



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 18
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	21 March 2024
Centre ID:	OSV-0005628
Fieldwork ID:	MON-0033273

About the designated centre

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

A full-time residential service is provided for adults with an intellectual disability in this designated centre. The centre comprises two bungalows located on a campus in an inner city suburb of a large city. There are two other designated centres comprising five houses and a day service also located on the campus. A maximum of 16 people can live in the centre. Seven residents are accommodated in one bungalow, and nine in the other. Both bungalows are purpose built including accessible bathroom / shower facilities for residents who use mobility aids. The communal spaces in each house includes a large sitting room, a spacious sun room, a separate dining room and a kitchen. The staff team is nursing led and comprised of nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 March 2024	09:30hrs to 17:45hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were seen to be receiving good quality day-to-day supports in their home and partake in activities of their own choosing. The previous inspection had highlighted some issues in this centre in relation to residents' rights and access to their own monies. The provider had taken some action to address these issues and some further work was required to ensure that residents' were fully supported and their rights protected in this area.

This designated centre was made up of two purpose built bungalows located in a gated campus setting owned by the provider in a city. Both houses were situated side-by-side and there was an activation centre on site that residents had access to also. Overall, the centre had a maximum capacity for sixteen residents and was fully occupied on the day of this inspection.

The inspector had an opportunity to spend time in both houses that made up this designated centre and to meet with thirteen residents. The majority of the documentation review took place in a room in the activation centre provided by the provider, with all requested documentation seen to be ready and laid out on the inspectors' arrival. The inspector also reviewed some documentation in the individual houses and spent time in the communal areas of both of the houses. This meant that the inspector had an opportunity to observe residents going about their day-to-day lives, observe practice in the centre and hear and see some resident/staff interactions.

Nine residents were living in one house and seven residents were living in the other. During the time the inspector spent in both houses, some residents were observed spending time in their rooms and others were seen spending time in the communal areas of their homes. One resident also came to meet with the inspector in the building where the documentation review was being completed.

When the inspector arrived, some residents had already left the centre for day services and during the day residents were observed to leave and return to the centre to attend various planned activities. At various times of the day staff were seen to support residents to attend to personal care and daily routines throughout the day as required. Some residents chose to engage with the inspector and these residents communicated in a variety of ways. Some chose not to engage with the inspector and this was respected. Staff on duty were observed to be very familiar with the communication styles of residents and interact with them positively throughout the day. In both locations, it was evident that there was a strong rapport between the residents and the staff team from the interactions viewed.

During the walk-around of both houses, the inspector saw a variety of information on display in the hallways and communal areas of the centre, including easy-to-read complaints information, information about hand hygiene and pictures informing residents of the staff that were on duty and were coming on duty. The statement of

purpose and residents guide were available to residents and their family members in the hallway of the houses also and fire evacuation information was available to staff. A visitors log was viewed that showed that residents received visitors in the centre and that a pharmacist had visited the centre in the weeks before the inspection to complete an audit.

In both houses, residents were observed to leave and return to the house throughout the day. Some residents attended the day services in the on-site activation centre. In the afternoon, some residents were observed to be supported by staff to get ready for a planned cinema trip.

In one house, during the initial walk-around, one resident was seen mobilising around his home and three other residents were observed in the sitting room watching TV and one of these residents was completing a puzzle. One resident spoke at this time with the inspector and showed the inspector her bedroom. This resident also interacted with the inspector later in the day. This resident confirmed that she liked her home and that staff that supported her. She told the inspector about her plans to go visit her family at the weekend and some of the things she liked to do. A number of residents and staff spoke about a disco that they had attended in a local venue on the day of the inspection to celebrate World Down Syndrome Day. A resident told the inspector that they had enjoyed this event, meeting friends, including people from outside their organisation at this event.

In the afternoon, the inspector met with three residents in the kitchen of their home and sat with them for a period. The inspector saw that the staff present supporting these residents were very familiar with these residents and how to support their individual needs. One resident told the inspector about visiting family members that lived abroad and spoke about attending the disco in the morning. Another resident interacted with the inspector and the staff supporting this resident provided good guidance to the inspector about how to respond to this resident in a manner that suited them. Another resident was observed to be lying on a couch in the sitting-room, relaxing after their lunch. Some residents were also observed waiting in the hallway to be collected for the planned afternoon activity.

