

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	20 August 2024 and 22 August 2024
Centre ID:	OSV-0003301
Fieldwork ID:	MON-0040916

About the designated centre

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

The designated centre provides accommodation for six adults with a mild to moderate intellectual disability. The centre was located in a city suburb and comprises two semi-detached residential houses between which access had been created to allow shared kitchen/dining space and free movement between both houses. There are also two communal sitting rooms and bathrooms, separate laundry facilities and staff office space. The house is occupied seven days a week and accommodates male residents each with their own personalised bedrooms. Two bedrooms are located downstairs and four are on the first floor. There is parking for vehicles in front of both houses and a secure garden area to the rear of the property. The centre is located close to amenities including public transport. Residents are supported through a social care model with staff support by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 August 2024	16:00hrs to 17:30hrs	Elaine McKeown	Lead
Thursday 22 August 2024	10:00hrs to 15:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced focused inspection, completed to monitor the provider's compliance with the regulations and to meet with the residents in the designated centre. This designated centre had previously been inspected in January 2023. Progress made by the provider and staff team was evident in a number of actions that had been identified during that inspection which included maintenance issues which were observed to have had been addressed.

The inspector arrived on the evening of the first day of this inspection to meet with the residents. The inspector was aware the residents living in this designated centre attended day services or engaged in social activities during the day and this time of the day would provide a better opportunity to spend time conversing with the residents. The inspector met with five of the residents on the first day of the inspection and met three of these residents again during the afternoon of the second day. One resident was away on planned holidays during the week of this inspection.

On arrival the inspector was warmly greeted by one of the residents. They invited the inspector into a sitting room where they were watching one of their preferred programmes on the television. They spoke about their day, where they had gone to have lunch after a scheduled appointment. The resident spoke about their weekly schedule which included a reduced working week of two days. They had celebrated a milestone birthday last year and was happy to have more time to relax in the designated centre and spend time with staff during the days when they were not attending their day service. The resident had purchased new clothing which they showed to the person in charge and the inspector while showing the inspector their bedroom. This space was laid out as per the resident's preferences. However, the inspector observed one section of a covering applied over the old wardrobes to upgrade the furniture had become detached and required to be rectified.

The resident spoke about the many different places that they had visited with peers and staff which included large towns, scenic and tourist locations such as castles, beaches and forests. One activity included getting a train to Dublin to visit Dublin Zoo. They had also enjoyed seeing a firework display the weekend before the inspection in a local town at the end of a festival with some of their peers. The resident spoke about plans to travel to another country with a staff member. This was one of their goals and plans were in progress at the time of the inspection. On the second day of the inspection, the resident returned to the designated centre in the afternoon after getting their photograph taken for their passport. They were smiling as they showed their photograph to the staff team that were present and the inspector. They spoke of the next stage of planning required for their short break which included deciding where to go.

Another resident joined in the conversation in the sitting room on the first day. This resident was very happy with recent trips to other locations and told the inspector

they also enjoyed going to sporting events such as football matches with their peers. The inspector was informed this was occurring regularly and a visit to a public house on the way home would also be enjoyed frequently by the group. This resident spoke of the loss of a friend who had lived in the designated centre and how the staff team had supported the residents to go to their funeral. The inspector was also informed by the resident that they liked to assist the staff with household chores such as laundry as observed by the inspector on the first day. Staff also spoke of how the resident assisted with meal preparation and liked assisting staff in the evening time. Later in the evening the resident proudly showed the inspector their bedroom. They had requested to move to a downstairs bedroom earlier in the year and staff supported them with this move. The resident explained they were close to the bathroom and no longer needed to use the stairs which was a positive outcome for them. They showed the inspector a table in their bedroom where they could do some table top activities which they enjoyed and could see the neighbours passing by.

Two other residents were spending time in their bedrooms after returning from their place of work or day service on the first day of the inspection. The person in charge asked one resident if they would like to speak with the inspector. The resident came down stairs briefly and was encouraged by the person in charge to outline activities that they liked to do. This included going to football matches. The resident stated they were very happy in the designated centre and enjoyed spending time with family members at the weekends. The resident explained they could stay in the designated centre at weekends if they choose to do so and enjoyed social activities during these times with their peers. The resident choose to work four days a week in a garden centre that was operated by the provider. They also explained that they usually preferred to relax in the evening time during the week after work rather than going out on social activities. Their usual preferred routine would be to spend time in their bedroom.

