



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	12 February 2024
Centre ID:	OSV-0003298
Fieldwork ID:	MON-0033373

About the designated centre

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

The designated centre is a large detached bungalow, located on the outskirts of a major rural town. At the time of this inspection, residential services were provided to seven adult residents diagnosed with a moderate to severe intellectual disability. The designated centre was registered for ten residents. The current living accommodation comprises one twin bedroom and five single bedrooms. There is a large kitchen and dining area with adjoining food storage and food preparation areas. There is a large living room and a small television room, a laundry room, toilets and two large shower rooms. There is a staff office as well as a smaller office used to store residents' files and paperwork. The designated centre has a well planned and maintained garden with extensive patio and sitting areas. The residents are supported through a medical model of care from the staff team by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 February 2024	09:30hrs to 18:20hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The designated centre had previously been inspected in August 2022. The actions identified during that inspection had largely been addressed. These included replacement of damaged fixtures and fittings and improvements evident in the documentation of residents personal plans. There was evidence of increased and improved governance and oversight in recent months in the designated centre. This will be further discussed in the Capacity and Capability section of this report.

The inspector met with all seven residents at different times during the day which did not adversely impact on their planned routines. For example, two residents were introduced to the inspector as they were walking independently in the hallway but chose to not engage at that time. Later in the morning both residents were met with by the inspector and engaged with the inspector on those occasions.

On arrival at the designated centre, the inspector was introduced to one resident who was in the dining room finishing their breakfast before they left to attend their day service. The resident was observed to become more vocal at this time. Staff explained this was the resident's way to express themselves and the vocalisations were interpreted as a positive expression by the resident. However, the presence of additional staff and the inspector in the room did increase the volume of the vocalisations. After a brief introduction, the resident was afforded space to complete their meal at that time. There were no other residents in the room at that time. The resident was supported by staff from the designated centre to travel to their day service in another large town nearby a short time later. On the resident's return in the late afternoon, the resident chose to spend time in the nearby activation centre with staff support. The inspector was also informed that the resident had chosen to have their evening meal in this location and staff facilitated this request.

The inspector was introduced to a number of residents during the morning after they had completed their morning routine. Two residents had chosen to go on the transport vehicle for a spin while staff drove another resident to their day service. The inspector met these residents on their return. One resident smiled and shook the inspector's hand as the person in charge explained that the resident liked music and being out in the community such as going to cafes or restaurants. The resident was observed by the inspector to also enjoy some quiet time outside in a sheltered area as they smoked a cigarette during the day. The other resident was observed later in the afternoon with four of their peers to be enjoying some traditional music that was being played by a local musician in the large sitting room. This group activity was relaxed, social and jovial in nature. The residents were observed by the inspector to be encouraged by the staff to participate in dancing if they wished.

Another resident liked to spend time in the smaller sitting room, where the inspector

was introduced to them. The resident indicated with gestures and smiles that they were happy and wished to spend time alone in their space. During the day the inspector observed this resident listening to the traditional music being played in the nearby larger sitting room as per their preference, they remained in the smaller sitting room. They were smiling and moving to the music at that time. This resident was also observed spending time engaging with staff in the large kitchen during the day.

The inspector sat at the large kitchen table with three residents as they completed their mid-day meal. This was observed as being a very social occasion. Residents had their preferred chairs available to them. The inspector was invited to join the group and had lunch with them. Residents were encouraged by the two staff present and who were also seated at the table, to outline different activities that the residents had participated in which included overnight stays in hotels, going to the pantomime in the city before Christmas, going to restaurants and enjoying a train journey. Two of the residents were observed to smile and engage actively in the conversation. The other resident was included by the staff as they outlined what interests all of these residents had. One of the residents was observed to be very happy with their hot drink which they were independently filling their cup with from a small coffee pot that was available for them to use.

The inspector completed a walk around of the designated centre, which was found to be homely and warm with evidence of regular cleaning taking place. Staff had assisted residents to make crafts and decorations for St Valentine's day, these were seen to be decorating some of the communal spaces. Recent internal painting and maintenance was also evident. Furniture was found to be in a good state of repair as were fixtures such as the kitchen units. The person in charge outlined plans to replace the current laundry appliances with larger industrial grade appliances which would better suit the laundry demands of the designated centre. The processes for the management of residents' laundry at the time of this inspection were discussed with the person in charge. The inspector was not assured residents' personal clothing was being effectively managed to ensure it was returned to the correct resident once laundered. This will be further discussed in the Quality and Safety section of this report.

