



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	13 September 2022
Centre ID:	OSV-0005509
Fieldwork ID:	MON-0028828

About the designated centre

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

Cork City South 6 provides residential support for two adult male residents with an intellectual disability and autism. The centre is located in a residential area of a city suburb and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The designated centre is a compact two-storey house. There is a kitchen-dining area, sitting room, staff toilet and office located on the ground floor. There are three rooms and a bathroom located on the first floor. Both residents have their own bedroom and the third room has been decorated as a relaxation room; an alternative space for residents to use. There is a walled garden to the rear of the property and parking facilities to the front of the house. Residents have access to transport at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 13 September 2022	09:00hrs to 18:05hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The designated centre was located in a residential area in a suburb of Cork city. It was a two-storey, semi-detached house. Downstairs there was a living room, kitchen and dining area, a staff office and a toilet. Upstairs there was a bathroom with shower facilities, two bedrooms, and another room that was described as a relaxation room. Residents also had access to a large garden behind the house. The centre was registered to provide full-time residential services to two adults.

This was an announced inspection. On arrival the inspector met with the person in charge. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. One resident was attending their day service and the other was gone on an outing with staff support when the inspector arrived in the centre. They had the opportunity to spend time with both residents later in the day.

At the time of the last inspection completed on behalf of the chief inspector in August 2021, there was one resident living full-time in the centre and another who was staying one night a week with a view to moving in on a full-time basis. At the time of this inspection, 13 months later, this resident was staying in the centre five nights a week (Sunday to Friday) and one weekend a month. This transition was reported to go well with the resident enjoying their time in the centre and both residents getting on well living together. When asked, management advised that this person was not living full-time in the centre due to staffing shortages. A review of the staffing arrangements in the centre resulted in the provider being issued with an urgent action. Staffing will be discussed in more detail in the next section of this report.

The premises were observed to be clean and decorated in a homely manner. Many areas had been recently repainted. The living area was furnished with comfortable furniture, a television and items of interest to residents. The walls were decorated with photographs. The kitchen and dining area was well-equipped and well-organised. Both residents had their own bedroom with built-in storage facilities. A carpet in one bedroom required replacement and this had already been requested by the person in charge. The more recent resident of the centre was still in the process of personalising their room. This resident particularly enjoyed spending time in the relaxation room. At the time of this inspection, the provider was awaiting the delivery of a replacement couch for this room. The bathroom was accessible to both residents and although clean in general, some of the shower fittings required either a deep clean or replacement. Overall, the centre was well-maintained.

Both residents returned to the centre later in the afternoon. They were observed to be very at ease in the centre, with the staff support provided, and with each other. Neither communicated verbally with the inspector but did acknowledge them. Both residents naturally gravitated to the things that interested them and their preferred

areas in the house. There were very few restrictions in the centre which supported residents to maintain and further develop their independence skills.

Both staff and management spoke with the inspector about how compatible these two residents were to live together and how quickly the newer resident of the centre had settled in. The residents had both shared and separate interests and staff felt able to accommodate these. Some staff spoken with had worked in the centre since it opened. They clearly enjoyed working in the centre and were very positive when speaking about the residents. They spoke with the inspector about changes and improvements they had observed in the time they worked in the centre. Residents were reported to be more at ease in general, communicating more, and participating in a wider range of activities. Since the last inspection one resident no longer attended day services. Instead they enjoyed an individualised program of activities from the designated centre with support from staff. The inspector was shown planter beds in the garden that this resident had helped to build. These were used to grow vegetables that were then cooked in the centre. This resident had recently returned to using gym facilities and appeared to be enjoying this. They also spent time swimming and visiting a garden centre. The other resident attended a day service and appeared to enjoy this. Staff had a very good understanding of the residents, their support needs and what worked well for them. From speaking with staff it was clear that it was essential to have a strong relationship in place with both residents before supporting them to participate in activities, especially in the community. A consistent staff team was therefore essential for both residents living in this designated centre.

As well as spending time with the residents and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. The complaints log, rosters and staff training records were also reviewed. These will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at both residents' individual files. These included residents' personal development plans, healthcare and other support plans. These were generally of a good standard. Areas for improvement were identified and will be outlined in more detail in the remainder of this report. The inspector also reviewed the medication management and infection prevention and control systems implemented in the centre.

