspection. The PPIM reported to the Chief Operations Officer (COO) who in turn reported to the Chief Executive, who reported to a Board of Directors.

The person in charge of this centre had remit over four designated centres at the time of this inspection and not all of these centres were located close to each other. The inspector was told that the remit of the person in charge had been escalated within provider and that there was an intention to reduce the remit of the person in charge in the future. The person in charge was seen to maintain good local oversight despite this large remit and visited the centre almost every day. A clinical nurse manager 1 (CNM1) was appointed to support the person in charge in their role and this individual was based in this centre. The staff and residents in the centre were seen to be very familiar with the person in charge and it was evident that they had a strong presence in the centre. The person in charge told the inspector about how they maintained ongoing communication with the staff team. They also told the inspector that they regularly attended the centre early in the morning to be present during handover and to meet both staff teams that worked night and day shifts. The residents and the staff team were very positive about the local management team and told the inspector that any issues raised were addressed in a timely manner, and that they would be comfortable to raise any issues in the centre.

There was a person participating in the management of the centre present during this inspection also. This individual was a regional manager and was found to be familiar with the centre and maintaining oversight. They told the inspector that they met weekly with the person in charge and visited the centre regularly. The inspector viewed records of monthly 1:1 meetings held between the person in charge and the PPIM. This individual presented as very familiar with any issues in the centre and spoke about specific issues that were or had been addressed in the centre such as

staffing matters and about how the transition of the residents had been managed and the impact of the transition on residents.

Documentation viewed in the centre showed that staff and residents were regularly met with and consulted about any issues in the centre. Minutes of various meetings held in the centre were documented, including a recent Health and Safety meeting, team meetings, resident meetings and records of discussions with residents when the lift in the centre had broken down. Other documentation reviewed during the inspection showed that the management team were proactive in identifying and taking action in relation to any issues in the centre. An audit schedule was in place and the site specific risk register for the centre was reviewed and this had identified numerous risks in the centre and outlined the controls in place to mitigate against these. Some staff were overdue refresher training in some areas. This had been identified and was being addressed. Also, while overall complaints were seen to be well managed and responded to in the centre, not all complaints had been appropriately recorded and this will be discussed further under Regulation 34.

The inspector met with a number of staff in the centre during the day of the inspection, and spoke at length with three staff members. One staff member had recently commenced working in the centre and told the inspector about their induction process into the centre. This individual reported that they had been very well supported since joining the staff team and that there were good induction processes in place to ensure that they had the knowledge and skills required for their role.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by the inspector and some further information required was submitted by the provider on request.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills. The remit of the person in charge was very large but at the time of the inspection was seen to have the capacity to maintain oversight of the centre with the support of a PPIM and a CNM1.

Evidence of the person's qualifications, experience and skills was submitted as part of the renewal of registration application for this centre. The person in charge was full-time in their role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, qualifications and skill mix of staff in the centre was appropriate to the assessed needs and size and layout of the centre. There was a planned and actual roster maintained in the centre and continuity of care and support was provided to the residents. There was a considered skill mix of staff in the centre with nurses, social care workers and care assistants employed. During the day four or five staff provided supports to the seven residents, while at night three staff provided supports and were available for evacuation purposes if required. Nursing supports were available on a 24 hour basis to residents. A number of ancillary staff, such as staff dedicated to cleaning and catering, were employed in the centre and this facilitated the staff team in place to offer personalised and focused services to the residents and provide residents with regular activation.

A sample of 7 weeks of the roster in place for the centre was reviewed and this showed that staffing levels in the centre were consistent in the centre and that enough staff were on duty to cater for the needs of residents as outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

This regulation was not reviewed in full in the centre. The person in charge had ensured that staff had access to appropriate training, but some training was overdue. The provider provided a training matrix for sixteen staff that were working in the centre, as well an ancillary staff. This matrix showed that while staff in the centre were provided with training appropriate to their roles. Mandatory training provided included training in the areas of manual handling, fire safety, and safeguarding of vulnerable adults.

It was seen from the information provided that some training not fully up-to-date and there were some gaps identified in training. The provider had already identified this and taken some action to address this. For example, although a number of staff were overdue fire safety training, this had been scheduled and staff had been provided with on-site training in this area since commencing work in the centre with

further training planned to educate staff about new evacuation equipment planned for use in the centre. The PPIM spoke with the inspector during the introductory meeting about this and told the inspector that all outstanding training had been booked and that a new matrix had been put in place to assist the person in charge to maintain oversight of the training needs of the staff working in the centre. This matrix identified that training had been scheduled for staff where required.

