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:	No.1 Cordyline
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 June 2023
Centre ID:	OSV-0004575
Fieldwork ID:	MON-0036775

About the designated centre

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

No.1 Cordyline is based on a campus setting located in a rural area but within close driving distance to some towns. The centre can provide full-time or part-time residential support for a maximum of 7 residents, of both genders over the age of 25, with intellectual disabilities and autism including those who may have multiple and complex support needs and require support with behaviours that challenge. The designated centre is a two-storey, semi-detached building that is part of a larger building. There are seven individual bedrooms available for residents to use with a separate apartment area setup specifically for one resident on the centre's ground floor. Other rooms in the centre include a kitchen, living rooms, bathrooms, a laundry and a staff office. Residents are supported by the person in charge, a clinical nurse manager, staff 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:	4

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
Friday 23 June 2023	09:00hrs to 18:50hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Four residents were met during this inspection but most did not engage directly with the inspector. Residents spent some time during the inspection away from the centre. While pleasant and respectfully interactions were seen between residents and staff, the inspector did note the use of some inappropriate language to describe one resident.

This centre was based on a campus setting and after arriving on the campus, the inspector heard the vocalisations of one resident living in the centre as he approached. The centre was registered for a maximum capacity of seven residents. As the inspector entered the centre, it was indicated that four residents were currently living in the centre. A fifth resident who spent two nights a week in the centre was not present at the time of this inspection. During the initial stages of the inspection residents were being supported to get up or to receive personal care from staff. Some further intermittent vocalisations from a resident were heard at this time.

The inspector met two residents during an initial walkthrough of the centre, neither of whom engaged directly with him. One of these residents was seen to use some hand gestures when met by the inspector with a staff member present indicating that this meant that the resident wanted to go for a drive. The other resident was looking for a cup of tea which was provided for them by the same staff member. A third resident was briefly met later on as they were being assisted to go to a bathroom for personal care. This resident indicated to the inspector that they were well.

As the morning progressed residents left the centre to go for drives or to attend day services operated by the provider on the same campus where the centre was based. As such the inspector used this time to review the premises provided for residents to live in. Part of a larger building, the premises that made up this centre had previously provided a home for more that the seven residents that the centre was currently registered for. However, some rooms which had been previously used as bedrooms had been removed from the footprint of this designated centre during 2022 with signs on the rooms of such doors clearly highlighting that they were no longer part of the centre.

What remained part of the designated centre was spread over two floors but most residents only used the ground floor. Multiple staff spoken with indicated that no resident whose bedroom was on the ground floor ever attempted to access the centre's first floor. The ground floor was divided up into a main area (which had bedrooms and communal rooms) and an apartment area for one resident which had its own enclosed garden. The inspector saw four residents' bedrooms which were noted to be well-furnished and well-decorated. Efforts had had also been to personalise these bedrooms with resident and family photographs on the walls of some bedrooms. Most of the bedrooms seen had wardrobes and drawers for clothes

and other possessions to be stored in.

However, in one resident's bedroom on the ground floor the inspector observed that no such storage was present. The inspector was later informed that that due to the resident's particular needs their clothes were kept in a room on the first floor and that each day the resident would be offered a choice by staff of the clothes they wanted to wear. The inspector queried with staff if the resident could access the first floor via the stairs present. One staff member indicated they could not while another said the resident could use the stairs but probably should not due to a falls risk. Documents provided around this matter made no direct reference to the resident's clothes being stored on the first floor and this arrangement had not been referred to the provider's rights review committee at the time of this inspection.

Beyond residents' bedrooms, other parts of the centre were seen to be well furnished particularly the kitchen in the centre which appeared very modern and clean its appearance. This helped ensure that there were suitable hygienic facilities for food to be stored in. However, in marked contrast to the general appearance of this kitchen the inspector did observe one stool there which was visibly worn and rusty. Other parts of the centre were also showing some signs of wear and tear with some of the flooring in the apartment area and in the main dining-living room in the centre being worn. Some fixtures such as light switches also appeared to vary in their general appearance and age while a towel flush handle in a bathroom used by staff was seen to have grime and be worn.