Both premises were seen to be clean and adequately maintained. All residents had their own bedrooms and these were seen to be personalised and decorated with the input of residents. Communal areas were homely and comfortable and residents were observed to be relaxed and spend time in these areas with each other and on their own. Residents had access to green areas on the campus and also an on-site activation centre. The inspector saw that the external entrance to the houses had pots of colourful flowers and these were welcoming to visitors and residents alike.

The provider had consulted with residents and their family members about their satisfaction with the centre prior to this announced inspection using satisfaction surveys. These were viewed by the inspector on the day of the inspection. Fourteen satisfaction surveys were reviewed as well as some resident and family satisfaction surveys that had been completed as part of the most recent annual review of this centre. Overall, the feedback contained in these surveys was very positive. One family commented that they 'always found staff very caring'. Relatives reported

'staff always helpful' and good communication with families was featured also. All of the resident surveys had been completed with the assistance of staff supporting them and were positive in nature. As this was an announced inspection, family members had been informed of the visit and no family members communicated that they wished to meet with the inspector during the inspection.

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

Capacity and capability

Management systems in place in this centre were ensuring that the service being provided to residents was overall safe and appropriate to their needs. This centre is run by COPE Foundation. The previous inspection of this centre in April 2023 was a risk based inspection that had been completed during a targeted inspection programme in the provider's registered centres with a focus on specific regulations. That inspection identified issues in relation to residents' rights and urgent action had been issued at the time of that inspection. Some issues in relation to governance and management and staffing were also identified. The provider had submitted a compliance plan and this had been accepted.

This unannounced inspection was carried out to assess the providers progress with that plan and to inform the decision relating to the renewal of the registration of this centre. This inspection found that action had been taken to address the issues identified during the previous inspection, although some further action was required in some areas. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame.

There was a clear management structure present in this centre and the systems in place were ensuring that overall residents were being provided with a good quality service in the centre. The frontline staff reported to a CNM1, who reported to the person in charge. The person in charge reported to a regional manager, who was also person participating in management (PPIM). The PPIM reported to the chief operations officer, who in turn reported to the chief executive, who reported to a board of directors.

Both the person in charge and a PPIM of this centre were present on the day of the inspection and spoke with the inspector separately and together. The PPIM and person in charge were both based in offices located in the activation centre on this campus and so were in regular contact with the residents living in this centre. The person in charge had remit over two designated centres based on the campus and was seen to have a strong presence in the designated centre. It was evident from interactions during the walk-around of the centre that this individual was familiar to residents and the staff team and that the residents were comfortable to speak freely

with the person in charge. Staff had the support of an on-call member of senior management at night and at times when a member of the centre's local management team was unavailable.

The PPIM, an area manager, had a large remit at the time of the inspection but had previously worked in the centre and was familiar with the residents. She told the inspector how learning was shared across her area. The PPIM was familiar with any issues that had been raised in the centre and was able to tell the inspector about how these were managed. For example, they were able to tell the inspector about a recent safeguarding concern that had been raised in the centre and how that had been managed and also to tell the inspector about the arrangements in place for a resident that was awaiting a medical procedure. She also told the inspector about the progress the provider was making in relation to supporting all residents to have control over their own finances. The PPIM spoke with the inspector about how an issue identified in the previous inspection around a residents' finances had been resolved.

A clinical nurse manager 1 (CNM1) was also met during the inspection and was seen to be aware of any issues present within the centre and spoke about the day-to-day staffing arrangements in place. Staff spoken to indicated that the management team in place were supportive and concerns addressed to them.

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

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. The registered provider had submitted appropriate documentation as part of the application to renew the registration of this centre to show that this person possessed the required qualifications, experience and skills for the role. This was reviewed by the inspector. This individual was seen on the day of the inspection to maintain good oversight of the centre. The person in charge was full time in their role as is required by the regulations

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training matrix for twenty staff that were also named on the centre roster. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs

of staff. Mandatory training provided included training in the areas of manual handling, fire safety and safeguarding of vulnerable adults and all of this training was indicated to be up-to-date on the matrix provided. One staff member was due to complete refresher training in safeguarding within the next month and this was identified on the matrix.