Another issue that was identified related to the privacy of residents' when using the bathroom. Staff outlined the rationale for the requirement of a screen to be placed on the outside of a door frame to one of the bathroom's located in the main hallway due to the preference of one resident who did not wish for the door to be closed. While this assisted with the resident's privacy and dignity, other residents also used the same bathroom. This was observed to take place by the inspector during the inspection and these residents did not close the bathroom door either. The inspector also observed two residents use another bathroom at different times during the day without the door being closed. The inspector closed out the bathroom door on two occasions during the inspection. While residents were independently accessing the toilet facilities, all located along the main hallway, further improvements were required to ensure their privacy and dignity was consistently maintained by the staff team.

Residents' bedrooms were decorated to reflect personal choice and interests, such as animals. Five of the seven residents had their own bedrooms. These were observed to be spacious, with lots of natural light. The number of single bedrooms had increased since the previous Health Information and Quality Authority (HIQA) inspection in August 2022. The provision of more single bedrooms and a reduction in the overall number of residents being supported in the centre was described as a positive outcome for the residents. One bedroom had craft works such as rugs that the resident had made, another had a comfortable chair in which the resident liked to watch their preferred programmes on their television. However, the inspector was informed one resident spent time lying on their bed when in their bedroom rather than sitting in the chair. The chair was observed to be low and did not have a high back support. The inspector inquired if the resident had been consulted as to whether they would prefer a different type of chair or if they were happy with the chair that was present. Staff spoken with had not discussed the suitability of the chair with the resident or their preference.

There were two residents who shared a bedroom at the time of this inspection. This room was bright and decorated with personal possessions. Both residents were described by staff to get on well together. The inspector met with one of these resident's in the kitchen who indicated that they were very happy living in the designated centre. However, during the inspection staff outlined how this resident alerted staff during the night if they needed assistance. They called out to the staff members. The inspector was not assured that the other resident in the room was not disturbed during the night by this process. The inspector reviewed a small sample of these residents night time reports. While staff documented when one resident required assistance during the night, the communication notes for the other resident during the same shift did not reflect if the resident's sleep was disturbed or not. The inspector was informed that no alternative method of communication or technology supports had been considered to support the resident to gain staff attention during the night without the requirement for them to call out for assistance.

In addition, the inspector was informed one of the resident's in this bedroom usually commenced their morning routine early. The other resident had an ongoing medical condition for which staff had been completing regular checks during the night. While the rationale and requirement for these checks had been reviewed prior to the inspection, it was not evident if these night time checks had been considered to have been adversely impacting the other resident's sleep.

Staff also detailed the review of the morning routine for one of the resident's in the shared bedroom that was in progress at the time of this inspection. The resident at times found this part of the day difficult to transition through. The inspector could hear the resident vocalise loudly, shortly after arriving in the designated centre. This did not appear to adversely impact other residents who were either in their bedrooms located distal to the kitchen area or in the sitting room. However, the noise level was quiet loud and the inspector was not assured if the impact on the other residents was being adequately considered by the staff team. This will be further discussed in the quality and safety section of this report.

Staff explained that they were reviewing each step of the morning routine for the resident and considering alternative options such as giving the resident their breakfast in another location away from the large kitchen. The resident was one of the group of residents who went on the transport vehicle in the morning for a spin. On their return there were no further vocalisations heard by the inspector and the resident was observed to be part of the group enjoying the music session in the afternoon.

The inspector spoke with a number of staff during the inspection. All were familiar with the assessed needs of the residents for whom they were supporting. There were a number of residents who had additional medical needs and required ongoing support. These included hearing deficits, assistance with mobility, special dietary requirements in conjunction with medical conditions. Staff outlined how all of the residents were supported to maintain relationships with family members. Two of the residents were also supported to spend time in their family homes including during holiday periods such as at Christmas. Another resident engaged in video calls with a relative and had visited them in their home before Christmas. While the provider had an expectation for all staff to complete training in human rights by the end of March 2024, there was evidence on the day of the inspection that further improvements were required when considering the rights of each resident to have a safe home, where their privacy and dignity was consistently and effectively supported.

There had been a recent review of staffing resources in the designated centre. The person in charge outlined the role of the staff member each day who was allocated to the role of activation. This role was rotated among the staff team. As this was a staff member from the core staff team their hours were the same as the day shift which facilitated evening activities for residents. For example, one resident had requested that they go out in the evening for a hot drink on the day of the inspection. This was being facilitated and the resident was due to go out with another peer shortly after the inspector left the designated centre.

The inspector was informed that the provider had also secured a second transport vehicle which was expected to be available for use in the weeks after this inspection. The requirement for additional transport had been the subject of a complaint made on behalf of the residents in August 2023. The residents were adversely impacted accessing community activities, if other residents required to attend their day services or attend medical appointments. There was no public transport available or accessible taxi services in the area. In addition, the current transport vehicle could only accommodate three residents, which impacted the choice for residents to engage in social activities with peers of their choice. Staff outlined some of the positive impacts that a second transport would have for the residents which included, increased flexibility to arrange beauty and hair appointments, more social outings and flexibility for residents to socialise with peers of their choice.