There were various other toilet and bathroom facilities around the centre. In the main part of the ground floor there was one main bathroom which all three residents living in that section of the centre used. This bathroom appeared to be designated to have cubicle stalls although it was indicated to the inspector that this bathroom had been set up specifically like this for the residents. Aside from this, the bathroom was reasonable in its general appearance although some of the flooring around the base of the toilet bowel appeared worn. On the same floor there were two small separate toilet areas located side-by-side. One of these toilets was missing some tiling but it was indicated to the inspector that the intention was to combine these two toilets to make one larger bathroom for one resident. It was indicated that works on this were expected to start imminently.

On the first floor of the centre, it appeared that a former bathroom had been converted into a laundry area with washing and dryer machines located there. Some sinks were also present with the area around some sink holes seen to be unclean. In general though, large part of the centre were seen to be clean with a domestic staff present on the day of inspection doing some cleaning in the centre. However, the inspector did observe though that an area to the rear of the centre on the ground floor required further cleaning with dust and cobwebs evident. It was acknowledged though that this area was unlikely to be used by any resident.

Throughout the inspection day, residents came and went from centre. All four residents returned for a meal in the afternoon. Some residents then left the centre to go back to day services or to go for walks and drives. Such residents did appear to spend much of the inspection day away from the centre. Towards the end of the

inspection the resident met the fourth resident of the centre as they were sat in the dining-living room with some table top activities in front of them. The resident was able to communicate verbally but did not respond to the inspector's greeting or queries. A staff member present with the resident did engage pleasantly with the resident at this time.

During the inspection staff members on duty were seen to interact respectfully and pleasantly with residents. For example, one resident was encouraged to help staff bring a delivery of groceries into the centre. However, during his time in the centre the inspector did hear some inappropriate language used by some staff to describe one resident. Such language included the resident being described as "crazy" and "kicking off". Such language was used in direct conversations with the inspector and was also overheard when staff were discussing the resident. This was highlighted to the person in charge who indicated at the feedback meeting of the inspection that they had spoken to the staff involved.

Aside from this the atmosphere in the centre on the day of inspection was generally calm. Occasionally the inspector did hear vocalisations from two residents although these were brief and no other resident was indicated as being impacted by these vocalisations. However, from speaking with staff and reviewing records there had been times when such vocalisations were more pronounced and longer in duration with other residents having being impacted. Measures were taken in response to such impacts and staff spoken with during this inspection were aware of such measures.

In summary, some wear and tear was evident in parts of the centre particularly for some flooring. Other areas of the centre were seen to be well-presented including residents' bedrooms. While some vocalisations were heard from residents during the inspection, the atmosphere in the centre was generally calm. However, some inappropriate language was used by staff to describe one resident.

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

Some restrictive practices used in the centre had not been notified to the Chief Inspector of Social Services as required. Taking into account the overall findings of thin inspection, some improvement by the provider was needed in the monitoring of this centre.

This centre had last been inspected by the Chief Inspector in August 2020 and January 2022. An increase in regulatory actions from the August 2020 inspection was found in the January 2022 inspection with regulatory actions identified in nine

regulations in total. The January 2022 inspection did find though that the service provided to residents was person-centred in nature. Since that inspection the centre's registration was renewed until April 2025 with no restrictive conditions. Given the length of time since the previous inspection it was decided to conduct a further inspection in May 2023. However, due to COVID-19 related reasons that inspection was postponed at short notice and was rescheduled to 23 June 2023. The inspection proceeded as planned on this date which was intended to assess the supports provided to residents and compliance with the regulations in more recent times.

Under the regulations the provider must have a statement of purpose in place for a designated centre. This is an important document which sets out the services to be provided in a centre while also forming the basis of a condition of registration. The statement of purpose is to be be reviewed by the provider at least once a year and shortly into this inspection, it was noted that statement of purpose present in the centre was from April 2022. The inspector was later provided with another statement of purpose that had been reviewed on 20 June 2023. While the document had reviewed very recently, the statement of purposes provided indicated that the statement of purpose had not been reviewed in a timely manner as required.