Records reviewed showed that staff had all taken part in a performance management review to date in 2024 as per the providers' policy.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted evidence as part of the application to renew the registration of the centre that showed they had in place insurance in respect of the designated centre as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

The findings of this inspection found that overall the designated centre was resourced by the provider to ensure the effective delivery of care and support in accordance with the statement of purpose at the time of the inspection and that the management systems in place were ensuring that the service provided was appropriate to residents' needs. This inspection found that the provider was ensuring that meeting residents' needs were being prioritised in the allocation of additional unfunded staff to one area of the centre, and had submitted a business case to the funder in relation to this. There was ongoing efforts towards addressing overall governance issues that had been identified at provider level including the reduction in the remit of management teams and continued interaction with the funder in relation to ensuring adequate resources were available.

The person in charge had remit over this designated centre and also another designated centre situated on the same campus. The person in charge was found to be knowledgeable about the residents and their support needs and was maintaining good oversight of the centre at the time of this inspection. She spoke about how the future needs of the service were being considered. For example, the centre had an aging population and it had been identified that additional staffing was required to meet the changing needs of residents and this had been highlighted to the provider and funder.

The PPIM spoke with the inspector also. She was familiar with any issues that had

been raised in the centre and was able to tell the inspector about how these were managed. For example, they were able to tell the inspector about a recent safeguarding concern that had been raised in the centre and how that had been managed and also to tell the inspector about the arrangements in place for a resident that was awaiting a medical procedure. She also told the inspector about the progress the provider was making in relation to supporting all residents to have control over their own finances. The PPIM spoke with the inspector about how an issue identified in the previous inspection around a residents' finances had been resolved.

The inspector viewed an audit folder that was being completed on an ongoing basis for each house. This was identifying issues and at the time of this inspection, action was being taken in relation to issues identified. The records relating to staff meetings held in January and March 2024 were reviewed. There was evidence that important learning was being disseminated to the staff team through these meetings, such as information relating to safeguarding.

A sample of incident records viewed showed that incidents were being reported to the Chief Inspector as required. An annual review had been completed in respect of the centre and the inspector reviewed this document as part of the information submitted by the provider prior to this announced inspection. The annual review included evidence of consultation with residents and their family members.

The most recent unannounced six-monthly visit had been conducted in the centre in November 2023 by a representative of the provider. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that this review was identifying issues. An action plan was put in place following the provider unannounced visit and progress on these actions was observed during the inspection. For example, the audit had identified that residents' consent was required in relation to the finance procedures in place and the inspector viewed some of these consent documents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to the inspector visiting the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

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

A complaints log was reviewed by the inspector for one location. It was seen that four complaints were recorded as appropriate in this log, including any actions taken of foot of the complaint, the outcome of the complaint and the satisfaction of the complainant. A complaints audit was also viewed by the inspector and this provided assurances that there was oversight over complaints in the centre.

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

Judgment: Compliant

Quality and safety

The previous inspection found some issues in relation to privacy for residents and residents access to their own monies but that overall residents were in receipt of good quality day-to-day care. On the day of this inspection it was seen that overall safe and good quality supports continued to be provided to the residents that lived in this centre by a committed staff team. Action had been taken to respond to issues identified in relation to residents' rights since the previous inspection. Some issues in relation to documentation about residents in the centre was identified during the inspection. However, for the most part, this was not impacting on the day-to-day supports residents were receiving.

Two residents in this centre had plans in place around end-of-life care that included the arrangements in place should the resident become acutely unwell. It had been determined that these residents would benefit from comfort measures rather than potentially painful or distressing interventions such as resuscitation or transfer to hospital except in specific scenarios and had plans titled 'Pathway of Care-DNAR' (Do Not Attempt Resuscitation) plans in place. The inspector saw that these had been carefully considered in light of the residents' overall health and quality of life and the benefits and drawbacks that specific types of acute care could provide for them. However, on review of these DNAR plans, it was seen one was seen to not have been reviewed in over a year.