As this was an announced inspection, resident questionnaires were sent to the provider in advance. One was completed by a relative of both residents. The feedback received was very positive, with both forms outlining that respondents were 'extremely happy' with the service provided. Respondents reported that they always felt welcome in the centre and that they felt their relatives were very happy living there. The facilities provided were praised. Both respondents highly praised the staff team describing them as excellent, positive and superb. Staff's kindness towards, and consideration and understanding of, residents was emphasised. The only area identified for improvement was the wish for one resident to live full-time in the centre. This will be discussed further in the next section of this report.

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 to each resident living in the centre.

Capacity and capability

While there was evidence of good management practices, significant improvement was required in a number of areas. The provider was required to adequately staff the service. Improved systems were required to ensure that the staff team had access to training they required, and that there was sufficient management and oversight of the centre in the absence of the person in charge.

The provider had not sufficiently resourced the centre to provide the service outlined in its statement of purpose - a full-time residential service to two residents. As outlined previously, one resident stayed in the centre five nights a week and one weekend a month. Representatives for this resident continued to request that they live in the centre on a full-time basis. This was documented in a family satisfaction survey dated November 2021, in the annual review dated August 2022, and most recently in the questionnaire completed in advance of this inspection. The inspector was informed that this service could not be provided to both residents due to staffing shortages.

There was a clearly defined management structure in the centre which identified the lines of authority and accountability for all areas of service provision. Staff reported to the person in charge who reported to the person participating in management. They in turn reported to the chief operations officer, who reported to the chief executive, who reported to the board. The person participating in management was available during the inspection and attended the feedback meeting at its conclusion. They were appointed to this role in June 2022. The person in charge fulfilled this role for one other designated centre. They also had management responsibility for another accommodation service. Although the role was supernumerary, they advised that recently they had completed a number of direct support shifts in the three services they managed due to staffing shortages.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the chief inspector. It was noted that a quarterly notification regarding the use of restrictive procedures had not been submitted for the first quarter of 2022. It was confirmed that these procedures were in use in the centre during this time. The notification should therefore have been submitted. The timeframe for submitting this notification had fallen during a period of extended leave of the person in charge. When in the centre, the inspector reviewed the records of incidents that had occurred since the last inspection. It was noted that there was a peer-to-peer incident that had also occurred during this period of extended leave. Although there was evidence of consultation with the

designated officer, this incident had not been notified to the chief inspector.

The chief inspector had been informed of the unplanned 10 week absence of the person in charge and was advised of the management arrangements in place during this time. Following a request, information was provided regarding proposed arrangements to appoint another person in charge to the centre, as is required by the regulations when the absence is longer than 28 continuous days. This appointment had not been completed by the time the person in charge returned to work. As well as the quarterly notification not being submitted, it was also identified that other responsibilities, such as staff team meetings, had not been completed during this time. It was also documented in the centre that a request was made to postpone a planned six-monthly visit to the centre while these management arrangements were in place. Improved planning and management systems were required to ensure that the responsibilities of the person in charge were completed by others in their absence and that a person in charge was appointed when this absence extended beyond 28 continuous days.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in August 2022 and involved consultation with residents and their representatives, as is required by the regulations. As this was only completed in recent weeks, not all areas requiring improvement had been addressed but there was evidence of progress made at the time of this inspection. An unannounced visit had taken place in November 2021 and again in May 2022. While there was evidence of follow up in many areas, all three reports made reference to shortcomings in the areas of staffing and staff training which remained at the time of this inspection.

The planned roster for this centre was that when both residents were present, there were two staff working both during the day and at night. There were a number of vacancies in the staff team at the time of this inspection. A number of staff were also on extended leave and other members of the team had leave scheduled. The inspector's review of a sample of actual rosters identified that staffing was regularly not provided in line with the planned roster, or involved the use of agency staff. Given the assessed needs of the residents living in the centre, the use of agency staff could be a challenge for them and also limited residents' ability to participate in community-based activities that they enjoyed. On review of the roster it was also identified that the skill mix of staff working in the centre was not always appropriate to the assessed needs of the residents. One of the residents living in the centre was prescribed emergency medication to treat a diagnosed medical condition. It was identified that there was not always a staff member working in the centre who had received recent training in the administration of this medication. This was also a recent finding in another centre operated by this provider. When asked, management advised that they did not know the training status of agency staff who worked in the centre. The provider was issued with an urgent action to outline how they would ensure that staff had skills appropriate to the assessed needs of the residents to ensure residents were safe living in the centre. Satisfactory assurances were provided to the chief inspector within the requested timeframe.