Similarly, another resident attended their day service, five days a week if they choose to do so. They independently travelled on public transport and enjoyed going into the city and other suburbs. They also enjoyed relaxing and listening to music in their bedroom in the evening time. They had a preferred routine which they followed. The resident did acknowledge the inspector on both days but did not engage very much with the inspector during this inspection having previously engaged in conversation during the January 2023 inspection. The resident was observed to seek to speak with the person in charge privately and this was facilitated. The resident was aware that the inspector was visiting on the second day, staff had explained this to them. The resident was observed engaging in conversation with the person in charge about how their day went. The resident also joined a group conversation where they outlined how they had visited an open air market earlier in the day and spoke about the increase in cost for items that they had noticed.

The inspector met a resident on both of the days of this inspection who had just begun to transition into the designated centre in the week before this inspection. The resident spoke with the inspector outlining how they were happy to be able to continue to attend their regular day service, liked the house and knew one of the

other residents living in the designated centre from their day service. However, they were also looking forward to going back home to family members the next day.

During the inspection, the inspector was informed of the usual routines of each resident. Two residents regularly went home every weekend. At the time of this inspection these residents choose to work four days each week. One resident had been supported to increase their working week from three to four days, as per their expressed wishes. This resulted in the resident remaining in the designated centre an extra night each week compared to their previous routine. The person in charge outlined that each resident could avail of full time residential services. They were supported with their personal choices and additional resources were made available at weekends if required when residents chose to stay in the designated centre. Usually three residents remained in the designated centre at weekends. The staff team were trying to encourage more involvement in social activities with all of the residents. This included offering to include residents in activities while they were at home at weekends. To facilitate this, staff would collect residents from their family home and drop them back there afterwards if they choose to join their peers.

Staff spoke of the difficulties for the residents to identify places of interest to visit. To address this staff spoke of exploring different towns and locations and then discussing what the residents enjoyed. A staff member had bought two large flasks so preferred hot drinks could be brought along while these exploring activities were taking place. The inspector noted that in recent months residents had identified different goals such as visiting famous landmarks, sporting locations, museums and plan short breaks away. While an issue remained of no dedicated transport vehicle for this designated centre, it was evident the staff team continually strove to ensure suitable transport arrangements were in place to support the residents. For example, encouraging residents to walk to local amenities, use public transport such as buses and trains.

As per the actions outlined in the provider's compliance plan response following the January 2023 inspection, it was evident the person in charge was liaising with a nearby day services to access a transport vehicle. This included ensuring the vehicle available was suitable to meet the assessed needs of the residents in this designated centre. In addition, a member of the staff team also supported residents to engage in social activities with peers from another designated centre where that staff member had previously worked. This also facilitated access to another vehicle at times. The inspector acknowledged that the provider has a pathway for prioritising transport vehicles for designated centres. It was evident that in recent months that the staff team were effectively seeking ways to support suitable transport arrangements while awaiting a dedicated transport vehicle. The staff team were aware that the changing assessed needs of some of the current residents could adversely impact their ability to walk or use public transport. This was subject to ongoing monitoring by the person in charge.

The staffing levels and resources had been reviewed by the person in charge and the person participating in management following a quality, safety and governance walk around by members of the provider's board of directors in November 2023. While most shifts remained lone working there was flexibility for additional resources

from regular relief staff to be made available, such as at weekends. The person in charge also assisted with supporting the staff team if not all residents choose to participate in planned activities. During the inspection, it was evident that the evening time was busy for one staff supporting the five residents. The staff explained all of the residents had their own preferred routines, some of which preferred relaxing in their rooms while others might enjoy a walk in the locality. Due to only one staff being on duty, if not all residents wanted to go out, the residents would have to remain in the designated centre. The inspector acknowledged that the person in charge had linked with a volunteer co-ordinator seeking a suitable person to engage with one resident and support them with reading activities and visiting the local library. They explained to the inspector that it would be better to link with a volunteer for a specific activity to support this particular resident.

