Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | Cork City South 2 |
| Name of provider: | COPE Foundation |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 25 July 2023 |
| Centre ID: | OSV-0003295 |
| Fieldwork ID: | MON-0031627 |

## About the designated centre

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

The centre is registered to provide a home for up to 27 male and female adult residents and is based on a campus on the south side of a large city. Services provided include full time residential supports for 22 residents. Short breaks/respite services are also being provided to another 21 residents. Currently, one resident at a time is supported to attend for a short break in the designated centre. In addition to the centre, the campus also has sports fields and a large day service facility on site. All of the residents in receipt of residential services have high support needs, with most residents needing assistance with all activities of daily living including eating and personal care. Many residents also have complex healthcare needs including epilepsy and mobility problems. The centre consisted of two large interconnected bungalows. Bungalow one can support up to 12 residents. There are two double bedrooms and eight single bedrooms. This part of the centre also has a large bright foyer. There is a visitor's space and a large sitting room. There is a kitchen area and a dining room, a shower room and a bathroom. Bungalow two provides a home to 11 full-time residents. There is one double bedroom, nine single bedrooms with one single bedroom available for respite care. This bedroom had been specifically modified for use by one respite resident. This part of the centre has a kitchen area, a dining room and a large sitting room, a staff office, a staff changing area, a sensory room, a personal care / beauty room, two shower rooms, two toilets and a storage room. The staff team comprises of nursing staff, care assistants, household and activities co-ordinators.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 23 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

**1. Capacity and capability of the service:**

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

**2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date | Times of Inspection | Inspector | Role |
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| Tuesday 25 July 2023 | 09:30hrs to 18:30hrs | Elaine McKeown | Lead |
| Tuesday 25 July 2023 | 09:30hrs to 18:30hrs | Kerrie O'Halloran | Support |

## What residents told us and what inspectors observed

The inspectors met with all of the 23 residents on the day of the inspection. The inspectors were introduced at times during the day that fitted in with individual daily routines. One resident was attending for a planned short break and the remaining 22 were in receipt of full time residential support at the time of this inspection.

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspectors were also given nine completed questionnaires to review on the day of the inspection.

At the start of the inspection, the inspectors were informed of the high complex medical needs of the residents in the designated centre. This included, percutaneous endoscopic gastrostomy (PEG) feeding, feeding eating and drinking support (FEDs) plans in addition to the ongoing management and support to residents with vision impairments and acute medical conditions which required ongoing monitoring by the staff team. All residents required support with activities of daily living (ADL's). One resident was identified as being able to mobilise independently with staff supervision, one resident required the assistance of a walking aid and all of the other residents required the use of a wheelchair to mobilise safely.

The inspectors met with family representatives of three residents at different times during the inspection. Staffing resources and residents not attending day services were issues that all of the family representatives spoke of. These were reportedly adversely impacting their relatives' quality of life and experiencing meaningful activities. The impact of the provider supporting other residents to avail of short breaks within the designated centre was also described as not always being a positive experience for those in receipt of full time residential services in the designated centre. This will be discussed further in the quality and safety section of this report.

One inspector reviewed the nine completed questionnaires. Some of these had been completed by residents with staff support, others had been completed by family representatives. In almost half of the responses, residents liked their home and surrounding environment and were supported by a dedicated staff team. However, staffing levels and resources were outlined as being a major issue of concern for all respondents resulting in the assessed needs of the residents not always being adequately met. Although, some improvements in available resources and management oversight in recent months were acknowledged by a number of respondents. This will be further discussed in the capacity and capability section of this report.

The respondents also identified the lack of a return to regular day services after the lifting of public health restrictions as an issue of concern. Residents were being

supported for prolonged periods within the designated centre when previously residents would have been engaging with peers in the day service, in some cases five days a week. In addition, the use of shared bedrooms, small bedrooms with inadequate capacity to store personal items and the lack of a private visitor space were also issues of concern for the respondents. This will be further discussed in the quality and safety section of the report.

Both inspectors completed a walk around of the large designated centre. The atmosphere was homely, music was playing and there was evidence of the décor reflecting personal interests. For example, medals awarded for achievements in the Special Olympics were on display in a number of bedrooms. In the communal areas there were photographs of recent social events and visual boards reflecting the staff on duty. The larger building was found to be more spacious in design with wider hallways and more spacious communal and bedroom areas. However, there were a number of issues identified relating to the space available in some of the bedrooms in the smaller house which included a lack of adequate storage space for personal belongings. There was damage evident to a number of pieces of furniture used to store personal items which included missing handles and broken drawers. A bathroom was observed as being used to store a wheelchair which was not required by the resident at the time. A sliding door which provided access to a specific purpose room was difficult to open. In addition, the design of the designated centre also impacted on the ability to evacuate a number of residents while in their beds in the event of a fire or other emergency occurring in the designated centre. This will be further discussed in the quality and safety section of the report.