The regulations also require the statement of purpose to contain specific information about the running of the centre. The most recent statement of purpose contained such information including details of the staffing arrangements in the centre. In keeping with the requirement of the regulations, staffing in a centre must be in keeping with the needs of residents and the statement purpose. Both the April 2022 and June 2023 statement of purposes outlined specific staffing levels that were to be in place at times of the day. Despite this there had been times when staffing levels had been lower than what was set out in the statement of purpose. For example, it was indicated that three staff were to be on duty at weekdays but there had been times when only two staff had been on duty.

From speaking with staff and reviewing other records, the challenges that this could raise were highlighted particularly in terms of resident supervision and supporting residents to leave the centre. It was also indicated that four staff members were to be on duty at weekends with this also indicated in the statements of purposes reviewed. The inspector was informed though that most weekends a fourth staff as not in place. It was also noted that a recently reviewed risk assessment around staffing was in place that references shortages of staff, unfilled vacancies and inappropriate skill mix. The risk assessment rated such matter as being a red (high) rated risk.

Despite this it was noted that on most weeks days three staff were on duty by day, as was the case on the day of inspection, while it was also indicated that in recent weeks staffing in the centre had improved. The inspector discussed the staffing risk assessment with management of the centre who suggested that in light of the improvement in recent weeks, this was no longer a red rated risk. It was also acknowledged that in recent months the number of residents living in the centre had decreased (although a potential new admission was being considered) while there was a general staffing crisis affecting the health and social care sector. In response

to this the provider was making ongoing recruitment efforts.

The provider had also made efforts to maintain planned and actual staff rosters in the centre. Maintaining actual rosters is important to clearly record what staff worked in the centre along with the dates and hours they worked. The actual rosters in this centre were intended to be maintained by staffing signing to indicate the day and hours that had they worked in the centre. Despite this when reviewing the actual rosters maintained for recent weeks, the inspector did note some inconsistencies. Most notably it was seen that some staff recorded their starting and finishing times in different ways. This meant that for some staff it was not clear if they started work at 8am or 8pm. In addition, the inspector also observed that some staff had already signed for their starting and finishing times for dates in the future.

Staffing was an area that was considered as part of the monitoring systems in place for the centre. These included conducting an annual review of the centre which assessed the centre against relevant national standards while also providing for feedback from residents and their families. Such annual reviews are required by the regulations which also require the provider to conduct unannounced visits to the centre every months to review the quality and safety of care and support provided. Based on the records reviewed during this inspection, such a provider unannounced visit was not completed for the centre between 30 December 2021 and 3 August 2022. However, since August 2022 it was noted that three provider unannounced visits had taken place, most recently in May 2023.

Such visits were reflected in written reports with an action plan in place to respond to issues identified. However, aspects of monitoring systems for the centre such as auditing were found to require some improvement during the January 2022 inspection and taking into account the overall findings of this inspection, they continued to required improvement to ensure that relevant matters were identified and addressed promptly. For example, a specific audit schedule for the centre was not being implemented in full. This audit schedule indicated that a self-assessment on restrictive practice was to be completed for the centre in February 2023 but the inspector was informed that this had not been completed at the time of the current inspection. Such a self-assessment can be beneficial in identifying restrictive practices or rights restrictions in use in a designated centre.

Under the regulations the Chief Inspector should be notified of all restrictive practices used in a centre on a quarterly basis. While such quarterly notifications had been submitted since the January 2022 inspection, the inspector was not assured that all restrictive practices in use in this centre had been notified. For example, when reviewing the premises the inspector observed a locked door. This had not been notified to the Chief Inspector as required while a sound monitor that was being used for one resident had also not been notified even though a similar monitor for another resident had been notified. Some of these restrictions were clearly apparent but had not been identified by the provider's monitoring of this centre.

In addition, this inspection found a number of regulatory actions and that, since the January 2022 inspection, the overall amount of such actions having increased. This

included actions in seven of the same regulations where actions were identified during the January 2022 inspection. This did not provide assure that all matters were being identified promptly so that they could be addressed. In addition, an inspection of another of the provider's centres on the same campus in February 2023 explicitly highlighted concerns around the storage of oxygen from a fire safety perspective. Despite this, during the current inspection a similar issue was seen by the inspector. While this was promptly addressed by the person in charge once highlighted by the inspector, the initial location and means of oxygen storage in this centre, did not provide assure that the provider had taken all of the learning from the findings of the February 2023 inspection and applied them to the current centre.