The inspector was informed that a review of the transport requirements for one resident to attend their day service was also under review. This resident could not attend if there were not adequate staffing resources on duty, as per the November 2023 internal audit findings. It was not evident if the resident had been afforded the

opportunity to make a complaint regarding the impact of staffing resources on their attendance to their day service. This did have an adverse affect on the resident's daily routine and impacted the daily routines of other residents also. This will be further discussed in the capacity and capability section of this report.

Prior to this inspection, the inspector was aware that the provider had implemented centre specific procedures to ensure the safety of residents finances during 2023. An external financial audit had also been completed and the provider was awaiting the final report to be made available to them at the time of this inspection. On the day of the inspection, the inspector was also informed that a representative from the Health Services Executive (HSE) had also visited the designated centre at the end of 2023 as part of a review of the provider's de-congregation within the organisation.

Family representatives of five of the residents were included in the annual review for 2023. Overall, there were positive responses regarding the services being provided to their relative. Five residents had been supported to complete the HIQA survey - Tell us what it is like to live in your home. All indicated they were happy with their home and the services being provided to them.

In summary, there was evidence of some improvements for residents living in this designated centre which included five of the seven residents having their own bedroom. Progress had been made to address issues that had been identified regarding staff resources and the availability of adequate transport. This included a core staff member identified daily to engage in activation with the residents and there were two persons appointed to the whole time equivalent (WTE) role of person in charge which ensured oversight and shared responsibilities. The inspector was informed that a second transport vehicle was expected to be available for use in the designated centre in the weeks after this inspection which would enhance the opportunities for residents to engage more frequently in community activities, if they wished to do so. However, the processes in place to launder the personal clothing of the residents required further review. In addition, the inspector was not assured the impact at night time of the assessed needs of the two residents sharing a bedroom on each other resident was adequately considered by the staff team. Also, the consistent safeguarding by staff to ensure residents were not adversely impacted by the actions of peers, in particular at times of increased vocalisations by some residents required further review. Residents also required additional support from staff to ensure their privacy and dignity was consistently maintained, in particular when using bathroom facilities.

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

Overall, this inspection found that residents were in receipt of good quality care and support. There was evidence of oversight and monitoring in management systems at the time of this inspection. This included a electronic tracking system of actions identified on internal audits, with progress updates required to be submitted by the person identified as being responsible. Senior management were also able to monitor and view the progress of the actions in the designated centre.

There were two clinical nurse managers (CNM) sharing the whole time equivalent (WTE) role of person in charge in this designated centre since November 2023. Both staff had set days each week on site. The inspector was informed that both staff had a meeting in January 2024 to discuss the role and responsibilities shared between them. For example; one of the CNM's ensured there was regular review of the risk register and monitored the staff training requirements for the designated centre. The other CNM ensured the actual and planned rota had the required skill mix and adequate resources to support the assessed needs of the residents. Both CNMs ensured effective handover at the end of each shift and there was documented evidence of ongoing communication. In addition, there was a centre specific protocol regarding the oversight of residents finances which both CNMs had been delegated specific duties each week.

The provider had completed internal provider led audits and an annual review as required by the regulations. However, the period for which the annual review was documented as reporting on were incorrect. In addition, the version of the report given to the inspector to review did not contain the details of who compiled the report or when the report was completed. There was no consultation or input from residents included in the report. This was discussed during the inspection with the person participating in management and the person in charge.

There had been a recent review of staffing resources within the designated centre, with minimal acceptable staffing levels and skill mix identified to support the assessed and changing needs of the residents living in the designated centre. This had been reflected in the current version of the statement of purpose. However, if only three staff were on duty on the day shift during the weekdays, this resulted in one resident not being able to attend their day service in an adjacent town. At the time of this inspection, two staff supported the resident on the transport vehicle to attend their day service. Other residents were offered the opportunity to go for a spin at the same time, as observed on the day of the inspection. The inspector was informed this was under review with alternative transport options being considered for this resident such as a taxi service with one staff supporting the resident to attend their day service.

The lack of adequate staffing resources had been escalated to senior management following the November 2023 internal provider led audit. The auditors noted the inability of a resident to attend their day service/engage in their usual morning routine had an adverse effect on the resident. The auditors referred to this being a repeat finding from the April 2023 internal six monthly audit. It was not possible for residents to engage in activities outside of the designated centre when there was reduced staffing levels or if staff had to support residents to attend health care appointments. The auditors also noted the duties required to be completed by the

core staff included meal preparation, cleaning, laundry, attending appointments with residents. This resulted in a reduction in the ability of residents to plan and choose meaningful activities. The inspector acknowledges the provider had made some progress towards addressing these issues which included the commencement of a dedicated cleaning staff member for six hours each week. This role had commenced the week before this inspection. A dedicated core staff member was responsible for the activation of residents each day and an additional transport vehicle was expected to be available for residents which would enhance their ability to plan and engage in meaningful activities outside of the designated centre if they chose to.