The inspectors met with a number of residents in different communal areas throughout the inspection. Three residents were observed to be listening to music being played on a television in a dining room, but there was no picture on the screen. Two of these residents were observed to be in the same position facing the television when the same inspector returned to the area an hour later. Four other residents were introduced to the inspector in a sitting room of the same house. One resident acknowledged the inspector with gestures and was observed to engage and respond to staff banter and conversations at the time. Two of the residents were observed to be supported to attend a music session by activation staff in another part of the designated centre.

An inspector met another resident when they had completed their morning routine. They smiled when introduced to the inspector. They were later observed to be sitting in their wheelchair in the communal room with peers but not engaging with them. Prior to the pandemic this resident had attended a day service located on the same grounds five days a week. The resident had previously enjoyed many different social activities such as swimming and going to the local shopping centre. They had also enjoyed participating in community activities with a peer. The inspector was shown photographs of the resident smiling with their peer out in the community. However, the resident was not attending the day service and was not meeting their friend as they had done previously at the time of this inspection. The resident was known to become uncomfortable at times in their wheelchair and during the pandemic had developed a routine of going to bed for a number of hours in the middle of the day. However, as the resident had not yet been supported to return to

their day service, even on a phased basis this routine was continuing at the time of the inspection.

Another resident had transitioned to the designated centre in October 2021 while awaiting the acquisition of a suitable property in the community to support their assessed needs. The transition plan included access to day services. This had still not being supported at the time of this inspection. The inspectors were informed there was funding provided for dedicated staff for the resident seven days a week. While the provider had sought to recruit these staffing resources, they had only been fully in place since the start of July 2023. The resident spoke with an inspector and stated they were very happy to have the dedicated staff support in place. They had enjoyed a short holiday for three nights in a tourist town in Ireland and planned to avail of another holiday as soon as possible. They were observed to go out around the grounds in their wheelchair during the morning and were supported to change their plans for the afternoon, deciding to go to a local barber's to get their hair cut instead. They were observed to return to the designated centre in the late afternoon proudly showing the staff team.

Inspectors met other residents once they had completed their morning routine or after they had completed their breakfast. Staff outlined details of individual preferences relating to morning routines, meal times and activities. For example, one resident preferred to have their meals later than their peers and this was observed to be accommodated by staff on the day. Other residents required the full attention of a staff member to support their assessed needs which included FEDs plans. Staff in both houses were observed to be effectively supporting residents and aware of the individual assessed needs of the resident they were supporting at the time. Inspectors also observed residents being supported with protected meal times during the inspection.

Throughout the day, the inspectors noted the designated centre to be busy, full of activity and at times noisy. One resident was observed to vocalise loudly in the communal area. The residents and staff present did not appear to notice the volume. The inspector observed staff offering the resident the option to go down to their bedroom where the inspector was introduced to them later on. This resident was sharing a bedroom with a peer. The space and storage available for personal items was limited. There was a portable privacy screen available for use by staff. However, staff informed the inspector the peer resident was a poor sleeper and routinely was supported to get out of bed during the early hours of the morning. Staff outlined how both residents appeared to like the company of each other in their bedroom. For example, they would be observed regularly to look in the direction of the peer's bed. While staff stated they did not observe either resident being adversely impacted by the presence of their peer in the bedroom, neither had been afforded the opportunity to have their own room in the designated centre.

One resident was supported to go out for the afternoon with a family representative as the day service was closed for planned holidays. Another resident who was attending for a planned short break, was unable to attend the day service due to the planned closure and was observed to spend a lot of the morning in the communal area listening to music and programmes their electronic tablet device. This resident

was younger than the age profile of the other residents and did not appear to engage with their peers.

The person in charge outlined a planned schedule of works to address some maintenance issues in the weeks following this inspection which included replacement of flooring. There was evidence of recent painting and decorating being completed which included the multi-sensory room and the allocation of a space for visitors to meet their relatives. However, the visitor space was located in an area on the communal hallway. It did not afford sufficient privacy for the purpose for which it was intended. An inspector met with some family representatives of one resident in this space during the afternoon. The voices of the group were kept low throughout to ensure the conversation could be kept private. During this time the inspector observed a number of staff and residents passing the area.