Aside from the management in the centre, a number of staff were interviewed during the inspection by the inspector, a CNM1, a staff nurse and some staff met with residents during the inspection. Some of these staff had worked on this campus for a long period of time and knew the residents very well. These staff told the inspector that they felt the residents in this centre had a very good quality of life and that as much as possible, residents' assessed needs were being met in the centre. One staff member told the inspector that the staff and management team were "trying their very best" to ensure that all residents' needs were met in the centre and that there was usually sufficient staff on duty to do this. Staff reported that if a staff member was on unexpected leave, such as unanticipated sick leave, and their shift couldn't be covered at short notice, then staff working in the other designated centres on the campus would help out. All staff in the centre had completed human rights training and one staff member spoke about how residents' rights were considered in the centre. They identified that residents had a right to feel safe in their homes, and spoke about the choices that residents had in their homes, such as choosing how their rooms were decorated.

Staff spoken with confirmed that they were aware of the safeguarding procedures in place in the centre and a staff member was clearly able to outline what action they would take in the event that they witnessed an incident of concern in the centre. Staff were also familiar with the complaints procedures in place and reported that they would try to resolve any complaints the residents had immediately if this was possible.

On reviewing some residents' personal files in the centre, it was seen that these contained a wealth of information about residents available to guide staff. Some minor documentation issues were noted. For example, it was not clear in some plans when the most recent person centred planning meeting had taken place and some information for one resident was seen stored in the incorrect file. Also, some recent information about end-of-life and acute supports for a resident had been updated in one section of the personal file, but was not evident from other areas. On making staff and management aware of these issues, there was an immediate commitment to addressing them. There was no evidence found on the day of the inspection to suggest that documentation oversights were impacting on residents' lived experiences in the centre.

Regulation 13: General welfare and development

Residents in this centre had access to opportunities and facilities for occupation and recreation and were supported to maintain and develop relationships with important people in their lives. However, some residents were not provided with access to these opportunities as frequently as others and it was not demonstrated that full efforts had been made to ensure that regular activities were being offered to all residents that were in accordance with their interests, capacities and developmental

needs.

A member of the activation staff that worked with the residents in the centre made themselves available to the inspector during the inspection. This individual told the inspector about the activities that residents had taken part in recently and plans for four residents to attend the cinema in the afternoon. They told the inspector that the staff working in the centre were very committed to ensuring that residents were provided with opportunities to take part in activities in the centre and that there were always sufficient drivers on duty to support external activity. They reported that most residents would have opportunities to leave the centre three or four times per week and that they felt that residents have opportunities to take part in activities as much as they liked. They also reported that some residents chose not to take part in external activities when they were offered. This individual presented as very committed in their role and was seen to be very familiar with residents in the centre and how they liked to be supported.

Residents spoke to the inspector about some of the activities that they enjoyed and residents were observed leaving and returning to the centre to attend day services and planned activities with both activation staff and staff from the designated centre. The inspector also saw folders that had been compiled that showed residents enjoying activities such as days out, art, dancing and meals out. Most community based activities were group activities. While this allowed for residents to get out more often, this would not allow for individual choice and exploration of alternative activities for those residents that didn't enjoy the traditional activities that were being offered.

Some residents were accessing the community more regularly than others and this had been identified in the providers' most recent unannounced six-monthly review of the centre. Activity records were also viewed for one resident that indicated this resident was being afforded some opportunities to leave the centre but this was not as frequent as indicated by staff. For example, they had left the centre on three occasions in January and on 8 occasions in February but five of these were documented as "spins" with no indication that they had left the bus during the outing. There was no evidence to show that this resident had been offered alternative activities or that efforts had been made to identify community based activities that might interest them. The records viewed showed that they were also being provided internal activities such as reiki, bowling, walks, sensory baths and visits to other houses on campus and the on-site sensory room. Staff spoken to were familiar with the likes and dislikes of residents and demonstrated a strong commitment to ensuring that residents were afforded some choices and were offered regular activation.