However, following a review of the complaints log by the inspector, it was noted that the residents who had been adversely impacted and unable to attend their scheduled day service or engage in their usual morning routine spin had not been afforded the opportunity to make a complaint regarding this matter. While a complaint had been made regarding the residents access to transport by a staff member in August 2023, it was not evidenced that the residents who were adversely impacted on occasions of reduced staffing were given the opportunity to make a complaint on those dates. The inspector acknowledges that the format of the residents meetings in the designated centre had recently changed which now includes opportunities for residents to add comments, list their preferences and choices in their planned activities.

The inspector was unable to review the centre specific risks that had been identified for this designated centre due to time constraints on the day of the inspection. However, following the internal audit in November 2023, a number of actions had been identified by the auditors regarding regulation 26: Risk management. These included no risk identified or control measures in place for residents supervision while in the kitchen. This had subsequently been addressed with metal covers insitu over the top of the cooking appliance to reduce risk of burns and scalds to residents. This was observed by the inspector on the day of the inspection. A number of risks were documented as lacking time frames for review and the issue relating to adequate transport for residents was escalated to senior management following the audit. As previously mentioned in this report, the review of risks within the designated centre was subject to frequent review by the persons in charge. Actions were documented as completed where appropriate on the provider's on-line audit tracker system with time lines for review and the person responsible documented for those that required ongoing review.

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.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed two staff to the role of person in charge. These staff shared the role and between them work full-time in the role of person in charge in this designated centre. Both held the necessary skills and qualifications to carry out their role.

The inspector met with one of these staff on the day of the inspection. This person worked 0.8 (WTE) in the role. They 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 other staff member had remit over two other designated centres in addition to this designated centre. Both persons in charge had dedicated days each week on - site in this designated centre.

They were supported in their role by a senior staff on the team in the designated centre. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team available to support the residents at the time of this inspection. The staff team had adopted a flexible and shared approach to the role of activation in the designated centre since November 2023. This resulted in a staff member being identified on the day shift as being the person responsible to ensure residents were supported to engage in meaningful activities regularly throughout the day, including in the evenings. This role was rotated amongst the staff team.

The provider's internal auditors had identified an issue of adequate staff resources in the designated centre and the extent of the duties required to be completed on each shift in the most recent internal audit in November 2023. Staff were required to attend to duties which included meal preparation, cleaning, activation, support residents to attend day service and health care appointments. These duties were in addition to ensuring the residents were supported in-line with their assessed needs, maintained their safety and addressed any changing needs. This had also been

identified in the April 2023 internal provider led audit.

The commencement of a dedicated domestic cleaning staff for six hours weekly had been approved following review and escalation to the person participating in management. This role had commenced the week before this planned inspection. It was discussed with the person in charge during the inspection, the domestic staff hours should also be reflected on the staff rota going forward.

There were no staff vacancies at the time of this inspection. A WTE care assistant was due to commence their role on the week of this inspection.

The person in charge had ensured there was an actual and planned rota. The minimal safe staffing levels on each shift had been clearly identified. However, in the event of these minimal staffing levels being in place this adversely impacted on one of the resident's ability to attend their day service. This adversely impacted their routine and their experiences on these days. For example, the provider's internal auditors noted on the days of their audit, 6 and 7 November 2023 there were minimal staffing levels which resulted in the resident not going to their day service, with other residents unable to go for a drive as per their regular routine.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including manual handling, food safety, the management of medicines.

Staff who required training during 2024 which included the use of emergency medications were scheduled and booked to attend training in the months after this inspection.

A number of the staff team had completed training modules in Human rights, with all staff in the designated centre requested by the provider to have completed the required four modules by the end of March 2024.

Staff supervision had been completed during 2023, was occurring in-line with the provider's policy and scheduled in advance.

Staff participated in weekly handover meetings on Fridays and there were regular staff meetings scheduled. The most recent having taken place in December 2023. Topics discussed included staff training and appraisals, safeguarding and the review

of personal plan formats, complaints and residents finances.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured all the required information as outlined in Schedule 3 pertaining to records being retained for residents were available for review and had been updated and maintained.

In addition, the person in charge had ensured the actions for this regulation identified in the previous two internal provider-led audits had been addressed

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 provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

There was a clear management structure in place, with staff members reporting to the person in charge.

There was evidence of ongoing review of services being provided with the implementation of an electronic system to oversee the progress of actions identified during internal audits which was monitored by management within in the designated centre as well as senior management within the organisation. The date for completion and the person responsible were identified for all actions that remained open at the time of this inspection.

The provider had facilitated a review of the services within the designated centre relating to the de-congregation of residents by the HSE during 2023.