Regulation 15: Staffing

There had been times when staffing in the centre was lower than what was set out in the centre's statement of purpose. Maintenance of the actual rosters in the centre required improvement to ensure that they clearly and accurately showed the times staff actually worked in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From discussions with staff and records reviewed, most staff had undergone recent formal supervision although one staff member had not been supervised since February 2022. Most staff had undergone in-date training in various areas. It was highlighted that some staff needed some refresher training in areas such as de-escalation and intervention, manual handling and fire safety but it was indicated that some training dates had been booked for such staff in the months following this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Taking into account the overall findings of this inspection, the monitoring systems in operation for this centre were not effective in capturing all relevant matters. This had contributed to an increase in regulatory actions from the previous inspection. An audit schedule for the centre was not being followed in full. The provider did not demonstrate learning related to fire safety from the findings of an inspection on the same campus in February 2023.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

During the inspection it was indicated that one resident's contract for the provision of services had not been updated to reflect the service that they currently received in this centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had not been reviewed between April 2022 and June 2023.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all restrictive practices in the centre had been notified to the Chief Inspector on a quarterly basis as required.

Judgment: Not compliant

Quality and safety

Efforts were being made to support the needs of residents but a comprehensive assessments of needs for one resident had not been completed to reflect a change in circumstances. A review of fire doors in the centre had highlighted a number of defects.

The regulations require that suitable arrangements are in place to meet the assessed needs of residents and that a designated centre is suitable to meet these assessed needs. Such needs should be set out in residents' individualised person plans and are identified by completing a comprehensive assessment of all health, personal and social needs. Such assessment must be carried out prior to any resident's admission to a centre and annually thereafter or sooner if there is a

change in needs or circumstances. Some of the residents in this centre had particular needs and it was seen that efforts were being made to support their needs. For example, one resident had been provided with an apartment area in the centre to suit their particular needs.

When reviewing another resident's personal plan, the inspector noted that a document in this, which had been reviewed in March 2023, indicated that this centre was suited to their needs. However, the inspector was also informed that this resident was on a residents' risk forum operated by the provided for its centres in the Cork area. This forum was also referred to as a list for inappropriately placed residents. It was indicated that this resident had been on this list since a change in their medical needs some years previous while staff spoken with also indicated that this resident could impact some of the residents they were living with in this centre. Such impacts had resulted in there being some safeguarding concerns in the centre the month before this inspection caused by the vocalisations of this resident.

Safeguarding procedures had been followed for this matter with a safeguarding plan put in place although it was indicated that impact of such vocalisations on the residents' peers had not yet been risk assessed. The resident's vocalisations were being monitored with a log maintained indicating that there could be days when the resident rarely vocalised however there had been other days where their vocalisations were more prolonged. For example, one day the resident was indicated as vocalising for a total of 110 minutes from 10am to 2pm. The provider was considering possible medical reasons as to why this resident was vocalising and the resident had been recently discussed during a multidisciplinary review meeting.

Notes of the same multidisciplinary meeting referenced aspects of resident's functioning having decreased and "a marked increase in loud distressed vocalisations" in the previous six months. This suggested that there had been either a change of need or circumstances for the resident. Despite this a comprehensive assessment of the residents' needs had not been completed since June 2022. Given that resident was described as being already on a list for inappropriately placed residents, an assessment of the presenting needs not was carried out to determine if suitable arrangements were in place to meet the needs of this resident in the current centre.

Aside from this matter the inspector also reviewed a sample of residents' personal plans to assess if they provided sufficient guidance for staff on supporting the needs of residents. The inspector did come across some good examples in this regard with recently reviewed guidance in place around supporting the health needs of residents. However, for one resident the inspector when reviewing their personal plan could not identify clear guidance with their personal plan on reactive strategies to support the resident with their behaviour. In particular, the inspector reviewed multiple documents that referenced reactive strategies without providing details of these strategies. This was queried with a staff member who pointed towards an undated document in the resident's personal plan but this did not provide guidance on reactive strategies to follow.