Staff did explain how they were supporting and encouraging residents to engage and try new experiences to assist with more social group activities since the previous inspection. For example, one staff explained how a resident had declined engaging with the group while out on a picnic. However, the simple action of throwing stones into water and the sounds created turned out to be a positive experience for the resident. Subsequently they have also participated in more activities. It was evident this was down to the dedicated work of the staff who was very familiar with the resident and encouraged them make decisions with ongoing support. Staff also spoke of the importance of ensuring all of the residents were afforded the time they needed each day to sit and talk if required with staff. At times this could be difficult while also preparing meals, assisting residents with their routines and attending to other required household chores. Staff stated their priority was always given to the residents but it was difficult to afford adequate individual attention to residents. As per previous inspection findings in this designated centre, the availability of an additional resource in the evenings was only available at times when planned activities were scheduled. The inspector acknowledged that the residents were being supported to engage in more social activities frequently. However, as the residents and staff team outlined, sometimes the freedom to choose what to do in the evening was not available due to only one staff being on duty. In addition, the flexibility of staff to be able to assist a resident with skills development within the designated centre were also impacted with only one staff on duty. This will be further discussed in Regulation 15: Staffing.

The inspector was informed that the provider was progressing with supporting residents to manage their own finances. At the time of this inspection, centre specific changes had been planned to facilitate social and grocery spending. In addition, two of the residents had been provided with their own bank cards in the days prior to this inspection. This was part of the provider's overall management and support of residents to manage their own finances. However, the person in charge was unaware if three residents had their own personal bank accounts at the time of this inspection. The provider's social worker was linking with family representatives to ensure adequate arrangements, in consultation with the residents, were in place regarding the management of residents' finances. However, the inspector noted in the daily communication notes for one resident that "extra pocket money" was to be requested for a planned activity. This arrangement was

not reflective of the resident having control over their personal finances.

Staff spoke of the engagement by the residents with their neighbours living in the same estate. They knew each by name, frequently chatted in easy conversations and had even invited them to birthday celebrations in a local hotel. The neighbours had attended a few different events and supported the residents when their friend had died. Staff also spoke of the involvement of the residents in events such as residents being asked to speak a few words at the mass.

It was evident actions identified in the relation to the premises during the January 2023 inspection had been completed. This included replacement of damaged curtains and maintenance to areas of the flooring where gaps were evident. In addition, outdoor garden furniture had been purchased. The staff team were also supported each week by a dedicated cleaner. This assisted the staff team in ensuring the designated centre was effectively cleaned. Due to the changing needs of one resident an additional hand rail had been installed on the stairs and the carpet removed.

In summary, it was evident residents were being supported to engage in more social activities each week. The staff team were encouraging residents to experience new food choices, engage with peers and increase their independence. Photograph books of the many different experiences for each resident showed them attending concerts, scenic locations and enjoying community activities. The inspector was escorted to their car by one of the residents at the end of the first day, which was a very nice gesture. There was evidence residents were being supported by a core consistent staff team with a flexible approach to encourage residents to participate in new experiences. However, due to lone working staff, it was difficult at times for staff to support residents to engage in activities of their choice unless all of the residents at the time wished to participate. In addition, it was not evident three residents had consented to the arrangements in place to manage their finances.

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. This resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of oversight and monitoring in management systems that were in place with planned changes already commenced by the provider ensuring the residents received a good quality and safe service.

The provider was aware of the regulatory requirements to complete an annual

review and internal provider led audits every six months in the designated centre. While an annual review had been completed for the designated centre reflecting on the service provision during 2023 only one provider-led internal six monthly audit had been completed in the previous 12 months. This had taken place in December 2023. The inspector was aware of a change to the provider's auditing system within the organisation in March 2024 which included a change to the process of completing six monthly provider led audits. The inspector noted during a review of the audits that the person in charge had contacted the required administrative personnel to inform them of the requirement of an internal six monthly audit to be completed in this designated centre. The inspector was provided with assurance during the feedback meeting from the person participating in management that the revised process and scheduling of the provider led audits would be in-line with the regulatory requirements going forward.

The person in charge had documented the progress and completion of actions identified in audits that had been completed within the designated centre. For example, the linking with a volunteer co-ordinator to identify a suitable person to support one resident and oversight of staff training and meetings. The provider had implemented a revised auditing schedule throughout the organisation in March 2024 where all designated centres completed the same audits, including monthly audits which had been delegated to members of the staff team with oversight by the person in charge in this designated centre. The provider planned to collate all of the responses within the organisation to identify areas of good practice as well as challenges faced by the provider and in each designated centre. The inspector was informed the provider would be using the collated responses to inform the executive management and board members within the organisation.