The inspector also reviewed staff training records regarding areas identified as mandatory in the regulations. It was identified that staff required training in fire safety and in the management of the behaviour that is challenging including de-escalation and intervention techniques. It was noted in the annual review and one of the six-monthly visit reports that some training gaps were due to staff being unable to attend scheduled training as there were no staff available to work in the centre in their absence.

The complaints log was reviewed. There was evidence that staff made complaints and advocated on residents' behalf. While some complaints had been addressed to the satisfaction of the complainant, one had not yet been resolved. This will be discussed further in the next section of the report. There was information regarding the complaints procedure available in the centre and evidence that complaints were managed in line with the provider's policy.

The inspector reviewed the written agreements in place regarding the terms on which residents lived in the centre. Although both agreements referenced a full-time residential placement, this was not available to one of the residents of the centre. It was also noted that the details of the service provided to the other resident, as outlined in their service agreement, were no longer accurate.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document had been recently reviewed and met the requirements of the regulations. The provider was asked to submit the copy that was available in the centre to the chief inspector so it could be considered with the current application to renew the registration of the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were planned and actual staff rotas in place. Of the sample reviewed the number of staff who worked in the centre was not always consistent with what was planned or outlined in the statement of purpose. The skill mix of staff was also not always appropriate to the assessed needs of residents. The number of vacancies in the staff team and the regular use of agency staff meant that a continuity of care and support was not always provided, as was required for these residents based on their assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff did not have access to appropriate training. This was also the finding of the last inspection of this centre, completed on behalf of the chief inspector.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not adequately resourced the designated centre to deliver the

service outlined in the statement of purpose. Improved systems were required to ensure that the responsibilities of the person in charge role were fulfilled during periods of prolonged absence. Despite being repeatedly identified in their own audits, the issues regarding staffing and staff training persisted in the centre. There were delays in implementing the recommendations of multidisciplinary reviews of residents' plans. Management did not know if agency staff had attended the training identified as mandatory in the regulations, before working in the centre. The arrangements in place did not ensure that all staff working in the centre were subject to the provider's performance management system.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were written service agreements in place which outlined the fees to be charged. However, one resident was not in receipt of the service outlined in their agreement and the services outlined in the other residents' agreement were no longer accurate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been recently reviewed and met the requirements of this regulation. The provider was asked to submit the most recent version, available in the centre, for consideration with the application to renew the registration of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all quarterly notifications regarding restraints used in the centre, or adverse incidents, as outlined in this regulation were submitted to the chief inspector, as required.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider gave notice in writing to the chief inspector of the absence of the person in charge for a period of more than 28 days.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider gave written notice of the arrangements in place for the management of the centre during the absence of the person in charge. However, despite the absence lasting 10 weeks, another person in charge was not appointed.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. A review of the complaints log demonstrated that any complaints made were investigated promptly, measures required for improvement were followed up, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Residents received a service tailored to their individual needs and enjoyed living in this centre. Management and staff promoted residents' rights and wellbeing. Residents' personal plans required review to ensure that only the most up-to-date information was available, that plans provided clear guidance for staff, and that those who required one had a behaviour support plan. Improvements were also required regarding the completion and maintenance of some documents regarding medication management and healthcare.

The residents living in the centre enjoyed participating in a range of activities. On the day of inspection, one had gone to the gym and out for lunch afterwards, and the other was attending their day service. Residents were supported to make use of public transport and had recently travelled by train to a coastal town. Both residents

enjoyed walking and visited a number of local areas including woods, beaches and tourist attractions. Other documented activities included bowling, meals out, and picnics.

Residents also participated in activities while in the centre. One resident was involved in planting and tending to window boxes and the centre's vegetable patch. Residents were also involved in day-to-day tasks such as laundry, cleaning up after dinner, preparing snacks, Hoovering, and washing up. Residents had access to a television, jigsaws, and other items of interest. Residents in the centre enjoyed using electronic devices and at times used these to communicate with their family members. It was identified when reviewing the complaints log and the annual review that residents did not have sufficient internet access in the centre. Although previously in place, an unresolved issue meant that it had not been provided in over eight months at the time of this inspection. Staff facilitated internet access using the centre's mobile phone but this was not sufficient to allow for one resident to use a specific device, as they had before, to contact their family. Although there was evidence of follow-up by the person in charge, this remained unresolved at the time of this inspection.

The inspector reviewed both residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific assessed needs. The need for consistency and predictability was highlighted in both residents' plans. A multidisciplinary review of each plan, as is required by the regulations, had been completed in February 2022. It was noted that an action from one resident's review was for the staff team to receive training in autism. This had not taken place seven months later. The person in charge discussed their plans regarding this training and their hope that there would be a full staff team in place to attend by the time the training was confirmed.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. Family members had been invited to participate in this process. These goals were personal to the residents and reflected their interests. Although these plans had only been developed over the summer, there was evidence that residents had been supported to achieve many of their goals already.