Staff members working in the centre spoke with the inspector about how the management team supported them in their role. They told the inspector that they felt well supported in their roles and about some of the supports they received to carry out their duties. The person in charge confirmed that all staff had access to annual performance management meetings as per the providers policy.

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that overall the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose at the time of the inspection and that the management systems in place were ensuring that the service provided was appropriate to residents' needs. Documentation reviewed during the inspection such as audit records and action plans showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

The person in charge and the PPIM maintained a strong presence in the centre and there was evidence of good local and frontline oversight in the centre. While some documentation issues were found during this inspection, most of these were minor in nature and it was seen that on the day of the inspection the majority of these did not impact directly on the care and support provided to residents. The provider had identified that the person in charge required additional supports in this area due to the large remit that they held at the time of the inspection and had taken action to

address this.

Opportunities to raise concerns were available to staff through regular team meetings and the inspector saw some of these records. Staff members told the inspector that they were in regular direct contact with the person in charge and management of the centre also and would be comfortable to raise concerns with them. Staff told the inspector that any concerns raised would be addressed promptly by the management of the centre and that they felt supported in their roles.

The purpose and function of this centre and resident cohort of the centre had changed in the months prior to this inspection and the designated centre was now providing full time residential services to adults. The annual review and most recent unannounced six-monthly visit had been conducted prior to these changes and were not reviewed by the inspector.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. Some amendments were required to ensure that this accurately reflected the services provided in the centre. These were completed during the inspection and an updated statement of purpose was shown to the inspector on the day of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation about 'making a complaint' was available to the residents and was viewed by the inspector on display in the centre.

Opportunities to raise complaints were available to residents through regular resident meetings and the inspector saw some of these records also. From speaking with some of the residents, the inspector was satisfied that residents would be comfortable to raise issues or concerns. The person in charge spoke about how complaints that had been received in the designated centre were responded to and was knowledgeable about the complaints recorded. Two staff members spoken to was able to tell the inspector about how complaints were responded to in the centre.

The complaints log for this centre was reviewed by the inspector. It was seen that some complaints had been recorded as appropriate in this log, including any actions taken of foot of the complaint, the outcome of the complaint and the satisfaction of

the complainant. However, not all complaints were being recorded in this log. For example, the inspector saw evidence of a complaint residents about not getting out enough had been discussed at a residents meeting. While this had been addressed with appropriate actions taken, this had not been recorded in the complaints log as appropriate.

Judgment: Substantially compliant

Quality and safety

This inspection found that overall this centre offered safe and good quality supports to residents to meet their assessed needs. Residents' rights were protected and that residents were afforded autonomy and had access to meaningful occupation and there were plans to increase community access for residents following a successful transition into their new home. Residents' day-to-day care needs were being met and from what the inspector saw during this inspection, residents' healthcare needs were being considered and met. Systems in place indicated that residents were safe in the centre.

While the recent transition into this centre was a positive move for residents, in terms of their environment and the enhanced opportunities available to them, some residents found the transition difficult. Some of these residents had lived in the same place and with the same people for a long number of years, decades in some instances. Some residents had lived in institutional settings for all or most of their lives. The inspector viewed details of a team meeting that was held after the transition into the centre where the move had been discussed. Staff had found the process very busy and rushed, particularly as the residents moved into their new home just before Christmas. The documentation viewed showed that the management of the centre were proactive in obtaining staff views about anything that was required to make the transition into the centre easier for the residents. The person in charge told the inspector about the supports that were provided to residents to make the transition as easy as possible for them and alleviate some of the concerns they had about the transition. Familiar staff transitioned with the residents, and the person in charge of their new centre was a staff member that was very familiar with them and their support needs. This meant that residents could comfortably bring any concerns or fears they had about the transition to them. Residents were also moving away from a community that they were familiar with and all of the residents spoken with during the inspection spoke about how they still liked to return to places they were familiar with prior to their transition, such as a specific shopping area.

The residents, staff and management team also told the inspector about some of the positive benefits for residents since they had moved into this smaller residential setting. For example, peer-to-peer safeguarding risks were substantially reduced a resident who required supports to manage responsive behaviours had shown a

significant decrease in anxiety and a reduction in these behaviours. This resident spoke with the inspector about how the quieter environment and their own space suited them better and had helped them to foster more positive relationships with the people that they lived with. Residents were taking an active role in the decorating and furnishing of their new home and it was clear that this was an activity that was enjoyed by most residents. Staff spoke about the environment being calmer and quieter for residents compared to their previous centre and about the proximity of the centre to local amenities and facilities. For example, the library and church were within walking distance as well as a number of shops and businesses. Residents enjoyed access to homely kitchen and dining facilities and communal areas and this was seen as a positive improvement for residents also.