An external financial audit had also been undertaken during 2023 following concerns raised regarding residents finances in the designated centre. A number of immediate changes to protocols were implemented in February 2023, a number of recommendations were also made which were implemented including the secure storage of residents finances.

In addition, the provider was actively progressing with the planned implementation throughout the organisation of providing residents with their own bank card to manage their personal finances.

However, while the provider had completed an annual review, the consultation with residents was not evident in the report which had been compiled for 2023. This had also been identified as an action the the previous HIQA inspection of August 2022, the provider had given an undertaking in the compliance plan response at that time that consultation with the residents would take place when compiling the 2023 annual report.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied.

Judgment: 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.

Following discussion during the inspection with the person participating in management regarding future admissions into the designated centre, the inspector was informed that a review of this process was in progress following a recent visit from a member of the HSE looking at the de-congregation process by the provider which included this designated centre.

The person participating in management advised if a change to the admission procedure for this designated centre was implemented, it would be reflected in an updated version of the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

There was one open complaint at the time of this inspection. This was relating to the transport available to residents in the designated centre. The complaint was made by a staff member on behalf of the residents on 30 August 2023. The person participating in management responded on 29 September 2023. There was written correspondence with the chief operating officer on 7 November 2023, following the internal audit completed in the designated centre where the issue pertaining to transport was escalated to senior management. At the time of this inspection progress had been made to address and close out this complaint.

Another resident had been supported to make a complaint on 27 July 2023 regarding the television in the kitchen area. This appliance was replaced the following day to the satisfaction of the complainant which was documented.

These were the only complaints logged since the previous HIQA inspection in August 2022.

Another complaint had been logged for a resident in July 2022 who had been waiting for an electric wheel chair since August 2021. This complaint had been in the process of review at the time of the last HIQA inspection in August 2022. However, due to illness and the subsequent hospitalisation of the resident for three months the resident did not obtain an electric wheelchair before they died in October 2022. The complaint was subsequently closed.

Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

However, the inspector was not assured that residents were consistently supported to make a complaint in the event of an issue arising which adversely impacted them, such as not been able to attend their day service or the impact of loud vocalisations of other peers in their home.

Judgment: Substantially compliant

Quality and safety

Overall, the residents were being supported by a dedicated core staff team. There was evidence of review and monitoring of the services being provided with improvements evident in recent months. However, further improvements were required to ensure residents were supported to consistently engage in meaningful

activities in line with their expressed wishes, their rights were consistently advocated for and their privacy and dignity was consistently maintained.

Some recommendations made by the internal auditors regarding personal plans had been addressed such as reviewing the long term personal goals for residents. For example, one resident had a long term goal identified to visit a family grave, this was not deemed an appropriate goal by the auditors. The recommendation made was that it would be more appropriate to include any planned visits in the resident's personal calendar. There was evidence of residents being consulted in goal planning and decision making. For example, one resident was shown pictures of different activities and they indicated to staff their preferred activity which was to stay in a hotel. The resident had enjoyed a similar activity during May 2023 and plans were in progress to identify another location that the resident might like to visit. Another resident liked knitting and staff had made enquiries if there was a community knitting group that the resident could join. While there was no active group at the time of the enquiry being made, it was documented that the resident would be facilitated to join if the knitting group re-commenced. The same resident had completed a course in hand hygiene in December 2023 from which they had received a certificate. There were also photographs of the resident achieving another goal of having afternoon tea in a hotel in December 2023.

There was documented evidence of ongoing review by the multi-disciplinary team (MDT) as required by residents. For example, one resident had been subject to a review in November 2023 and further review in January 2024. The suitability of the service provided to the same resident was also under review. Following the most recent review by the MDT alternative suitable options were being explored. This included the option of a self-contained apartment and seeking for the resident to be assisted to make an application to be placed on the council housing list.

The provider was actively progressing with improving the transport arrangements in place for residents. However, at the time of this inspection, the ability for all residents to engage in community and social activities as they wished was not possible. There was a garden centre adjacent to the designated centre where residents could visit and assist with potting plants if they wished. There was also an activity centre located on the grounds which was available as an alternative space for residents to use.

However, the inspector was not assured after reviewing a selection of daily communication notes and discussing with staff during the inspection that the adverse impact on residents was considered if another resident was vocalising loudly in the designated centre. While there were positive behaviour support plans in place for residents, it was difficult to establish if residents were being adversely impacted or checked by staff post such incidents to see if they were anxious or affected.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs.

Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout a range of documentation relating to residents, there was an emphasis on how best to support residents to understand information and on consent.

Residents had communication support plans in place in addition to hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand. For example, one resident had difficulty hearing, another resident spoke in low tones. Residents who vocalised to express themselves were supported by the staff team who were observed to be knowledgeable of what the residents were expressing during the inspection. For example, a staff member explained that one resident was vocalising before they went out for a spin. They were looking for their coat, to address this staff discussed having the coat located near the resident as they prepared to leave to reduce the length of time the resident was waiting to get their coat and support the resident to continue with their planned activity.

