



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

Issued by the Chief Inspector

Name of designated centre:	Bantry Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	06 September 2021
Centre ID:	OSV-0002105
Fieldwork ID:	MON-0033922

About the designated centre

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

This designated centre consists of four houses in a rural town setting. Each of the houses contain a kitchen, sitting room, single bedrooms, bathroom facilities and outdoor areas and gardens. The centre provides residential and respite services for up to 17 people, aged over 18 years. Residents are both male and female, with a diagnosis of intellectual disability. Staff support is provided by social care workers / leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 2015 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 6 September 2021	9:00 am to 4:00 pm	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

Social distancing was observed and the inspector wore a face mask and attended to hand hygiene in line with public health guidelines. Direct interaction with staff and residents were confined to periods of time less than 15 minutes and in areas of good ventilation. The inspection was confined to two houses where full-time residential care was provided. Two houses offering respite services were expecting the arrival of four respite residents on the day of inspection.

The inspector observed gentle, respectful and meaningful interactions between residents and staff during the course of the inspection. Some residents did not use words to communicate but they could communicate both their needs and how they were feeling through gestures and expressions. Six residents were met with in the company of supporting staff. Three of these residents met individually with the inspector.

It was evident that staff were supporting residents based on residents preferred choices and assessed needs. Residents consent was sought and recorded in relation to individual care planning as well as with contracts of residency. Staff demonstrated a comprehensive understanding of residents person centred plans, healthcare plans and residents prescribed likes and dislikes.

The focal point of one house, a large dormer bungalow, was the kitchen. There were no restrictions imposed in the kitchen environment but staff were observed to be both supportive without impacting on residents independence. Residents were observed to attend to the kitchen at different times, choose food stuffs particular to their likes and were unhurried. Residents were free to remain in the kitchen until they decided to leave. Residents who were not involved in food preparation could see the food been cooked. One resident informed the inspector that they had been fasting prior to attending their local general practitioner. They were seen attending to their own breakfast after the appointment. Another resident had decided to remain in bed for a lie in as they stated that they had been up early the previous day. They were supported by staff to attend a church ceremony on the sixth anniversary of their fathers passing. This resident got up mid morning and was having a freshly cooked breakfast provided by staff. Staff numbers reflected one to one support for residents which afforded residents the opportunity of taking part in activities of choice. One resident did state that all residents and staff were fully vaccinated and hoped that community activities would resume beyond trips and spins in the minibus. This resident missed browsing in local craft shops and hardware stores. Residents did describe attending local cafes and restaurants.

One resident was supported to attend their general practitioner. While the resident indicated that they were anxious attending the medical review, they were happy on return stating that the doctor had told them that all was well. This resident spoke about the large family they had in the United Kingdom and described the holiday that they had just returned from, having spent six weeks with family. Staff spoken

with outlined how the holiday was facilitated in accordance with current public health guidelines.

Residents invited the inspector to review their bedrooms. Two bedrooms were observed to be personalised and homely while two bedrooms were dark with poor natural light. This house had been the subject of a tenancy agreement over a number of years and had recently been purchased by the registered provider. As the house had residents who required support to physically mobilise, the current design and layout was not user friendly or wheelchair accessible, corridors were narrow and the stairs had an incline that was difficult for residents to negotiate. This house required painting, cleaning and updating throughout. These issues had been identified by the registered provider and a significant refurbishment plan was in place to future proof the accommodation to meet the objectives of the service specific to the assessed needs of the residents.

The second house inspected was maintained to a very good standard. All rooms were homely and domestic. Each resident had personalised their own bedroom and communal living spaces. One resident was on leave from work in the local library. This resident spoke fondly of colleagues who would meet them both in the town as well as visiting them at home. This resident had a large collection of books and music in their bedroom and they liked to spend time alone reading or in prayer. This resident had an active interest in films and sports and enjoyed recalling and discussing memorable sporting achievements, scores and dates. Prior to the pandemic, this resident enjoyed visiting a large city to attend cinema's and visit their mother. Part of the residents day was spent exercising on a pedal machine to maintain their strength and balance. This resident was aware that they were the subject of a number of notifications to the Health Information and Quality Authority (HIQA) and that the registered provider was concluding an investigation into the circumstances of the notifications. They stated that they would be happy when everything was sorted.