Later on after looking elsewhere the same staff member provided the inspector with

two further documents which did provide some guidance on reactive strategies for the resident. One of these documents was dated from July 2019 while the other was a protocol for a particular PRN medicine (medicine only taken as the need arises) that had been reviewed in May 2023. The staff spoken with did generally demonstrate a good knowledge around the contents of this protocol with incident records reviewed indicating that the PRN medicine was administered in keeping with the protocol. Such staff did reference the use of another PRN medicine that would be used in response to the behaviour of the resident. Despite this the use of this second PRN medicine was not referenced in the protocol for the first PRN medicine. The inspector was also informed that this second PRN medicine had protocol in place. The provider's medicines policy indicated that all PRN medicines should have a protocol on their use and administration.

Records provided indicated that most staff had been previously provided with training in the area of positive behaviour support. Three staff had not completed this training but had training dates booked to receive this in the months following this inspection. All staff had some form of fire safety training and staff spoke with demonstrated a good knowledge of how to support residents to evacuate the centre if required. It was noted though that staff did reference a particular measure to take to support two residents during an evacuation but this measure was not referenced in the residents' personal emergency evacuation plans (PEEPs) which had been recently reviewed. The centre was equipped with fire safety systems such as a fire alarm and fire extinguishers with records indicating that these had been serviced by external contractors to ensure that they were in proper working order.

The centre was also provided with fire doors. Such fire doors are important in preventing the spread of fire and smoke while also providing a protected evacuation route if required. The inspector was informed that there had been a review of fire doors in the centre carried out in February 2023. The inspector was provided with a copy of this review. The review indicated that there were various defects with a high number of fire doors in the centre. Such defects would negatively impact the effectiveness of fire doors in their intended purposes. It was indicated to the inspector that no changes had yet been made to any of the fire doors in the centre but that the provider had commenced a tendering process with a view to addressing the defects noted.

Regulation 12: Personal possessions

It was highlighted during this inspection that one resident did not have a bank account in their own name. As a result this limited the resident's control over their own finances. One resident's clothes were stored in a room other than the resident's bedroom that was located on a different floor. Arrangements around the storage of this resident's clothes had not been referred to the provider's rights review committee at the time of this inspection.

Judgment: Substantially compliant

Regulation 17: Premises

While parts of the centre were seen to be well presented, wear and tear was evident in other areas particularly some of the flooring in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Suitable facilities were provided for food to be stored hygienically in. Guidance on recommended diets for residents was contained within their personal plans.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had an emergency plan. A risk register was in place for the centre that had been recently reviewed. However, it was seen that a risk assessment had not been completed regarding one's resident impact on peers. A risk assessment had also not been completed for a resident who might not consent to particular health related reviews or interventions. It was suggested that the risk rating applied to a staff risk assessment was inaccurate.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Some sink holes in the centre's laundry were seen to be unclean. In addition, an area of the centre, required further cleaning with dust and cobwebs evident.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A review of fire doors in the centre completed in February 2023 had highlighted a number of defects with these doors which would negatively impact the effectiveness of these fire doors in their intended purposes. At the time of this inspection no changes had been made to these doors. A particular measure in supporting two residents to evacuate the centre was not referenced in the residents' PEEPs.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

During the inspection the inspector identified a prescribed medicine for one resident that had an expiry date of 21 April 2023. While this was removed after being highlighted, the inspector was informed that this medicine had been used earlier in the day.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of needs had not been carried out to reflect a change in circumstances and needs for one resident. Some priorities identified for residents through a personal outcome measures process were repetitive. One resident's priorities had been identified in February 2023 but it was not documented who was responsible for supporting the resident to achieve these priorities or when these priorities were to be achieved by.