The inspector was informed the provider was actively working with two external contractors to establish suitable, secure Wifi connections for the designated centre at the time of this inspection.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes and were also supported to visit relatives in their family homes.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had processes in place to guide staff when supporting residents with their personal possessions. Within this centre there were residents who required different levels of support and guidance in managing their possessions including finance management. For example, the provider had centre specific arrangements in place to ensure the safety of residents finances.

There were also systems of auditing and oversight in place by the person in charge and the provider.

There were signs and pictures guiding staff to the specific towels and bed linen for each residents in the designated centre which were stored in a central area. The information included pattern details and colour coding along with the resident's

name. This assisted staff with ensuring each resident had their own property available to them.

There were processes in place to launder residents personal clothing, including supporting residents to assist in these processes in-line with their wishes. However, the clothing for the seven residents was laundered together. The inspector acknowledges this is in-line with processes in community dwellings as per the advice given by the clinical nurse specialist (CNS) employed by the provider in infection prevention and control (IPC) on the day of the inspection when contacted by the person participating in management. The inspector was not assured by the processes in place at the time of this inspection in this designated centre that items of clothing such as socks and underwear were being returned to the correct resident.

In addition, the storage of clothing such as hats belonging to the residents were observed in a communal space in the hallway. All were placed in one storage container. This could lead to another resident wearing such items belonging to a peer.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider was actively reviewing the care and supports in place for each resident in this designated centre. This included a reduction in the number of residents being supported in the designated centre to seven residents since the previous HIQA inspection. This was described by the staff team as being a positive outcome for the remaining residents.

The inspector acknowledges that the provider is actively seeking to provide increased opportunities for residents to participate in community activities and maintain links with the wider community. However, at the time of this inspection not all residents were provided with regular opportunities to participate in activities as per their expressed wishes. This will be actioned under regulation 9: Residents rights.

Judgment: Compliant

Regulation 17: Premises

Overall, communal and bedroom areas were found to be warm, clean and comfortable. The large kitchen was arranged to support the residents to engage with staff and participate in activities such as baking if they wished. Areas were

decorated to reflect the individual preferences and interests of the residents. There were systems in place to log areas where maintenance or repairs were required. This was reviewed and followed up in a timely manner by the person in charge.

The provider had ensured the designated centre was kept in a good state of repair both internally and externally to ensure it met the assessed needs of the residents. For example, a fence that had been located close to the designated centre had been moved further away to a garden boundry to provide additional space for residents to securely engage in more of the outside space.

In addition, there remained only one shared bedroom in the designated centre at the time of this inspection. While staff reported that both of these residents were happy to share their bedroom, the inspector was not assured that these residents were not adversely impacted during the night as a result of the assessed needs of the other resident with whom they shared the bedroom. This will be actioned under regulation 9: Residents rights.

Judgment: Compliant

Regulation 18: Food and nutrition

Food preferences of the residents were known and documented by the staff team. Residents were observed to be offered choice and meals were freshly prepared daily. For example, staff were observed to show pictures to residents with the choice of their mid day meal on the day of the inspection. The aroma of the meal preparation filled the designated centre. Residents were supported to have their meals at times that suited each individual during the day.

Staff had prepared a baked desert the evening before and an additional choice of homemade sweet treats were available for the residents to chose their preferred dish on the day of the inspection.

There were safe protocols observed to be in place to ensure the well being of residents who had food intolerances or known medical conditions. For example, there was a dedicated fridge which contained gluten free products only, including products that were not to be shared with other residents such as butter and preserves to reduce the risk of cross contamination. There was a dedicated press to store gluten free products only, this was clearly identified. In addition, there were dedicated electrical appliances such as a toaster for use with gluten free foods only. These were also stored in a specific area in the kitchen. All staff demonstrated their awareness of the checks and precautions required to support the nutritional needs of the residents .

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 27: Protection against infection

Residents and staff were protected by the IPC policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19.

There was documented evidence of regular cleaning taking place and review of the practices within the designated centre. There were checklists and daily cleaning routines to inform staff of the duties that were required to be completed on each day. Cleaning equipment was colour coded and observed to be used in line with the provider's policy and procedures.

The provider had addressed the actions from the previous HIQA inspection relating to damaged fixtures and fittings.

In addition, an external contractor had been employed to attend to cleaning duties six hours each week in the designated centre. The person in charge planned to review the duties with this staff in the weeks after this inspection to ensure the allocated time was being used most effectively.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were scheduled to be completed which included daily, weekly and monthly checks.

Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. In the days before this inspection, it was noted by staff that two fire doors were not closing effectively, these issues were addressed within 24 hours of them being reported. All fire doors were found to be

closing effectively on the day of this inspection.