In addition, the inspector was informed of a visit to the designated centre in November 2023 which included board members of the organisation. The quality, safety and governance walk around was part of the provider's governance oversight. Two of the residents met with the group of five visitors. These residents spoke about what it was like to live in the designated centre. A number of issues were resolved within a short time frame which included access to an Internet device in the designated centre. The findings of this visit were discussed at the provider's executive quality and safety committee with a letter sent to the residents and staff team in January 2024 which included an action plan. This included how the executive would discuss a prioritisation pathway for vehicles. In addition, actions required by the person in charge and person participating in management were also documented. This included a review of staffing resources and the role out of personal bank cards by the provider's finance team. The inspector acknowledges that two of the residents had received such bank cards in the days prior to this unannounced inspection. While all actions could not be resolved immediately, it was evident ongoing review and solutions were sought to address the issues identified. This included the ongoing use of appropriate shared vehicles, seeking input from the volunteer co-ordinator to seek additional supports for some social activities and information sharing from the advocacy officer regarding local social groups in the area such as choirs and men's shed groups.

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Changes required to be made to the rota in the event of unplanned absences or scheduled training were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents. The person in charge also provided front line support to ensure residents' routines, planned activities and preferences could be facilitated. The inspector reviewed actual and planned rotas from the 24 June 2024 to 8 September 2024 (9 weeks).

There was a core group of consistent staff working in the designated centre who were familiar with the assessed needs of the residents with regular relief staff available when required to fill gaps in the roster.

The inspector met five staff working in this designated centre during the two days of the inspection. This included two social care staff and a nurse. One social care staff had worked with the residents for over two years and the other had only recently begun to work in the designated centre.

Staff working in this designated centre were required to complete lone working shifts both by day and night. The inspector was informed of the difficulty experienced at times to give adequate time and support to all of the residents in the evenings. In particular mid-week when more residents were present in the designated centre.

Following the January 2023 inspection, the provider had outlined how relief staff could be rostered on evenings and at weekends to facilitate activities. However, due to the assessed needs of the current residents, support from staff and quality time in the evenings when no activities were scheduled was equally important.

The staff team had the support of a dedicated household staff for three hours each week and the support of a nurse to assist with the healthcare needs of the residents.

The inspector acknowledged that the provider was in the process of reviewing the skill mix and allocation of staff throughout the organisation to ensure residents were in receipt of a good quality of service to meet their assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

At the time of this inspection seven staff members including the person in charge worked regularly in the designated centre. The inspector reviewed a detailed

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

The staff team had completed training modules in human rights as requested by the provider. One new staff member was scheduled to complete the remaining modules in the days after this inspection.

As staff worked lone working shifts in this designated centre it was required all staff had completed and had up-to-date training in medicines management. At the time of this inspection, one regular relief staff member had not completed this training, However, the person in charge ensured at least one staff member trained in medicines management was on duty within every 24 hour period. The administration of medicines were currently scheduled at the times of a change in shifts between staff so at all times residents received their medicines from a trained staff member.

However, following a review of one resident's personal plan it was evident that all staff required up-to-date training on the administration of emergency medicine. The inspector acknowledged that this training had been previously booked and was rescheduled to take place in November 2024. However, two staff who completed lone working shifts did not have this training at the time of this inspection. A new staff had also not been informed of the protocol/support required for the resident in event they did experience a medical emergency. This was discussed with the person in charge and the nurse during the inspection.

Judgment: Substantially 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 management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by the person participating in management.

The provider had introduced changes to the audit system and scheduling within the organisation during 2024. This was to ensure ongoing oversight with additional audits being completed including safeguarding and medicines management. Actions from audits were subject to regular review and the progress updated by the person in charge frequently. The inspector acknowledged that due to the change within the organisation in March 2024 to the audit system, an internal six monthly audit was not completed in this designated centre since December 2023. The annual review had been completed for 2023 by the person in charge.