A second resident showed the inspector their bedroom. They had recently been home for a number of days. They were concerned that their bedroom television was not working. Staff on duty had already requested an electrician to address the matter. This resident was independent in their use of a mobile phone which they used to keep in contact with their family. This resident had been supported in the morning to dismantle an outdoor garden shed. Some materials were on site to build a new shed. Support was given by a staff member from the registered provider's day services, who the resident knew by name. This was in the absence of structured day services which were due to recommence.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The designated centre was both well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, the service was well managed and well resourced. A good level of regulatory compliance had been maintained since the previous inspection in 2019. Resources had been sought to refurbish and redesign a recently acquired house that had previously been the subject of a tenancy agreement. Staff supports in place were sufficient to allow residents engage in activities of choice. Staff demonstrated a good level of care and support to residents despite restricted access to day services. Notified incidents were well recorded and thoroughly investigated. These were subject to audit and review to ensure both residents safety and staff adherence to the registered providers policies. Residents had access to their local community and were consulted in the running of the designated centre. Residents were consulted on all matters pertaining to how they wished to live their life.

The person in charge was an experienced and suitably qualified person. The person in charge provided direct supervision and support to staff. The director of services directly supported the person in charge. Newly appointed staff demonstrated evidence of having been inducted to the service and had a good understanding of the residents assessed needs.

The registered provider had resourced the designated centre with staff consistently by day and night. The staffing resource of social care workers and support workers were led by social care leaders. Residents could plan their own day, pursuing interests and activities that they wished to do. Staff had all undertaken mandatory training in fire and safety, safeguarding vulnerable adults and managing behaviours that challenge. 92% of staff required refresher training in managing behaviours that challenge. 4% required training in fire safety. All staff had undertaken safeguarding training. Some training not undertaken by staff was due to the fact that staff resources were deployed directly to residents homes to provide meaningful activities during the pandemic. For example, staff ordinarily based in the residents day service did not have a requirement to have certain training undertaken as part of their role. Staff had also undertaken additional training in relation to the assessed needs of residents such as first aid and medication management as well as feeding, eating, drinking and swallowing. All staff had undertaken training in the use of personal protective equipment (PPE), hand hygiene, breaking the chain of infection and infection prevention and control.

The registered provider had arranged for six monthly reviews of the designated centre. It was clear that residents and their families were involved in this process and their views recorded in the document. The annual review of service took place

in September 2020. Improvements that were required were highlighted. The focus was on areas of improving the quality of service as well as areas of non compliance pertaining to previous HIQA inspections. The person in charge was named as the responsible person. Resident meetings were facilitated by a staff member on a weekly basis in each house. Records reflected that residents who were not at the meeting were subsequently updated by their keyworker. Staff meetings had been through virtual forums because of the pandemic. There was little evidence of records of these staff meetings but the services manager and the person in charge were committed to the maintenance of accurate records going forward.

The registered provider had in place a statement of purpose that was not an accurate description of the service provided. The current conditions of registration were not outlined and the statement had not been updated annually as required by regulation. The statement of purpose did not reflect changes to residents services and living conditions due to the COVID-19 pandemic. An accurate description of the fire emergency procedures were not included in the statement. A copy of the registration certificate was on display in the designated centre.

All complaints were clearly and accurately documented by staff. All complaints were directed to the person in charge. How to make a complaint was in an easy-to-read version. Satisfaction with the resolution of such matters was recorded in keeping with both the regulation and the registered providers complaints policy. Contact details for a confidential recipient were available to the residents and displayed on the notice board.

The registered provider had in place a directory of residents that contained all the requirements as specified by Schedule 3 for all residents in residence on the day of inspection. Minor recording errors were addressed on the day of inspection.

All notifications in relation to the designated centre had been made to the Chief Inspector within the three days required time frame. Incidents were observed to have been thoroughly investigated. There was evidence that the registered provider engaged outside agencies to conduct in-depth investigations and that policies and procedures were revised and implemented by all staff to safeguard residents. The designated officer had been informed in all instances.

Each of four residents records reviewed had a contract of admission in place that had been signed by the resident. Contracts clearly outlined the terms and conditions of residency.

Regulation 14: Persons in charge

The registered provider had employed a person in charge in a full-time capacity who was suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training, however, refresher training was required by some staff members.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained an up-to-date directory of residents with the regulatory prescribed information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was properly resourced to provide effective and safe care to residents, however there were gaps in relation to the frequency and recording of staff meetings.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a contract of admission in place that clearly outlined terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place that was not subject to annual review and did not accurately reflect changes in the current provision of services due to the pandemic.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

Quality and safety

The inspector observed the provision of service to be person centred and consistent with the assessed needs and wishes of the residents. Staff were respectful of residents who were well supported and cared for. The focus of the service was to support the residents independence as much as possible in a safe environment.

One premises was clean and well maintained internally and externally. Areas were well ventilated and had good natural light. Residents were also supported to do their own laundry. The house was homely. There was sufficient room for residents to store personal property, possessions and items of interest. The external premises required a replacement boiler house door.