The person in charge had facilitated a fire safety walk through with members of the local fire brigade in January 2024. No issues had been identified and the location of oxygen on the premises and the electrical cut off point was noted by the fire brigade personnel.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. Learning and recommendations from fire drills were evidenced to have been included in some PEEPs. For example, one resident was reported as being slow to put on their shoes during a minimal staffing drill in March 2023. The agreed action which was contained in the current PEEP for the resident was that their shoes be ready near their bedside in the event of an evacuation taking place while the resident was in bed.

An extended time for evacuation with minimal staffing levels was recorded in March 2023, with staff reporting it was difficult to maneuver mattresses in the shared bedroom. To address this issue a wheelchair was provided to assist with the timely evacuation of the residents which was observed to be documented in the resident's PEEP. This action was also evidence to have worked effectively in subsequent fire drills.

The information contained in the documented fire drills included details of scenarios and the possible location of a fire in the designated centre. However, it was discussed with staff during the inspection the location of the fire evacuation grab bag. At the time of this inspection it was located near the front exit. It contained a food item that assisted one resident to evacuate without causing them increased anxiety. Staff had not considered how they would access this food item in the event of another exit being used. In addition, the same resident required to evacuate first with the appointed member of staff at the time in the role of fire officer. This was documented in their PEEP. However, the fire evacuation plan for the designated centre did not address or identify this order of evacuation for the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had a personal plan in place at the time of this inspection, which outlined residents' needs and abilities. These had been subject to regular review. However, the involvement /inclusion of the residents in the process was not evident. For example, one resident's personal plan had been reviewed in May 2023 with family representatives over the phone with two staff members also documented as being present, but no evidence of the resident being included in the process. This was also an issue with two other personal plans reviewed by the inspector during the inspection. This had been identified as an issue by the internal auditors in

November 2023 with a review of the personal planning process in the designated centre requiring to be completed. This was in progress at the time of this inspection.

Staff had reviewed the documentation of goal progression since the November 2023 internal audit. Staff were completing a stepped approach to assisting residents to achieve their goals both short and long term.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. There was documented evidence of ongoing review with health checks being completed as required or at least annually. Residents required support for a number of medical conditions which included epilepsy and diabetes as well as mobility needs and feeding, eating and drinking.

Residents were supported to attend appropriate national health screening programmes. One resident had been invited to attend one such screening in October 2023 but declined to attend. The person in charge advised that the resident was to be re-invited to attend and if they still wished to not attend/engage in the programme their de-consent to the programme would be reviewed and reflected in their health checks.

A neurology review for one resident had been recommended by a general practitioner for a resident in December 2023. At the time of this inspection no update was available on this appointment. The person in charge advised that they would follow up on this matter after this inspection.

In advance of a psychiatrist going on planned leave, residents under that specialist's care had been reviewed in December 2023 with planned further review scheduled in March 2024. The provider had made alternative arrangements for ongoing support and review if required by any of the residents during this period.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Positive behaviour support plans were in place for a number of residents. These were detailed in guiding staff practice. Staff spoken too during the inspection were

aware of protocols that were in place to effectively support residents. In addition, there was an active review of the morning routine for one resident to support their assessed needs. This included a delayed start to their morning and a change to the location of where they had their breakfast. The inspector was informed there was a two week trial period which would be reviewed by the MDT to assess the effectiveness and learning from the trial process.

There were a number of restrictive practices in use in the centre. There was also evidence of recent review and monitoring. For example, the pantry door was locked since 15 December 2023 with further review scheduled for 26 February 2024. The rationale was also documented.

The person in charge had reported intermittent nightly checks on residents by staff as a restriction in the most recent quarterly notifications. This was discussed during the inspection and was under review by the staff team and MDT. The rationale for these checks were reported as being to ensure the safety and well being of the residents. However, the impact on residents being able to have an undisturbed night sleep was under review at the time of this inspection.

The person in charge had completed the HIQA self assessment questionnaire for restrictive practices in May 2023.

There was evidence of the removal of restrictions when no longer required. This included the repositioning of a boundary fence away from the building which enhanced the outdoor space available to residents. While these works were being completed a temporary restriction of fencing was required to be put in place for the safety of the residents. This was removed as soon as the works were completed and the restriction updated and closed out.

The internal auditors had identified an issue in November 2023 regarding documentation of restrictions by the oversight committee and the non-inclusion of the restrictions on residents due to the transport situation in the designated centre. These actions had been updated and were progressing at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff or their keyworkers. A recent change to the format and documentation of residents meetings facilitated issues and concerns to be raised by residents and resolved to their satisfaction.

One resident was being supported to obtain their passport as a form of personal identification to assist with the process of applying to be included on the council

housing list.