The person in charge spoke about how a resident living in the centre had been under the care of the provider since they were a young child and did not have contact with any members of their family. This resident had been supported to develop a relationship with close family members that had recently made contact after a significant period of time. The inspector was told about how they were being supported to maintain this contact and develop important and meaningful relationships with their family. For example, the provider had facilitated the resident

to meet with and spend time with these family members during an organised visit from abroad and the inspector was told about the significant efforts that staff had made to ensure that this was successful and a positive experience for the resident.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had ensured that the designated centre was designed and laid out to meet the aims of objectives of the service and the number and needs of residents. The premises was observed to be kept in a good state of repair and was clean and suitably decorated throughout. The provider had employed a maintenance team and the inspector was told by the person in charge that this designated centre had good access to this team and that there were no urgent maintenance works outstanding. Painting had recently been completed in the centre and the houses were seen to be bright and spacious overall and suited to the needs of the residents that lived there. Where required, overhead hoists had been provided for residents. Servicing labels viewed on five overhead hoists indicated that these were being serviced at regular intervals.

In one house, the sitting-room couches were observed to be worn and the person in charge told the inspector that new couches had been ordered to replace these as well as new curtains for the sitting room of the other house. A manual hoist was being used in a bathroom in one house and the person in charge told the inspector that an overhead hoist had been requested for this room.

A dining room was observed to have enough seating so that all residents could enjoy meals together if they wished.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not reviewed in full during this inspection. Fire safety systems such as emergency lighting, fire alarms, fire extinguishers and fire doors were present and observed by the inspector during the initial walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers and a schedule of alarm servicing and testing viewed identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of five residents' personal plans were reviewed in part, or full, by the inspector. Support plans were in place that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. Person centred plans in place were seen to be prepared in an easy-to-read format which made them more accessible to some residents. The inspector saw that goal planning was documented in the centre and that residents were being afforded opportunities to set and achieve goals. The inspector saw evidence in the personal plans that residents had been supported to take part in goal planning meetings and that, in the case of the plans reviewed, these had taken place recently and that goals were being updated as circumstances changed. Goals varied depending on the particular interests and capacities of residents but some of the goals set by residents included breaks away, swimming lessons and day-trips to preferred locations. It was noted that some residents had goals that aligned with each other and that often residents joined together in achieving specific goals. For example, some residents had a goal of going to Fota Island on a day-trip and this trip had been completed with a number of residents.

Staff spoken to were familiar with the goals that residents had. The inspector viewed information in the planning documentation about how residents were consulted with about their goals. This included the use of visuals such as photographs to aid communication with some residents about their goals and the choices they had in relation to them. The inspector also saw numerous pictures in residents' plans and documentation that showed that residents were achieving some of these goals.

Judgment: Compliant

Regulation 6: Health care

At the onset of the inspection, the person in charge told the inspector about the various healthcare needs of the residents in the centre. Healthcare records were reviewed for two residents in the centre. There was information recorded in each residents' personal file about their healthcare needs and how these were supported in the designated centre. Support plans were in place for identified healthcare needs and the inspector saw that the sample of records reviewed showed that these residents were supported to access appropriate healthcare, including regular GP review, regular baseline observations, and access to appropriate allied health professionals. The files reviewed showed that residents had received significant allied health input including neurology, occupational therapy, speech and language therapy, physiotherapy, dietetics and GP services. Mental health supports such as psychiatry was also available to residents if required and records viewed for one

resident showed that there was ongoing review and that this residents' prescribed medications had been reduced as a result of these reviews. Residents' had in place recently reviewed hospital passports that set out the supports required were they to transfer to an acute setting. Full-time nursing support was available to residents on the staff team and there was evidence that consideration of end-of-life care was included in the plans in place for residents.

As mentioned previously, there were DNAR plans in place for two residents. Such plans are a serious measure to have in place and require careful consideration and input from appropriate professionals involved, as well as from the resident, and their family members if appropriate. The inspector reviewed both of these plans and saw that one of these had been put in place recently and was in line with the providers policy in relation to this. However, the second plan was dated 31 January 2023 and at the time of the inspection had not been formally reviewed since that date. This was not in line with the providers' policy which was also reviewed by the inspector. The inspector spoke with the person in charge and the PPIM about this. Following discussion with the management of the centre about this plan, they committed to reviewing this plan immediately to ensure that it was still appropriate and continued to be considered by all involved and that the residents' ongoing wishes and rights had been considered. The inspector was subsequently shown records of email correspondence from the person in charge showing that the GP had been consulted and that the provider was arranging for the urgent review of this plan. This also mentioned utilising the supports offered by the decision support services in line with the Assisted Decision Making Act 2015.