The inspectors were informed that over half of the staff team had completed training in Human rights. The staff spoken too during the inspection were very familiar with the assessed needs of the residents and some of the staff team had worked in the designated centre for many years. The inspectors met with staff who engaged in activation with the residents in the designated centre, nursing and care staff as well as household and cleaning staff during the inspection. All were observed to actively engage with residents throughout the day. This included attending to personal care, assisting with meals and supporting residents to attend a music session in the morning and go out for walks on the campus. However staff were required to also attend to laundry and kitchen duties on the day of the inspection. The regular laundry staff was on planned leave. The household staff was present in the larger house but a care staff providing frontline support to the residents in the smaller house was required to attend to the kitchen duties at meal times each day. The inspectors were informed at weekends staff resources were required to complete additional duties which included cleaning, laundry, household and activation in addition to supporting the assessed needs of the residents. This will be discussed in the capacity and capability section of the report.

At the time of this inspection, the inspectors were informed 21 residents were on the directory of residents to receive short breaks. One resident was being supported at a time. However, the provision of this service required a lot of input from the person in charge and the staff team. For example, due to an acute medical event on 21 July 2023, the person in charge and the staff supporting the resident had to remain on duty in the evening to ensure the safety of the resident as there were no available staffing resources to ensure the ongoing monitoring of the resident as they recovered from a seizure. The inspectors were informed, if a resident in receipt of a respite break required additional support this was provided by the staffing resources in the designated centre. At times this had adversely impacted staff being able to support the assessed needs of other residents. For example, a resident in receipt of respite break in May 2023 had left the designated centre without the knowledge of staff. The resident was located outside on the grounds of the campus by two staff. The diverse needs of residents in receipt of respite breaks was challenging for the staff team. This will be further discussed in the capacity and capability section of this report.

The inspectors reviewed a large amount of documentation which included audits, personal plans, goals, complaints log and activation programmes. It was documented a number of residents had requested the return to their day services. This was documented to occur on a phased basis during 2022. However, only two residents had been supported to return five days a week, and two others for a few hours one day a week. The person in charge outlined these times were subject to change if the day service did not have sufficient resources and the attendance of these residents had been cancelled at short notice. This directly impacted on the service being provided/planned for the residents in the designated centre.

In summary, the findings of this inspection found residents were provided with care and support from a dedicated staff team. However, the staffing resources available were found to have adversely impacted residents' in areas such as personal care and engaging in meaningful activities frequently. In addition, the inspectors were not assured adequate resources were available to effectively support residents to be safely evacuated from the building. The requirement for residents in both houses to share a bedroom was not in –line with expressed wishes of at least one resident, who would prefer to have their own bedroom. The provision of respite services within the designated centre at times adversely impacted the supports provided by staff to meet the assessed needs of both groups of residents. In addition, the provider had not ensured all actions form the previous Health Information and Quality Authority (HIQA) inspection of 5 October 2021 had been adequately addressed. There were some repeat findings in this inspection.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

This was a large designated centre providing full time support in two buildings linked by a central corridor to 22 residents requiring high levels of ongoing support from the staff team. In addition, 21 residents were being supported by the provider to avail of short breaks. While the provider was only providing respite breaks to one person at a time, this was a high number of individuals coming into the designated centre. The inspectors were informed the number of residents seeking short breaks in the designated centre had increased in January 2023 following the closure by the provider of another designated centre that had provided respite services in the city.

The provider had not ensured all actions following the previous HIQA inspection had been adequately addressed. This included actions relating to the general welfare and resident's rights and their phased return to day services which was scheduled to commence on 15 November 2021. Staffing resources were not adequate to ensure

consistent and safe services were being provided to the residents in receipt of residential services. The provider had also not ensured adequate arrangements for the evacuation of residents had been addressed by 15 November 2021.

The provider had ensured that an annual review and provider-led internal six monthly audits had been completed as required by the regulations. These were detailed audits which identified actions to be completed. A number of immediate actions were identified in the annual report completed in August 2022. These included the completion of a personal plan for residents admitted to the designated centre within 28 days, scheduled review of personal plans and a reduction of the number of residents sharing bedrooms. These immediate actions had been addressed. However, other immediate actions had not been adequately addressed at the time of this inspection. A thorough review of the use of the designated centre for short break users had not been completed. A minimal staffing fire drill had not been completed with all residents. From the documentation reviewed this had not taken place in either of the two houses which comprised this designated centre.

It was difficult for the current staffing resources to provide person -centred care at all times. The person in charge was new to the role since January 2023, but they consistently demonstrated their awareness of their role and responsibilities throughout the inspection. They had effectively delegated duties, they communicated with senior management regularly and escalated risks following review of a number of issues which included staffing resources and fire safety.

The allocation of additional support staff for laundry, household and cleaning was over a five day period. These staff were not replaced at weekends or while on planned leave. On the day of the inspection the laundry staff was on leave and the core staff team were completing these duties. Activation staff on occasions when there were reduced staff resources during the end of 2022 and the first few months of 2023, were required to provide front line support to the core staff team. When the day services were closed for planned leave, as on the day of this inspection, the few residents who attended remained in the designated centre. As previously mentioned a family representative for one resident provided assistance by taking their relative out for the afternoon on the day of the inspection. No additional resources were provided to assist with supporting residents to engage in meaningful activities during this planned closure of the day services for a holiday period.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. The floor plans were required to be updated and resubmitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations.