In 2023, the provider had engaged an external financial auditor to review the practices and protocols in place to manage the finances of all of the residents. The provider was awaiting the final report at the time of this inspection, but some changes to protocols and recommendations had already been implemented to ensure the safe management of residents personal finances.

In addition, the provider was actively progressing with providing each of the residents with a pre-paid bank card to assist them in the management of their own personal money.

While two residents were reported to be happy with their shared bedroom, both required staff support for different assessed needs during the night. It was not clear if these were adversely impacting on the sleep of the other resident. There was a portable privacy screen between the beds. One resident was having regular blood sugar monitoring, this was being reviewed at the time of the inspection. The other resident was required to call out for staff assistance during the night.

The impact of vocalisations by residents on their peers required further review. The inspector was not assured staff considered the adverse impact of noise and the behaviours on other residents if they were present during such incidents.

In addition, while residents had intimate care plans in place, their privacy and dignity was not consistently supported by the staff team. The inspector acknowledges that measures were in place to support the assessed needs and preference of one resident. However, other residents were not supported, as observed during the inspection, to have their privacy and dignity maintained as bathroom doors remained opened when some residents were using these facilities independently.

At the time of this inspection the transport facilities available to residents adversely impacted their ability to engage frequently as per their wishes in community and social activities.

Due to the assessed needs of one resident and the current transport arrangements other residents were unable to socialise with peers of their choice as frequently as they would like.

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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for North County Cork 5 OSV-0003298

Inspection ID: MON-0033373

Date of inspection: 12/02/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • A business case will be submitted to the HSE to facilitate one resident to access day services Monday – Friday. This business case will allow for minimum impact on other residents every day quality of life. Business case to be completed by 31.04.2024 <ul style="list-style-type: none"> • One WTE staff commenced in the designated centre on 14.02.2024 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • An annual review scheduled for December 2024 will incorporate consultation to include views of the residents prior to completion of report. To be completed by 31.1.2025.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> • The complaints procedure will be a standing item on the agenda at the weekly residential forum. Residents will be supported with staff advocating and submitting complaints where necessary. • An additional vehicle for the designated centre was approved and allocated on 19.02.2024 by the Executive team. Open complaint was closed on 19.02.2024. 	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none"> • A site-specific laundry policy will be developed after discussion with all team members at the next staff meeting scheduled on 15/03/24 and net bags will be purchased by the 29th March for all individual residents to be used specifically for socks & underwear to 	

<p>ensure the correct laundry is returned to residents. To be completed by 31.03.2024</p> <ul style="list-style-type: none"> • Residents hats, gloves and scarfs will be stored in resident's personal storage in bedrooms. To be completed by 31.03.2024 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Individual fire evacuation plans will be reviewed and updated to ensure that the plans clearly state that if a resident need to be evacuated first with the appointed member of staff in role of fire officer. To be completed by 22.03.2024. • The PIC will discuss with the team at the next scheduled staff meeting on 15/03/24 items which will support individuals in the event of evacuation to be stored in an additional location within the residence for easy accessibility in the event of another exit being used for evacuation. To be completed by 22.03.2024 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Residents will form an integral part of their individual PCP process which will capture the residents' input and views. This will be clearly documented in all PCP's going forward in 2024. To be completed by 31.12.2024 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Awaiting the final report recommendations from the external financial audit. Final recommendations will be actioned and adhered to. To be completed by 31.05.2024 • Awaiting final steps by the Finance Department to commence the use of individual bank cards for five residents. • Two residents are supported by family representatives to access their finances. The PIC will arrange a meeting to discuss residents' option of opening a personal bank account allowing access to residents' own bank account. To be completed by 30.04.2024 • The PIC will discuss with the team at the next scheduled staff meeting on 15/03/24 what impact vocalisations are having on other residents and ways on how to minimise the impact on other residents. The resident making the vocalisations is being trialed having breakfast in different locations, this will be reviewed by the team and PBS by 22/3/24. • A residential forum meeting on 06.03.2024 will address the importance of privacy and dignity with residents and keyworkers specifically the importance of closing the bathroom door when in use. Easy read pictures will be used to support this demonstration. • A PEMAC for soft close door system will also be sent to facilities to support residents' dignity and privacy. To be completed by 31.05.2024 • An additional vehicle was allocated to the centre on 19/03/24. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(c)	The person in charge shall ensure that where necessary, each resident's linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	29/03/2024
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.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation	Substantially Compliant	Yellow	31/12/2024

	with residents and their representatives.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	22/03/2024
Regulation 34(1)(c)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure the resident has access to advocacy services for the purposes of making a complaint.	Substantially Compliant	Yellow	19/03/2024
Regulation 05(6)(b)	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,	Substantially Compliant	Yellow	31/12/2024

	<p>which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
<p>Regulation 09(2)(b)</p>	<p>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.</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>31/05/2024</p>
<p>Regulation 09(3)</p>	<p>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.</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>31/05/2024</p>