Judgment: Not compliant

Regulation 6: Health care

Guidance on supporting residents' assessed health needs was contained within their personal plans. Residents were supported to access health and social care professionals such as general practitioners and chiropodists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvement was needed to ensure that there was sufficiently clear guidance that was easily retrievable to provide direction for all staff in how to respond to the challenging behaviour of a resident. Records provided indicated that most staff had been previously provided with training in the area of positive behaviour support. Three staff had not completed this training but had training dates booked to receive this in the months following this inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Recent safeguarding incidents had been processed through safeguarding procedures. Records reviewed indicated that all staff had completed safeguarding training. Guidance on supporting residents with intimate personal care was contained within residents' personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

During his time in the centre the inspector heard some inappropriate language used by some staff to describe one resident. Such language included the resident being described as "crazy" and "kicking off". The use of this language was not respectful towards the resident.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No.1 Cordyline OSV-0004575

Inspection ID: MON-0036775

Date of inspection: 23/06/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will review the statement of purpose to reflect minimum numbers of staff on duty. The registered provider will continue to strive towards having full staffing at all times. This can be challenging to achieve during unexpected staff illness. HR continue to support sectoral management teams to recruit and retain staffing for permanent posts. The local management team consistently recruit relief staff to assist with staffing levels. The person in charge will remind staff to use the 24-hour time when inputting actual times on the planned roster.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will ensure - All staff receive formal supervision from their line manager as soon in accordance with organisational policy. The person in charge will review the annual schedule of supervision with the team leader. - Staff due training/refresher training scheduled in the areas of manual handling, fire safety, de-escalation techniques will be supported to attend these trainings The person in charge reviews the training matrix monthly. A training needs analysis is	

competed annually and the person in charge engages with the provider's training department to enable closures of gaps

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider together with the PPIM and PIC will review the current monitoring systems in place to ensure that issues that impact on the quality, safety and healthcare supports provided are identified on a timely manner and in line with the overall service plan for the Centre. This review will include ensuring that

- Residents significant changing needs issues flagged to the Provider Resident Risk forum have
(a) a pathway for an updated assessment of need to ensure the centre is meeting current needs of the residents and
(b) a longer-term plan for resolution of projected future support needs of the residents.

- The PPIM will support the Person in Charge to ensure the suite of audit tools is completed in accordance with the Provider timelines or more frequently if required and that the risk register for the Centre is updated following these audits.

- The Provider will ensure that the PPIM and PIC have a system in place for ongoing review of high risk issues in the Centre outside of the scheduled quarterly review of the overall risk register to ensure that the risks are rated appropriately and escalated where necessary.

- The PIC audits will pay particular attention to the safe and effective services to be provided in the centre as outlined in the Statement of Purpose. Factors supported these services include the staffing rosters, the training and supervision provided to the staff, ensuring fire compliance, the effective management and recording of any restrictive practices within the Centre and the review and updating of residents contracts for the provision of service.

- The Provider unannounced six monthly inspections and annual review will incorporate a review of the functioning of the Centre in-line with the Statement of Purpose and will incorporate a review of the overall short, medium and long term service goals to enhance the supports for the residents and the staff team.

- The Provider has introduced a log of restrictive practices and rights restrictions in the Centre, which will also serve to set out actions to reduce and where possible eliminate all such restrictions and help focus and promote the rights of the residents.

- The Provider will ensure that it uses its internal monthly meeting forum, for all Designated Centres, to share learning on key findings from internal audits and from findings of external inspections by regulatory authorities.
- The Provider has ensured that learnings from review of storage of oxygen away from fire evacuation routes is shared across all centres.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The registered provider will ensure the contract for the provision of service for one resident will be reviewed to reflect the service that the resident is currently receiving within the centre.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The registered provider will ensure that the statement of purpose is reviewed on an annual basis as part of the Annual Review of the Centre or more frequently as required.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC will review the HIQA guidance document for Disability services "Guidance on promoting a care environment that is free from restrictive practice" effective June 2023.

The PIC will complete the self-assessment questionnaire of restrictive practice thematic programme to identify all RP within the centre.

All Restrictive practices will be included on a Log of Restrictive Practices for the centre.

The Provider will ensure that all restrictions in operation in the Centre are identified and notified to the Authority on a quarterly basis. The PIC will submit a revised return for Quarter 2 2023 to correct an omission regarding the locking of a press containing cleaning materials in that quarter.