On review of the incidents documented in the centre, it was identified that both residents could at times engage in behaviours that were challenging for them and others. Despite this, only one resident had a behaviour support plan in place. This had been highlighted at multidisciplinary reviews in November 2021 and again in February 2022. There was evidence that input regarding the development of a plan had been sought.

Residents' healthcare needs were generally well met in the centre, however some of the related documentation required review. There was evidence of appointments

with specialist consultants as required. There was also evidence of input from allied health professionals such as nutritionists and dietitians. Residents had an annual healthcare assessment. However on review of these, it was noted that one resident and their healthcare needs were referenced in error in the other's assessment. Residents were regularly reviewed, and medications routinely prescribed, by a nurse practitioner. Where a healthcare need had been identified, a corresponding healthcare plan was in place. On review of one healthcare plan, it was noted that it did not reference all of the 'as needed' medications prescribed to treat this condition. It was therefore unclear when these different medications should be administered by staff. This was further complicated by the fact that one of these medications was also routinely administered. It was therefore unclear if the maximum dose outlined on the 'as needed' protocol was inclusive of the dosage regularly administered. It was also noted that there was more than one version available of a protocol regarding the use of a psychotropic medication on an 'as needed' basis. One version, dated November 2019, had been recently signed however a more recent version was stored elsewhere. A summary document had been developed for each resident to be brought with them should they require a hospital admission. Again, more than one version was available in the centre, with some more recently updated than others.

The inspector reviewed the medication management processes in place in the centre. There were robust systems in place regarding the storage and administration of a controlled drug. All medicines were stored in a well-organised, secure area. Information was available regarding what conditions each medication was prescribed to treat, and potential side effects. Three medication audits had been completed in 2022 and no areas requiring improvement had been identified. There were processes in place regarding the ordering, receipt, prescribing, storing, disposal and administration of medicines. On review of the documentation regarding the prescription and administration of medications, the inspector identified some errors. These included that an incorrect date was documented regarding the discontinuation of one medicine, and that two different staff had signed to indicate that they had both administered the same medication at the same time (one staff signed the 'routine', and the other signed the 'as needed', administration record).

As outlined in the opening section of this report, the centre was homely, comfortable and well-maintained. The person in charge advised that they had requested input from an occupational therapist to further enhance the relaxation room. When in the bathroom, it was noted that a shower chair was fixed to the wall. Neither of the current residents required this support. Given the bathroom's small size, management advised that consideration was being given to removing this item. The centre was clean and staff were observed cleaning high-touch areas during the inspection. Records indicated that staff had completed training in infection prevention and control, including hand hygiene. Each staff members' hand hygiene practices had been assessed in recent months. There was evidence of good management of sharps in the centre. Supplies of personal protective equipment were available. A contingency plan was in place and reflected the individual needs of the residents living in this centre. Up-to-date public health guidance was available.

The premises was provided with fire safety systems including a fire alarm,

emergency lighting and fire extinguishers. Systems were in place to ensure these were maintained and regularly serviced. Both residents had a recently reviewed personal emergency evacuation plan (PEEP) to be implemented if required. Drills had taken place regularly in the previous 12 months. All records indicated that drills had been completed within a timeframe assessed as safe by the provider. It was identified that an evacuation drill had not been completed in night-time conditions with night-time staffing levels. Management committed to addressing this as a priority.

Regulation 10: Communication

Residents no longer had sufficient internet access to use electronic devices which were used for family contact.

Judgment: Substantially compliant

Regulation 11: Visits

Residents were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were clean, decorated in homely manner, and well-maintained. Some of the shower fittings in the bathroom and one carpet required replacement.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide prepared by the provider met the requirements of this regulation.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A COVID-19 contingency and isolation plan specific to the residents and layout of this centre was in place. The centre was observed to be clean. The staff team had completed training in infection prevention and control, including hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems in place in this designated centre included fire alarms, emergency lighting and fire fighting equipment. Fire drills were taking place regularly. It was identified that no drill in night-time conditions with night-time staffing levels had been completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were required in the completion and maintenance of the provider's documentation relating to the management of medicines in the centre to ensure these were accurate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs of both residents had been completed. Review was required to ensure that assessments only referenced the resident that they related to. Each resident had a comprehensive personal plan. An annual review, involving multidisciplinary professionals, had taken place. Residents had been involved in the development of a personal development plan. There was evidence that residents were being supported to achieve their goals. One healthcare plan required review to ensure that it provided clear guidance to staff, accurately reflected all measures in place and was reviewed to assess its effectiveness.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Not all residents who required one had a behaviour support plan in place. As a result staff did not have up-to-date knowledge to respond to behaviour that is challenging, and to support this resident to manage their behaviours. There were minimal restrictive procedures used in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to protect residents from all forms of abuse. There were no safeguarding concerns in the centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Each resident received a service tailored to their individual needs, preferences and requests. Residents were encouraged and supported to exercise choice and control while living in the centre.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	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	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially

	compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City South 6 OSV-0005509

Inspection ID: MON-0028828

Date of inspection: 13/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 3 staff have been identified to take part in training for administration of emergency medication on Thursday 22nd September – these staff are from a relief panel who will be working in the centre over the coming weeks being supported by familiar staff onsite.</p> <p>As an interim measure staff who have previously worked in the centre, have the required training and are familiar with both residents have been temporarily redeployed to support the residents in the centre and ensure 24/7 cover for administration of emergency medication if and as required.</p> <p>Two full time staff have been identified to commence in the centre. One on week commencing 26th September and one week commencing the 3rd October – this will reduce the number of current WTE vacancies down to 1 WTE - PIC and regional manager will continue to liaise with HR re filling of vacancies in the centre</p> <p>Regional manager has completed rosters for the coming weeks and ensure that there is 24/7 emergency medication trained staff onsite and that there is at least one familiar staff per shift to support the residents</p> <p>As of today the 16th September all shifts are filled with appropriate number and skill mix of staff</p>	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- Training has been scheduled for the administration of emergency medication as required by one resident in the centre – training scheduled for 16th November
- Staff have completed training in safe administration of medication
- All staff have completed fire training, safeguarding training, IPC training online

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Recruitment to fill vacancies in the centre is ongoing. PPIM will liaise with HR department re filling vacancies in the centre with aim for completion by the end of December 2022
- In the event of PIC absence the PPIM will ensure that all notifications are submitted to HIQA accordingly and as per regulatory requirements – October 2022
- Training needs have been reviewed in the centre and training appropriate to the needs of the residents has been scheduled – aim for completion end of November 2022
- A schedule of performance management has been compiled and will commence at the start of November 2022 – aim for completion end of December 2022

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:

- Both residents will avail of full time 7 day supports once vacancies in the centre are filled – aim for completion end of December 2022
- One resident is currently staying in the centre every second weekend – October 2022

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • In the event of PIC absence the PPIM will assume responsibility for ensuring that notifications are submitted to HIQA accordingly and as per regulatory requirements. In the event of PPIM absence this will be delegated to another regional manager 	
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent:</p> <ul style="list-style-type: none"> • In the event of PIC absence the PPIM will appoint a PIC within the required time frame 	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • Internet technical issue has now been resolved and both residents can access the internet in the house and utilize their devices to support communication and maintaining relationships with family members – October 2022 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Carpet in resident’s bedroom will be replaced – January 2023 • Couch in sensory room will be replaced – January 2023 <p>Bathroom fittings around shower to be deep cleaned / replaced and shower chair to be</p>	

removed from the shower wall in order to create more space – January 2023	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • A night time fire drill will be completed – aim for completion end of November 2022 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> • Assistant Director of Nursing assigned to the centre will review all medication documentation in conjunction with CANP and make any required changes – aim for completion end of November 2022 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> • Assistant Director of Nursing assigned to the centre will review health care assessments and ensure that all information documented in same is correct. Aim for completion end of November 2022 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

- Positive behavior support plan is currently being compiled
- Positive behavior support team member has carried out assessments already and liaised with other team members to formulate the plan
- PIC will follow up with PBS therapist for an update as to when the PBS plan will be finalized and communicated to all staff – aim for end of November 2022

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	31/10/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	16/09/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	16/09/2022

	circumstances where staff are employed on a less than full-time basis.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/11/2022
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	31/01/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Not Compliant	Orange	31/10/2022

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/12/2022
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	31/12/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	30/11/2022

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/11/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/11/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at	Not Compliant	Orange	01/11/2022

	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.			
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Substantially Compliant	Yellow	01/11/2022
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	30/11/2022
Regulation 07(1)	The person in charge shall	Substantially Compliant	Yellow	30/11/2022

	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.			
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