Not all doors found to be present during the inspection in the building were accurately represented on the floor plans. In addition, the layout of the visitor space was not reflective of the actual space provided. This was outlined to the provider representatives during the feedback meeting

Judgment: Substantially compliant

## Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. They had taken up the role in January 2023 and demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre. The person in charge was supported by two clinical nurse managers. Both were aware of their roles and responsibilities and were familiar with the assessed needs of the residents. Duties were delagated and shared including audits, supervision of staff, review of personal plans and fire safety measures.

Judgment: Compliant

## Regulation 15: Staffing

There was a core staff team available to support the residents. The recent recruitment of dedicated staff to fill an activation post and a support worker post were described as having a positive impact on the services provided.

However, recent recruitment of staff had only replaced other members of the staff team that had left. There was regular use of agency staff, on average 10 agency staff were required to cover gaps in the roster each week. At the time of this inspection there were three nursing vacancies, and two care assistant vacancies.

There was an actual and planned roster but it was not reflective of all staff working in the designated centre. A day service staff member was supporting a resident who attended for a short break but this was not reflected in the roster.

The requirement of the core staff team to complete additional duties during periods of planned leave and at weekends impacted on the ability of the staff team to effectively support residents in the designated centre. This included laundry, cleaning and house hold duties. While the lack of resources had been highlighted on internal audits, in complaints made and escalated to senior management as a risk,

the issue remained unresolved at the time of this inspection.

In addition, the staffing resources available at night time required further review to ensure the effective and safe evacuation of all residents in a timely manner. This will be actioned under regulation 28: Fire precautions.

Judgment: Not compliant

## Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. The person in charge had prioritised the completion of mandatory training for over 40 staff since they took up their post in January 2023. The training matrix was kept up-to-date, with staff attending training as scheduled or in advance if opportunities arose due to a vacancy in the training session. A small number of staff were scheduled to complete training in manual handling in the weeks following this inspection. Approximately 50% of staff had completed training in Human rights with the remainder scheduled to complete this on-line training. There was a supervision schedule in place for 2023 and this was progressing. It included two new staff that had recently joined the staff team.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had a clearly defined management structure in place. However, the services being provided in the designated centre required further review to ensure the service was safe and appropriate to the residents' needs.

The provider had not ensured all actions from the previous HIQA inspection in October 2021 had been adequately addressed. Similar findings during this inspection were reflective of actions not been addressed as outlined in the provider's compliance plan submitted to the chief inspector at that time.

While the provider had completed an annual review and six monthly internal audits as required by the regulations, not all actions had been addressed or a plan put in place to address concerns regarding the standard of care and support at the time of this inspection.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge during the inspection.

Judgment: Compliant

## Regulation 30: Volunteers

The person in charge was aware of their responsibility relating to volunteers working in the designated centre. One person's role was in progress at the time of this inspection. It was proposed that this person would be supporting residents in the designated centre with mindfulness and music sessions, once all documents and vetting had been completed as per the provider's policy.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Staff were aware of the provider's complaints policy. Staff supported residents with easy-to-read formats of the complaints process and complaints were part of the agenda discussed at resident's meetings.

The inspectors reviewed the complaints log of complaints made since the previous inspection in November 2021. 10 complaints were reviewed during this inspection. There was evidence some residents had been supported to make a complaint relating to the staffing resources. Family representatives had also made complaints regarding similar issues in addition to meal choices, clothing of residents and the safe care of their family members.

There was evidence of meetings by the person in charge with the complainants, the

inclusion of the person participating in management when required and on-going updates recorded by the person in charge of actions being taken. This included meeting with the catering manager regarding the compliant made in relation to meal choices and a revised menu option was agreed.

However, not all complaints had been adequately addressed at the time of this inspection. This included the scheduled return two afternoons each week for one resident to their day service as documented in the action plan of the complaint made in January 2023. In addition, residents in receipt of short break stays who became anxious adversely impacted on the residential services being provided. This had also not been addressed by the provider at the time of this inspection.

Judgment: Not compliant

## Quality and safety

The services being provided in this designated centre were to support a large number of residents both residential and respite. The provider was unable to demonstrate that adequate resources were consistently available to support residents to engage in meaningful activities, have their personal care attended to in a timely manner and the provision of a safe service. Residents' privacy and dignity and the provision of adequate personal space and storage of personal possessions also required review.