Staff spoke about the positive impact the transition into this centre had for residents. One staff member told the inspector that residents were getting out and about a lot more in their new home compared to their home and that the smaller number of residents living together meant that residents were afforded more 1:1 attention and more time to do what they wanted. Overall staff were very positive about what the future held for residents in this centre, with one staff member telling the inspector "It's better it's getting".

Staff were very positive about the care and support that residents received in this centre, including residents that required end-of-life care. Some documentation was reviewed by the inspector in relation to end-of-life supports in place for one resident and this showed that the local management team had made efforts to ensure that all of this residents' needs were being met appropriately and sensitively. Staff spoken to were familiar with the likes and dislikes of residents and demonstrated a strong commitment to ensuring that residents were afforded choice and were offered regular access to activities in their homes and in the community.

This inspection found that resident consultation was occurring in this centre. Resident meetings were being held and documented and the inspector saw that matters such as finances, meal and food choices, advocacy, the inspection process, social integration, and the supports available to residents following a bereavement were discussed. Issues raised by residents were responded to. For example, residents had complained about some of the food provided to them, and in response the person in charge and the chef in the centre had arranged for food tasting sessions to be held with residents. Residents had also been consulted with about a recent donation that had been received and how this should be spent. There was evidence also that family members were consulted with where appropriate and that residents were supported to maintain important relationships with family and friends.

Although not reviewed in full during the inspection, the inspector saw evidence that contracts of care were put in place in this centre for residents since they had transitioned into the centre. An easy-to-read contract viewed had been appropriately signed by the resident and this included details of fees and charges.

Regulation 11: Visits

The registered provider facilitated the residents to receive visitors if they wished. Residents told the inspector that they received visitors and that their visitors were welcome in the centre at any time. There were suitable spaces that could be used by residents to receive visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge was ensuring that residents were supported to manage their financial affairs. The inspector reviewed the progress the provider was making in relation to supporting all residents to have control over their own finances. The provider was carrying out a piece of work to ensure that all residents were appropriately supported to manage their own money and had full access to their own monies. This process was underway at the time of the inspection and the provider had already completed a significant amount of work in this area.

The inspector reviewed a sample of the documentation in place regarding residents' finances. Finance records for three residents were reviewed. Some of the records viewed were for a resident who was supported by their family to manage their monies and there was evidence that the provider was working with residents and their families to put in place arrangements that were in line with residents wishes and that safeguarded residents. The inspector viewed an assessment of capacity to manage money that had recently been completed with a resident. The financial capacity assessments completed indicated that these residents required support to manage their finances. An audit of residents' finances had been completed for a resident and this showed evidence of actions taken by the provider to support residents to access their own monies. The inspector also viewed an easy-to-read document developed to support the education of the resident about this.

All residents had their own bedrooms, with storage facilities provided for residents to keep their belonging and clothes in their room.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was ensuring that each resident was provided with appropriate care and support, having regard to their assessed needs and wishes. Residents were supported to maintain personal relationships. For example, one

resident who used to live with a sibling in the previous centre was being supported to maintain contact with them following the transition. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Following their successful transition into the centre, residents were now being offered increased opportunities for community access. For example, the inspector saw plans in place for residents to commence a number of community based activities, including a timetable of activities that residents could choose from. The inspector observed residents being offered external activity on the day of the inspection and residents told the inspector about various activities they had recently taken part in, such as shopping for items for their home and themselves, visiting the local church and visiting friends from the previous centre who had also moved to other community based homes.

The inspector also saw furniture being delivered to the centre and was told that this was intended to be used to provide additional enhanced facilities for occupation such as art and group activities in one of the communal areas of the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector was told that the premises had been refurbished prior to the current cohort of residents moving in. The premises was seen was suitable to meet the needs of the residents that lived there and was decorated in a manner that reflected the individual preferences of residents. Each resident had their own bedroom and residents had contributed to choosing the décor of their bedrooms and the communal spaces. Residents bedrooms were furnished according to their preferences and needs and storage was provided for residents' belongings. The centre was accessible to the residents that lived there. Residents that lived on the first floor of the premises had access to a lift and there was a regular maintenance schedule in place for this.

The centre was observed to be overall clean and maintained to a good standard with appropriate aids and appliances were provided to support residents. Residents had access to an outdoor courtyard area and one resident had recently decorated an outdoor area leading from their apartment and enjoyed using this area. Residents had access to laundry and kitchen facilities and communal areas were available on both floors of the premises. An additional communal area was in the process of being furnished at the time of the inspection to provide for additional facilities for residents to relax and engage in activities such as art. Equipment in the centre was seen to be serviced and kept in good repair.