The provider had completed a quality, safety and governance walk around was part

of the provider's governance oversight in November 2023 in this designated centre and met with some of the residents and staff team. The provider had also ensured actions from the previous inspection had been addressed as outlined in the compliance plan response submitted to the Chief Inspector of Social Services. However, while the staff resources in the evening time had been reviewed, it related to residents attending activities. It was evident this had a positive impact for the residents. However, not all residents wished to attend activities due to their otherwise busy days at work and the presence of an additional staff resource consistently in the evenings to support skills development or spend quality time with residents if they choose to do so required further review.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge ensured five residents had been provided with a contract of their care.

The person in charge had ensured that a resident new to the service and their family had been afforded the opportunity to visit the designated centre in advance of commencing their transition into the residential services provided in this designated centre.

The resident was still in the transition phase at the time of this inspection. The inspector reviewed an individual transition plan which was updated to reflect the progress, consultation and involvement in decision making such as bedroom furniture with the resident. The details of the planned transition were clearly documented to support the specific assessed needs of the resident.

The person in charge was aware of the requirement to provide the resident with a contract of care upon their admission to the designated centre.

Judgment: 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. This included residents making informed choices regarding personal goals reflective of new experiences the staff team had facilitated.

The staff team were supporting residents to maintain their best health with ongoing

monitoring and attending regular appointments with health and social care professionals such as dentists, psychologists and psychiatrists when required. The input of the nurse was evident. The inspector met with this staff member during the inspection. The nurse supported residents to attend scheduled appointments and outlined their plans to revise some of the healthcare plans for the residents to ensure all relevant information was available to the staff team. During the inspection, it was identified there was a gap in information provided to new or relief staff pertaining to the medical needs of one resident. This was being addressed during the inspection with consultation between the person in charge and the nurse to ensure the most up-to-date information was being provided and how this would be made available to new or relief staff members.

Regulation 12: Personal possessions

The inspector acknowledges that the person in charge and staff team supported each resident to manage their personal possessions within the designated centre.

The person in charge had arrangements in place to ensure some residents were supported to have access and retain control of their personal property including their finances. However, the arrangements in place regarding the management of personal finances for three residents required further review to ensure they were in line with the will and preference of each resident. The person in charge was unaware if these three residents had bank accounts in their own name at the time of this inspection. The person in charge had linked with a social worker working with the provider prior to this inspection.

Judgment: Not compliant

Regulation 17: Premises

The designated centre was observed to be clean, comfortable and well maintained. The privacy and dignity of residents was ensured with the installation of curtains on windows to the rear of the building. General maintenance issues were being addressed in a more timely manner. For example, due to the changing needs of one resident the person in charge ensured the removal of a carpet from the stairs and the installation of an additional handrail to enable the resident to use the stairs safely. Staff were observed to remind the resident to use both handrails and assisted them in carrying items upstairs so their hands remained free to use the rails.

During the walk about with the person in charge it was evident regular cleaning was taking place. There was a dedicated cleaning staff working in this designated centre which was assisting the staff team to ensure cleaning duties were completed

regularly. Daily cleaning duties were shared among the staff team and clearly identified which shift was required to carry out specific duties. Residents also supported where they expressed a wish to assist with cleaning duties.

Upgrade works were evident in both bathrooms with a new mirror installed in one and another expected to be completed in the days after this inspection. The maintenance team were waiting for the item to be available.

One resident had requested to move to a downstairs bedroom and this was supported by the staff team. New furniture had been purchased to support the transition of a new resident which included a specific type of mattress as they had requested to suit their preference.

All actions identified in the January 2023 inspection had been adequately addressed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks by an external company including quarterly inspections and annual certification of the fire alarm and emergency lighting systems.

The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks. These were documented and found to be consistently completed. The person in charge outlined plans by the provider to change the fire safety release mechanism on the fire doors within the designated centre. All fire doors were found to have intact seals and self-closing mechanisms at the time of this inspection. The person in charge outlined that, at times, the current mechanism could close the doors without warning and this was the reason for the planned upgrade.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. These plans detailed the supports required by each resident to evacuate the building, in particular if a resident required prompting and additional support. In addition, the PEEP for the new resident had also been completed by the staff team. While this resident was familiar with fire evacuation drills in their day service the staff team had plans to educate and inform the resident of the fire drill process within the designated centre. They would also be supported to be involved in a fire drill in the weeks after this inspection.