The provider had not ensured a fire drill had been conducted with all residents in either of the two houses by day or when minimal staffing levels were in place. This included resident's attending for short breaks. While the person in charge had trialled fire safety equipment provided on three occasions between 19- 21 July 2023 the length of time taken to evacuate one resident on a ski sheet was documented as taking eight minutes and six seconds. Four staff were required to move the resident on the ski sheet. Immediate actions identified included training of staff to use the ski sheets, inadequate safe space to remove two residents from their beds due to the presence of furniture and staff crossed the area where the source of the fire was located in the scenario. The person in charge had escalated this fire safety risk prior to the inspection.

The person in charge had fire safety information displayed throughout the designated centre which included the location of residents' bedrooms, the level of staff support required by each resident and the equipment available/ required to safely evacuate from the building. Almost all of the residents required two staff to support them to safely evacuate by night. The inspectors were not assured adequate resources were available to evacuate all of the residents in the event of a fire at times of minimal staffing levels. This was discussed during the inspection and at the feedback meeting. The person participating in management gave assurance that a review by a competent person in fire safety would be completed in the

designated centre.

Other issues relating to fire safety included, the difficulties encountered by staff to remove a number of beds from the bedrooms due to the narrow space in the hallway. A specific plan was detailed in residents' personal emergency evacuation plans, (PEEPs) for staff to move the bed in one direction to enable removal from the affected bedrooms. A hook was observed on a wall in one bedroom which was removed on the day of the inspection. The person in charge had already identified this issue in the designated centre and requested the removal of all such wall hooks that had previously been used to hold bedroom doors open. Weekly and daily fire safety checks were not consistently being documented. The provider had undertaken to install automatic self-closing mechanisms connected to the fire alarm on bedroom doors within the designated centre. This work was still in progress at the time of this inspection.

While there was evidence of ongoing monitoring and progress being made with the regular review of personal plans, not all plans had been reviewed at the time of this inspection. The staff team were striving to attain a standard for all personal plans at the time of this inspection with a clinical nurse manager auditing plans and providing assistance to keyworkers to ensure consistency in the personal plans of residents. However, of the personal plans reviewed a number of goals were part of residents' regular routines. For example: attending music sessions on site.

Information pertaining to residents who attended for short breaks was limited at the time of this inspection. This matter was being reviewed by the person in charge. The provider's respite co-ordinator arranged the short breaks and linked with the person in charge. However, there was a lot of administration and co-ordination required by the person in charge to ensure staffing resources available could provide a safe service to all residents in –line with their assessed needs during planned short breaks for these residents.

As previously mentioned in this report, residents rights were not consistently supported by the provider. The lack of access to day services, even on a phased basis had not occurred as planned during 2022. Residents could not attend even for short periods to meet with their peers whom they had previously met every day prior to the pandemic. Residents who had been supported to return to their day service were not always able to attend if staff resources were not available which also impacted the staff team in the designated centre. A resident who had transitioned to the designated centre in October 2021 while awaiting a community house was not supported to attend their day service which had formed part of their transition plan.

A number of residents continued to share a bedroom with a peer. One of these residents had expressed a wish to have their own room. Another resident who was in a shared room was a poor sleeper and required staff support during the night. There was only a portable privacy screen available for these residents in the shared bedroom space.

A number of bedrooms were very small in size, with limited space available to store

personal possessions and belongings. Equipment such as wheelchairs were being stored in bathrooms when not in use. The impact of the large number of residents availing of short breaks had also been documented by both the staff team and family representatives. Residents were not familiar with some of the residents. They at times could become unsettled by seeing a "stranger " in their home. The residents who availed of the short breaks did not always have the high level of assessed needs of the other residents. For example, a young resident was in the designated centre on the day of the inspection, who did not appear to engage with their peers. Other residents were described as mobile and required staff support to ensure their safety. Their assessed needs were different to the cohort of the residents in the designated centre.

## Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their assessed needs and wishes. Communication assessments were seen to be in place in residents' personal plan. Inspectors observed staff effectively communicating with residents which included the use of gestures and objects of reference being actively used during the inspection.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to visit family representatives in the community as per their expressed wishes. Visitors were also welcomed into the designated centre. The inspectors acknowledge while the provider had recently decorated a dedicated space for residents to receive visitors in a communal hallway, this was found not to be a private space on the day of the inspection.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

Not all residents had adequate space to store their personal belongings and property.

There were no issues reported regarding the management of residents' personal finances on the day of the inspection. Individual arrangements were in place to support the management of personal finances. There were also regular audits and

ongoing checks of residents' finances within the designated centre.

Judgment: Not compliant

## Regulation 13: General welfare and development

The provider had not ensured all residents had access in-line with their expressed wishes to recreational activities or opportunities to participate in activities in accordance with their interests, such as attending their day service, the cinema, swimming or meeting friends.

Judgment: Not compliant

## Regulation 17: Premises

While the larger house was found to have adequate space in individual bedrooms, including for the storage of personal items, this was not consistently available to the residents in the smaller house.