The Person in Charge has reviewed a door alarm in the Centre. This device is not in use in the centre and is not returned as a restriction to the Authority.
Following an updated risk assessment discussion with the staff Team on the possible future use of this device, it was determined that the device is not needed and should be removed. The disused alarm was removed 10/08/2023.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The person in charge will ensure that, as far as reasonably practical, residents have access to and retain control of their financial affairs. The person in charge will therefore engage with the families who traditionally have had input and control on same.

The person in charge has made a referral to the provider Rights Review Committee regarding the storage of one resident's clothes on 27 June 2023.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has a maintenance programme in place for the maintenance of all houses and a specific time bound plan will be created to address wear and tear of flooring.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The registered provider has ensured there are systems in place within the centre for the management of risk.
The person in charge will ensure risk assessments are completed for the possible impact of one resident's vocalisations on their peers. (completed18/07/23)
The person in charge will ensure a risk assessment is completed for a resident who may not consent to particular health related reviews or interventions (completed 18/07/23)
The person in charge and team leader will review the risk rating of the risk assessment relating to staffing within the centre (31/08/23)

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The registered provider will ensure that its infection prevention and contro systems are effective and monitored in the centre. The person in charge will review the cleaning schedule of the centre and ensure all areas within the centre are included on the schedule.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider will ensure that works done in upgrading fire doors is evidenced in the Centre including the fact that an independent fire door assessment was undertaken by an external company in February 2023 and reports and recommendations were received in April 2023.
General maintenance items identified in the report have been carried out in April 2023 such as door closers, intumescent strips and ironmongery. Replacing door sets are due to be tendered on or before the 18th of August 2023 and works will commence on the 18th of September 2023.

The person in charge has ensured that the review of two residents personal emergency egress plans took place on 18 July 2023 to ensure all measures required to support residents during an evacuation are included in their plan.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The person in charge has a schedule of medication audits in place. The person in charge in conjunction with the team leader will ensure that medications which have passed the expiry date will be disposed of by returning them to the pharmacy as per organisational policy.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The person in charge will ensure that a comprehensive assessment of need is carried out annually and is reviewed quarterly or with changing needs of residents.

The person in charge will ensure that team leaders and keyworkers understand the necessity of ensuring goals on personal plans are not repetitive, have an identified person to progress the goal and to update on goal achievement. The team leader will ensure this is carried out. The person in charge will monitor same.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The person in charge will ensure that staff are supported to attend appropriate training to ensure they have up to date knowledge and skills to support residents to manage their behaviour and support staff to respond to behaviour that is challenging.
The person in charge will ensure that relevant documentation i.e. reactive strategies and interaction protocols including PRN protocols are clear and filed in the residents personal care plan for ease of access by staff, ensuring resident's needs are supported appropriately.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider has introduced a log of restrictive practices and rights restrictions in the Centre which will include issues such as access to personal possessions and finances. This will ensure that actions are in place to reduce and where possible eliminate all such restrictions and help focus and promote the rights of the residents.

The registered provider will ensure that the staff will be supported to

- Complete the HIQA/Safeguarding Ireland training on 'Guidance on a Human Rights-based Approach in Health and Social Care Services'
-
- review the Provider Code of Practice for all Persons who Support Adults & Children February 2023

The Provider has ensured that the issue of inappropriate terminology by staff describing the presentation of a resident on the day of the inspection has been addressed with the staff concerned.

The PIC will ensure that Positive Communications are e included in team meeting agenda.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/12/2023
Regulation 12(3)(a)	The person in charge shall ensure that each resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/06/2023
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	Substantially Compliant	Yellow	30/09/2023

	statement of purpose and the size and layout of the designated centre.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	31/08/2023

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/09/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the	Substantially Compliant	Yellow	11/08/2023

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/10/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/10/2023
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as	Substantially Compliant	Yellow	30/09/2023

	medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/06/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	15/08/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and	Not Compliant	Orange	31/08/2023

	circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/10/2023
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30/10/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in	Substantially Compliant	Yellow	30/09/2023

	the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	31/08/2023