All staff had attended training in fire safety. Staff spoken with during the inspection were aware of the fire evacuation plan and had participated in fire drills. Five of the residents had also participated in regular fire drills, which included minimal staffing drills. The inspector reviewed fire drills that had taken place since the previous

inspection. The documentation included scenarios and other relevant information including timely evacuations beyond the point of the fire. However, as there were two exits to the front of the building the inclusion of which exit used by residents and staff to safely evacuate would indicate if any one crossed the site of the fire. This was discussed during the inspection with the person in charge and the person participating in management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised and clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans and identifying person centred goals. For example, one resident had picked specific tourist locations to visit in another city such as Croke Park. The residents had enjoyed a day out to Dublin Zoo which they had travelled to by train. Weekend activities included going to watch local football matches on Friday evenings, and exploring new locations at the weekends. These were documented as being enjoyed by the residents. Also, it was evident the residents were becoming more confident in choosing locations that interested them and were open to new experiences, such as going to concerts.

Assessments and plans were being regularly reviewed and updated taking into account changes in circumstances and new developments. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed at least on an annual basis and areas that were important to the residents formed the central part of these reviews. Progress for each resident in relation to their personal goals were documented by the staff team and there were key worker meetings also with residents to ensure they were happy with their service and to address any issues.

The person in charge was aware of the requirement to complete the personal plan for the new resident within 28 days of their admission to the designated centre. There was also a documented review planned for six weeks after their admission. On the day of the inspection the nurse and the person in charge were reviewing the healthcare needs of the resident.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices and to be aware of their rights through their meetings and discussions with staff.

Residents also had been supported to develop individual plans and goals such as to visit another country in the future or tourist locations in Ireland. New opportunities and experiences were being provided or planned for residents which included developing reading and computer skills, going to football matches or attending concerts. Residents were being supported to participate in activities such as cooking and baking if they choose to. Some residents were planning to go on a short break with staff in the coming months. Many of the activities that had been enjoyed since the previous inspection were contained within individual photo books that staff had helped the residents to compile.

The residents were supported by a staff member regarding advocacy. All had been supported with information sharing and education sessions and the voice of the resident was considered. Residents were frequently asked at meetings and other forums if they were happy.

The staff team considered what each resident liked and disliked. The team actively supported each resident with positive encouragement and gentle supports . For example, one resident liked to try food that staff were eating. This was used as an opportunity to introduce new textures and flavours.

The residents also were involved in the grocery shopping and were encouraged to pick preferred items that they liked.

However, not all residents were able to exercise choice in some areas of their daily lives, this included purchasing their own clothes or deciding if they would like to join their peers on a short break away. The inspector acknowledges that the person in charge and the staff team were working together with residents and their relatives to ensure the voice of the resident was heard and encouraged so residents could actively participate in decisions about their lives.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 1 OSV-0003301

Inspection ID: MON-0040916

Date of inspection: 20/08/2024 and 22/08/2024

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"> • Relief staff will continue to be utilized within the centre to support the resident’s engagement in community and gaps within the roster. • The PIC has requested opportunities through the providers volunteer program to connect the residents with community members. • The PIC will continue to partner with natural supports to facilitate the resident’s relationships and community opportunities. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The provider will ensure opportunities for staff to engage in the required training. Training has been scheduled for all outstanding staff for November 2024. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

- The 6 monthly audit has been completed 11/9/24.
- As outlined in Reg 15, the PIC has requested opportunities through the providers volunteer program to connect the residents with community members.
- The PIC will continue to partner with natural supports to facilitate the resident's relationships and community opportunities.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- The PIC is continuing to engage with Social Work with regard to the three residents gaining and sustaining access to their finances.
- The PIC continues to engage with natural supports to up-date them on the providers role in empowering each individual to have their own bank card and access to their monies in line with the ADMA.
- The residents continue to be empowered to engage with their natural supports with respect to their right and capacity to manage their own money. This process will take some time to ensure that the residents are supported by all stakeholders. While small positive steps are being accomplished along this journey.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC and staff team continue to consult with residents around their will and preference with regard to their service and support.
- In addition to the points articulated above in regulation 12 the PIC continues to interact with the natural supports with regard to creating opportunities for the resident to engage in daily life activities.
- The process is in train for achieving positive outcomes for the residents while ensuring that their relationships with their natural support are fostered and maintained.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/03/2025
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	31/12/2024
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	31/01/2025

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	11/09/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/03/2025