A sliding door was difficult to open on the day of the inspection which provided access into a single purpose room.

Damage to furniture was evident in a number of areas including, storage drawer units missing handles with evidence of wear and tear.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The provider had arrangements in place to provide meals that were safely prepared, cooked and served in –line with the assessed needs of the residents. There was on-going monitoring to ensure adequate quantities of food and drink were being provided. The person in charge had met with the catering manager to review and discuss menu choices that were available to residents. An agreed change to the menu plan was schedule to commence on the 31st July 2023.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had ensured systems were in place for the assessment of risks. The person in charge had identified three risks that required escalation to senior management which related to the profile of residents attending for short breaks and the adverse impact on the quality of life for those in receipt of residential services. There was also an escalated fire safety risk relating to automatic fire door closures with work in progress at the time of this inspection. An additional risk relating to staffing resources to effectively evacuate residents at times of minimal staffing levels was also identified following the most recent fire drills between the 19-21 July 2023.

The person in charge had also risk rated to a medium level the issues of staffing resources, and the regular use of high numbers of relief and agency staff.

While the provider had acknowledged the escalated risks these risks had not all been effectively managed at the time of this inspection.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had a number of procedures in place to protect residents from the risk of healthcare associated infections. This included ongoing oversight by the person in charge, regular audits, an updated contingency plan reflective of actions required to support the residents to remain safe in this designated centre. In addition, three hand hygiene assessors were on the core staff team to support on-going education and ensuring adherence to effective hand hygiene protocols

Judgment: Compliant

## Regulation 28: Fire precautions

The person in charge had ensured centre specific information was displayed outlining the location of residents bedrooms and the assistance required by each resident by both day and night. Each resident had a PEEP which was subject to regular review. The local fire brigade were also requested to visit the site to review the layout of the designated centre. A date for this had not yet been confirmed but this was expected to take place in the weeks after this inspection.

However, the provider had not ensured effective fire safety systems were consistently in place to ensure the safe and effective evacuation of all residents in the designated centre. This had been identified as an immediate action in the annual report of August 2022. A drill documented as a simulated night time fire drill in September 2022 recorded 10 residents had been supported by four staff. This is not reflective of the minimal staffing resources at night time in the designated centre.

Inspectors were unable to review any other documents on the day of the inspection relating to fire drills conducted during 2022. The drills completed during 2023 did not include all residents participating. For example, on 16 July 2023 eight residents were supported by seven staff to evacuate the building. No minimal staffing drill for either house was documented as being completed during 2023.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident. Actions identified in the provider's internal audits relating to new residents having their personal plan prepared within 28 days of admission had been addressed. The person in charge was actively supporting the ongoing and regular review of all personal plans. This work was in progress at the time of this inspection with a schedule in place to ensure all residents were supported by a keyworker and their personal plans would be reviewed regularly during 2023.

However, not all residents had been effectively supported with their personal needs. Following a review of notifications submitted to the Chief Inspector it was noted a marked increase in the number of incidents where residents had self-inflicted scratches during the early months of 2023. Staffing resources had been impacted and regular nail care was not being consistently provided to all residents. For example, one resident had four incidents between January and March 2023 where they had sustained self-inflicted scratches where their nails were trimmed after the incidents. In addition, internal auditors had noted an increase in the number of residents being supported to have their daily personal care being provided in their beds rather than showering or bathing.

Judgment: Not compliant

## Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. The staff skill mix ensured the medical and healthcare needs for residents were supported both by day and night. Residents were supported to access allied healthcare professionals as required. Access to national health screening programmes were also in progress such as breast and bowel screening for residents who had consented to these screening programmes.

However, the inspectors were not assured the information relating to the support for residents pertaining to their end-of-life care had been clearly outlined in relevant documentation. The documentation reviewed lacked evidence of discussions with the resident or consideration given to such discussions taking place, was not documented in the personal planning meeting or any reference made in their personal plan regarding the importance of the Do not attempt resuscitation (DNAR) decision that was in place. Staff were unclear how this important information would be made available to relevant emergency personnel in the event of a resident being transferred to another medical facility as the information was not contained in the hospital passport either.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The person in charge had ensured all staff were provided with suitable training to meet the assessed needs of the residents living in this designated centre. One resident's positive behaviour support plan was under review at the time of this inspection.

Restrictive practices within the designated centre were subject to regular reviews. However, there had been an increase in the number of residents who required the use of bed rails in recent months. 33 residents had been reported by the person in charge as requiring these for health and safety reasons. However, less restrictive measures was not evidenced as being considered. The inspectors acknowledge that a number of residents had been the subject of a recent review by the MDT and trials were scheduled to be commenced for a small number of residents who had been assessed as possibly benefiting from less restrictive measures being in place while they were in bed.