Residents had access to adequate bathroom, shower and toilet facilities. One resident used a specialised bath and this had been installed in the centre for their use. On the day of the inspection, the inspector observed that there were a large number of windows throughout the centre to provide for adequate ventilation and

natural light and the centre was warm and bright throughout. There were arrangements in place for the safe disposal of waste.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The residents had all transitioned into this centre together from another designated centre that was closing at the end of 2023. The person in charge had ensured that residents received support as they transitioned between residential services including the provision of information of the services and supports available. Residents were informed about, and consulted with, about planned transitions. Residents were being provided with training in life-skills required for their new living arrangement, such as becoming familiar with the local area and learning about the community facilities available to them.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers, fire blankets, break glass units and fire doors were present and observed by the inspector to be operating correctly during the initial walk-around of the centre. Some fire doors had recently been fitted with magnetic closures. Labels on the fire-fighting equipment such as fire extinguishers and a schedule of alarm servicing and testing viewed identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained. The inspector viewed a dryer cleaning check sheet displayed in a utility room to record the actions taken to mitigate against the risk of fire.

Specific fire safety risks, such as residents with mobility issues being accommodated upstairs had been considered and control measures put in place to manage these. The inspector was told by the PPIM that the local fire service were aware of the

resident profile in the centre. Records were viewed by the inspector showing that 'daily inspection of means of escape routes', weekly door release checks and monthly fire extinguisher checks were being completed among others. Fire drill records were also reviewed and these showed that some evacuation drills completed following the residents' transition into the centre had identified specific issues. Action had been taken in relation to this including a meeting with staff, and since then successful fire evacuation drills had been completed including a night time simulation. The PPIM also discussed this with the inspector during the introductory meeting.

Three residents, all with specific mobility issues occupied the upper floor of the premises and generally used the lift to reach their living area. At the time of the inspection, two evacuation sledges were viewed upstairs and evacuation chairs had been ordered also. One resident was able to mobilise with support down the stairs. Some further assurances were requested from the provider in relation to the location of an electrical distribution board in a corridor that was used as an evacuation route for the upstairs apartment. These assurances were provided in the days following the inspection and the provider also outlined some additional actions they would take to fully ensure that any risk this might pose was fully mitigated against.

While staff had been provided with fire safety training in the centre, a training matrix provided to the inspector showed that a number of staff were overdue refresher training in fire safety with seven staff identified as working in the centre who had not completed training since early 2022. The provider had set out in the statement of purpose for the centre that this training was mandatory to be completed on an annual basis. The inspector noted that this training had been requested and this did indicate some oversight was being maintained in respect of this. The inspector was also told that all staff working in the centre had received site specific training with the health and safety office and all staff had taken part in a fire evacuation drill. Further training was planned for staff following the arrival of an additional evacuation chair also. Staff training has been covered under Regulation 16: Staff training and development.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' needs were assessed prior to their admission to the centre and, insofar as is reasonably practicable, that arrangements were in place to meet the needs of each resident. The person in charge had ensured that the designated centre is suitable for the purposes of meeting the assessed needs of each resident. Personal plans were in place for residents that reflected their assessed needs and outlined the supports required to maximise the resident's personal development in accordance with their wishes. Residents had participated in

the personal planning process.

A sample of three residents' personal plans were reviewed by the inspector. Residents' personal plans had been updated since they had moved into this centre and there was evidence also of some further review of residents' needs since the transition had taken place. Support plans were in place that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector saw that residents had been supported to take part in person centred planning meetings and that goal planning was documented in the centre and that residents were being afforded opportunities to set and achieve goals. Residents spoke with the inspector about some of the goals they had achieved, including visiting areas of interest and also spoke about planning an overnight break. The inspector also saw numerous pictures in residents' plans and documentation that showed that residents were achieving some of these goals.

Education and learning goals were also documented for residents. Person centred plans in place were seen to be prepared in an easy-to-read format which made them more accessible to some residents. Staff spoken to were familiar with the goals that residents had. The inspector viewed information in the planning documentation about how residents were consulted with about their goals.