Judgment: Substantially compliant

Regulation 8: Protection

Training records reviewed showed that staff had appropriate training in the safeguarding of vulnerable adults. An intimate care plan was viewed for a resident and this had been reviewed in the weeks prior to the inspection. Staff interviewed during the inspection all confirmed that they felt residents were safe in this centre. Residents interviewed also told the inspector that they felt safe in the centre and could speak to staff if they had a concern. Rosters viewed indicated that usually there were a number of staff on duty in each location to support residents. Individual risk assessments were viewed to be in place in residents' personal files also and these outlined controls in place to mitigate against and safeguard residents against specific risks.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had indicated in the compliance plan submitted in respect of the previous inspection that they would be carrying out a piece of work to ensure that all residents were appropriately supported to manage their own money and had full access to their own monies. This process was underway at the time of the inspection and the provider had already completed a significant amount of work in this area.

The person in charge made available the documentation in place regarding residents' finances. Finance records for two residents were reviewed, including the records relating to a resident that a previous inspection had highlighted was not afforded access to their own money. The other records viewed were for one resident who was supported by their family to manage their monies. Residents had financial assessments completed indicating that they required support to manage their finances. The records viewed showed that these residents had access to funds as and when required and that both of these residents had enough funds available to them to meet their everyday expenses. The records viewed showed that both of these residents were spending their own money on things such as day trips, shopping, meals and refreshments out and personal toiletries. However, there were no clear arrangements in place to detail how the resident retained access and control over their own monies, and the provider had no arrangements in place to ensure that the residents' property was fully safeguarded. The person in charge confirmed that this arrangement was a long-standing one and the inspector acknowledges that there were no concerns raised about the management of the residents' money and that the resident had access to money to make purchases as required. There was also no evidence to suggest that the resident was unhappy with this arrangement. Evidence that two residents who had their money managed by their family had consented to this arrangement was provided to the inspector, following some initial indications that these consent forms were not in place.

However, there were no clear arrangements in place to detail how the resident was participating in decisions about their money, and the provider had no arrangements in place to ensure that the residents' property was fully safeguarded. The person in charge confirmed that this arrangement was a long-standing one. This was discussed with the management team during the inspection and in the feedback session following the inspection and they committed to ensuring that this was explored in further detail with the resident.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 18 OSV-0005628

Inspection ID: MON-0033273

Date of inspection: 21/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>All residents within the designated centre are afforded choice and opportunities to attend internal and external activities in line with their likes and interest and in accordance with their will and preference.</p> <p>The PIC has informally discussed the resident's rights to equal opportunities for external and internal activities with all staff post inspection and this is included on the agenda for the next team meeting on the 12th of June 2024. An updated schedule is being developed to ensure all residents are afforded equal opportunities for external activities. Documentation now contains more detailed information regarding the choices offered to residents and the activities that they participated it, including individual activities.</p> <p>The PIC will review all residents activation logs on a monthly basis to ensure consistency and ongoing compliance.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>DNAR'S have been reviewed by GP and remain in place, going forward all will be reviewed at least annually or if there is a change in the persons medical condition, as per policy.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider is currently in the process of providing all PWS with their own bank cards. Since 23/05/2024 8 PWS have received their cards and work is ongoing in obtaining cards for the remaining residents.</p> <p>Consent forms are in place in relation to management of resident's monies. Further meetings with the PIC and resident indicate that the resident remains happy with the arrangement of her family managing her finances on her behalf. The PIC has referred the residents to a social worker to explore further their will and preference in relation to matters of finance. It remains that there is currently no concern with the resident accessing her money through her family and there is always sufficient funds on site for her day to day expenditure.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/06/2024
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	31/03/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	31/12/2024

	his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	21/05/2024