Judgment: Compliant

## Regulation 8: Protection

At the time of this inspection there was one open safeguarding plan in place in the designated centre. This was being managed with dedicated resources for the resident since the start of July 2023. All staff had attended training in safeguarding and ensure residents were protected from all forms of abuse.

The provider had also put measures in place to ensure the risk to residents relating to financial abuse was reduced, this included weekly audits of personal finances.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had not ensured all residents had the freedom to exercise choice and control in their daily lives, such as attending their day services, attending activities in the community and engaging in individual activities such as meeting friends.

The provider had not ensured all residents privacy and dignity was respected. This included the provision of adequate personal space in bedrooms and residents being supported in shared bedrooms which was not in –line with their expressed wishes.

The inspectors were also not assured all residents were consistently supported to participate and consent in decisions about their care and support.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Registration Regulation 5: Application for registration or renewal of registration | Substantially compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 34: Complaints procedure | Not compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Substantially compliant |
| Regulation 12: Personal possessions | Not compliant |
| Regulation 13: General welfare and development | Not compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and personal plan | Not compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

# Compliance Plan for Cork City South 2 OSV-0003295

## Inspection ID: MON-0031627

## Date of inspection: 25/07/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

## Section 1

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

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
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| Registration Regulation 5: Application for registration or renewal of registration | Substantially Compliant |
| Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:<br>The registered provider will insure that the floor plans will be updated and resubmitted to reflect the actual layout of the Centre. | |
| Regulation 15: Staffing | Not Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>• The registered provider is committed to ensuring that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the SOP, layout of the Centre and in line with the current funding allocation.<br><br>• The PIC will ensure that any day service staff who are in the Centre to support short break residents will be reflected in the roster.<br><br>• The PIC will coordinate a minimal staff simulation fire drill on 31st August for nighttime evacuation with an external fire consultant present, any recommendations from external consultant's report will be reviewed & actioned.<br><br>• Additionally, a fire prevention officer will be inspecting the Centre on 24/8/23 and will provide recommendations. | |

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| Regulation 23: Governance and management | Not Compliant |

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

• To improve monitoring and governance at the Centre, the registered provider has a HIQA and internal audit action plan dashboard in place that is updated on a regular basis by the PIC when actions are completed, this is jointly reviewed by the PIC and PPIM at their scheduled 1:1 monthly manager meeting.

• The PIC and PPIM meet 1;1 monthly at the Designated Centre to review progress of actions, and if any barriers are presenting these are explored to see how they can be resolved.

• The register provider has access to the dashboard, and they can view it at any stage to ensure the Centre is being effectively monitored.

• The dashboard is also reviewed at COO and PPIM 1:1 monthly meeting and where progress, and any barriers are discussed.

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| Regulation 34: Complaints procedure | Not Compliant |

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

• PIC and PPIM had a meeting with the day service manager on 23/8/23 and planned a scheduled return to day services for the residents by 25/9/23. This will be facilitated in collaboration with activation staff in the Designated Centre alongside the staff in the day service taking into account the wishes of the residents.

• To ensure that short breaks do not impact on residential services being provided, a meeting with short breaks coordinator will be convened to review and identify any individual needs of people attending on short breaks and a support plan will be put in place for each individual to ensure they are compatible and have a positive experience during their stay.

| Regulation 11: Visits | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 11: Visits:
• The Registered provided has recently created a space for residents to receive visitors, this will be further explored with the facilities manager to see if it can be adapted to become a more private space.

• If needed residents also have the option to use more private spaces in the designated Centre such as the wellness/sensory room and also within the grounds of the Complex such as a nearby Day Service Conservatory and sensory garden.

| Regulation 12: Personal possessions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• Residents who do not have adequate space to store their personal belongings have been identified and the PIC has discussed with facilities manager re: installation of new wall units in these rooms to suit the needs of the residents.

| Regulation 13: General welfare and development | Not Compliant |
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• PIC and PPIM met with day service manager on 23/8/23 and planned a scheduled return to day services for the residents by 25/9/23. This will be facilitated in collaboration with the activation staff in the Centre alongside the staff in the day service taking into account the wishes of the residents.

• The activation staff in the Centre are developing plans for residents to ensure all have opportunity to participate in activities of their choice.

• Hydrotherapy sessions are scheduled for residents by physiotherapy department based on the residents assessed needs. The PIC will ensure that key workers will contact physio department re: organizing recreational swimming sessions for residents who wish to take part and who are not included in the hydro sessions.

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| Regulation 17: Premises | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
• Residents who do not have adequate space to store their personal belongings have been identified. The PIC has discussed with the facilities manager re: installation of new wall units in these rooms to suit the needs of the residents.