Judgment: Compliant

Regulation 6: Health care

The registered provider was ensuring that residents had access to appropriate healthcare, including end-of-life care. There was information recorded in residents' personal file about their healthcare needs and how these were supported in the designated centre. Support plans were in place for identified healthcare needs and the inspector viewed some of these in residents' files. Full-time nursing support was available to residents on the staff team and there was evidence that consideration of end-of-life care was included in the plans in place for residents. Healthcare records were reviewed in detail for one resident in the centre, who was receiving palliative care at the time of the inspection. The inspector reviewed support plans in place and saw that these contained evidence of consultation with the resident in relation to their wishes and that the resident had been supported to access additional healthcare supports as required. Support plans in place set out the supports that a resident required to support their physical, emotional and social needs and respected their dignity, autonomy, rights and wishes and were updated to reflect changing circumstances.

A Pathway of Care DNAR (Do not attempt resuscitation) & do not transfer to hospital plan was in place for one resident. These plans are a serious measure to have in place and require careful consideration and input from appropriate professionals involved, as well as from the resident, and their family members if appropriate. The inspector reviewed this plan and saw that it had not been signed

by the residents' family but included details of when the resident had been consulted with by the general practitioner (GP) in relation to the plan.

Judgment: Compliant

Regulation 8: Protection

This inspection found that residents were protected from abuse in this centre. There had been very few safeguarding concerns raised in this centre since the current cohort of residents had moved in. Training records reviewed showed that staff had appropriate training in the safeguarding of vulnerable adults. Staff interviewed during the inspection all confirmed that they felt residents were safe in this centre and staff spoken with were familiar with safeguarding procedures in the centre. Residents interviewed also told the inspector that they felt safe in the centre and could speak to staff if they had a concern. Residents were observed to be very comfortable in the presence of the staff that supported them. Rosters viewed indicated that usually there were a number of staff on duty to support residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights' were considered in this centre. Staff were seen to be respectful in how they spoke to and about residents. Some staff had completed human rights training. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities of their own choosing and preferences. Staff were familiar with the communication styles of residents and took this into consideration when making efforts to determine their choices and preferences.

The provider had facilitated the residents living in this centre to move and decongregate from a larger, less suitable environment. This centre afforded residents increased opportunities to exercise their rights in relation to where they lived, how they were supported and afforded residents with a more homely environment. There was evidence viewed in transition plans of residents' being consulted with about their move into this centre.

Residents were being consulted with about the running of the centre and the décor in their new home. On the day of the inspection, a transition coordinator visited the centre to discuss new curtains for some areas with residents. Residents living in the centre told the inspector that one of their favourite things in this centre was their sitting room, which had a fireplace. Some residents repeatedly commented to the inspector about the 'lovely fire' and showed the inspector ornaments and pictures they had purchased to display in this room. Residents were seen to be very content

in this room, reading, knitting, watching TV and chatting to staff and to each other. Staff told the inspector that residents did not have this homely comfort of a fireplace in their previous centre and that some residents may never have experienced the comfort of sitting around a fireplace or might not have experienced this for decades.

Consideration was being given to residents' privacy and dignity. For example, one resident occupied an apartment space that was overlooked by other buildings and the person in charge told the inspector that a privacy screen had been ordered to ensure this residents' privacy was fully protected.

Although, the provider had long term plans to transition these residents to smaller community homes, consideration was being given to residents' wishes in regard to this. Some residents had already expressed that they wished to remain in this centre, and the person in charge told the inspector about how this had been communicated to the provider and the work that was planned to determine residents' informed wishes in relation to this matter.

Residents had access to external advocacy services on a very regular basis. Some residents were being supported to explore and access specific financial redress entitlements. Minutes kept of resident forums showed that residents' rights were regularly discussed and these and other documentation, including keyworker meeting records and resident meeting records, provided evidence of significant consultation with residents about things that were important to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 9 OSV-0003304

Inspection ID: MON-0033969

Date of inspection: 25/04/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training in the fire evacuation chair was completed on the 14th of May with a further training date in place for August 28th for those unable to attend. All staff will have completed the training by August 28th 2024.</p> <p>All staff have completed fire training and are currently in date as of 24.06.2024.</p> <p>All staff have completed safeguarding training as of 17.06.2024</p> <p>All staff have completed manual handling training as of 27.06.2024.</p> <p>Ongoing review of the training matrix by the PIC. Staff are informed when their training is due for refresher and the PIC notifies them to complete within a timely manner and face to face training is scheduled accordingly.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaint identified from the residents forum is now logged within the complaints log with all actions taken documented. This complaint is now closed. 26.04.2024</p> <p>Complaints are regularly discussed at a staff meeting and during quality health and</p>	

safety meetings. The importance of documenting complaints made during resident's forums is discussed and all staff are aware of the complaints process.

The management team regularly review the complaints log and residents' forums to ensure all complaints are appropriately documented as per policy.

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 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	28/08/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	26/04/2024