• Facilities notified through the PEMAC system of the repair works identified in the center on the day of inspection which will be completed by 6/9/23.

• Furthermore, a furniture audit will be completed to ensure all the furniture is in good repair.

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| Regulation 26: Risk management procedures | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• To ensure that short breaks do not impact on residential services being provided, a meeting with short breaks coordinator will be convened to review and identify any individual needs of people attending on short breaks and a support plan will be put in place for each individual to ensure they are compatible and have a positive experience during their stay.

• The registered provider has a scheduled plan in place for the installation of automatic fire door closures to replace current door closure mechanisms in the Centre.

• The PIC will coordinate a minimal staff simulation fire drill on 31st August to reflect a nighttime evacuation with an external fire consultant present, recommendations from external consultant's report will be reviewed & actioned.

• Additionally, a fire prevention officer will be inspecting the Centre on 24/8/23 and will provide recommendations

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| Regulation 28: Fire precautions | Not Compliant |

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| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>• The PIC will coordinate a minimal staff simulation fire drill on 31st August to reflect a nighttime evacuation with an external fire consultant present, any recommendations from external consultant's report will be reviewed & actioned.<br><br>• Additionally, a fire prevention officer will be inspecting the Centre on 24/8/23 and will provide recommendations |

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| Regulation 5: Individual assessment and personal plan | Not Compliant |

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| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>• To ensure all residents are being effectively supported with their personal care needs, the PIC has devised an allocation plan which identifies the staff responsible for individualised care each day.<br><br>• The PIC will discuss at staff meeting regarding identifying a nail care day, weekly to ensure all residents nails are trimmed to prevent any self-inflicted scratch marks. Additionally, observation and trimming of resident's nails as required will be continued.<br><br>• The management in the Centre will closely monitor personal care records to ensure residents are supported to have their daily personal care provided in line with their needs. |

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| Regulation 6: Health care | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 6: Health care:<br>• The PIC will ensure when a DNAR is being drafted, an MDT consultation will be sought alongside cANP, the GP and the family representatives also ensuring the resident is included in the decision-making process. PIC to ensure staff are fully aware of the importance of these document and process. |

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| Regulation 9: Residents' rights | Not Compliant |

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| Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br>• PIC and PPIM met with day service manager on 23/8/23 and planned a scheduled return to day services for the residents by 25/9/23. This will be facilitated in collaboration with the activation staff in the Centre alongside the staff in the day service taking into account the wishes of the residents.<br><br>• The activation staff in the Centre are developing plans for residents to ensure all have opportunity to participate in activities of their choice.<br><br>• Consideration has and will continue to be given to one of the residents to move out of a shared bedroom if a vacancy became available within the designated Centre.<br><br>• To ensure the residents are being supported in making decisions about their care and support the Centre carries out weekly advocacy forums including residents and annual PCP meetings with the resident and their family representatives. | |

## 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 |
|---|---|---|---|---|
| Registration Regulation 5(1) | A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1. | Substantially Compliant | Yellow | 15/09/2023 |
| Regulation 11(3)(b) | The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which | Substantially Compliant | Yellow | 30/09/2023 |

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| | to receive a visitor if required. | | | |
| Regulation 12(3)(d) | The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions. | Not Compliant | Orange | 30/10/2023 |
| Regulation 13(1) | The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes. | Not Compliant | Orange | 30/11/2023 |
| Regulation 13(2)(a) | The registered provider shall provide the following for residents; access to facilities for occupation and recreation. | Not Compliant | Orange | 25/09/2023 |
| 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. | Not Compliant | Orange | 25/09/2023 |

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| Regulation 13(2)(c) | The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes. | Substantially Compliant | Yellow | 30/11/2023 |
| Regulation 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Not Compliant | Orange | 28/02/2024 |
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 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 | 30/10/2023 |
| Regulation | The registered | Not Compliant | Orange | 28/02/2024 |

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| 23(1)(a) | 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. | | | |
| 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 safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 31/08/2023 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 28/02/2024 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them | Not Compliant | Orange | 30/09/2023 |

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| | to safe locations. | | | |
| Regulation 34(2)(e) | The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place. | Not Compliant | Yellow | 25/09/2023 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | Substantially Compliant | Yellow | 30/09/2023 |
| 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. | Not Compliant | Orange | 30/09/2023 |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out | Not Compliant | Orange | 30/09/2023 |

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| | annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | | | |
| 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 | 31/07/2023 |
| Regulation 09(2)(a) | The registered provider shall ensure that each resident, in accordance with 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. | Not Compliant | Orange | 30/09/2023 |
| 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 | Not Compliant | Orange | 25/09/2023 |

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| | disability has the freedom to exercise choice and control in his or her daily life. | | | |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Not Compliant | Orange | 31/10/2023 |