The dormer building that was home to four residents had recently been acquired by the registered provider. While residents liked living in the home, the design and layout of the house did not meet the needs of residents who had mobility issues and those that were advancing in years. The house required significant decoration inside and out. The registered provider had commissioned a detailed report and costs of a planned refurbishment project. The planned works were subject to a tendering and re-costing process that the registered provider was committed to delivering.

Managers undertook to keep the inspector apprised of these works and the arrangements to be put in place for alternative accommodation for residents when work was due to commence.

It was evident that the residents participated and consented to decisions about their care and support. Recreational and occupational activities were determined by the resident and supported by staff. The residents had enjoyed going on day trips and visits to places that interested them prior to the restrictions of the pandemic. The residents showed the inspector photographs of these activities. The residents were free to choose what activity they partook in and cognisance was given to residents age and their preference. Information for residents was clearly on display on notice boards in an easy to understand format. The residents guide was also available to residents and all information required by regulation was included.

The registered provider had made known to HIQA an ongoing investigation into the management of residents finances. A revised and up-to-date standard operating procedure was in place and adhered to by all staff. There was evident of regular audits undertaken to ensure that all staff were adhering to the procedure. This change also included the direct involvement of the residents in managing their own finances. Managers were also providing direct oversight to ensure that correct procedures were being adhered to.

Individual personal plans had been reviewed and since the start of the pandemic all residents had in place a wellbeing support plan. Short term goals had been subject to revision due to the pandemic and public health guidelines. Existing strategies and supports were linked to aspects of care. Each residents personal care plan had been the subject of a multi-disciplinary review that involved the resident and their family / representative if they wished. The overall effectiveness of plans were not documented. Residents attended their annual review and signed the agreed plan. Long term goals were still planned and residents hoped to achieve them. Many of these involved holidays, concerts and attendance at community based activities. It was evident that residents goals were closely linked to things that they liked to do and were meaningful to them. Activities also focused on independence and affording residents choice. The registered provider informed the inspector that the care planning process was moving to a less paper based model and it was a work in progress. Residents were supported by staff to attend a weekly residents meetings. Residents discussed activities, fire safety and safeguarding in some of the records reviewed.

Residents had comprehensive healthcare plans in place that were clear and accurate. The annual medical review of residents had been delayed because of the pandemic. Records demonstrated that staff actively followed up on referrals. Recommendations by specialists were clearly stated in residents plans and medical protocols that were required were clearly documented and known to staff. Staff demonstrated a clear understanding of when certain medical protocols had to be initiated but also employed and exhausted alternative methods prior to using medical agents.

Restrictive practices in place on the day of inspection had all been previously

reported to the HIQA, with the exception of window restrictors that had not. The person in charge undertook to have this restriction reviewed by the restrictive practices committee and to commence returning the data to HIQA on a quarterly basis. There was evidence that residents behaviour support plans had been updated and reviewed in the current year. The staff recording of restrictive practices was inconsistent, for example; documents reviewed by the inspector reflected that daily records used different abbreviations and codes for the same restrictive practice.

All communication with residents family members was well recorded. Records reflected that staff supported residents to visit their family or receive visitors prior to the current public health guidelines. Communication logs also reflected that residents used telephones and virtual forums to talk with and see their families. The residents guide available was clear, easy to read and contained all the required regulatory information.

The food choices available were determined by the residents. The residents had good supplies of fresh food, dry goods, frozen food and beverages.

There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. The risk of COVID-19 and its impact on the residents was included, having been updated in February 2021. The registered provider had easy to read documents to explain COVID-19 to residents. Residents meetings documented sessions with residents explaining current restrictions and the importance of PPE and its use. The registered provider had undertaken a self assessment of preparedness to deal with COVID-19 and had a contingency plan in place. Staff practices were observed to be good on the day, all staff wore appropriate PPE gear and attended to hand hygiene. Used PPE gear was appropriately disposed of in a bin left at the house entrance. Daily temperatures of staff, residents and visitors were maintained in a log. Staff had an enhanced cleaning regime for frequently touched areas.

Each resident had a current personal emergency evacuation plan in place that were in an easy to read and understand format. A recent fire drill demonstrated that an evacuation could take place within a safe time frame by day. The fire detection system, fire extinguishers and emergency lighting had all been certified in the current year by a competent person. The designated centre was subject to daily, weekly and quarterly checks by staff. On the day of inspection, all door closures were in good working order and fire doors had proper seals. Fire exits were observed to be unimpeded. Two areas that the person in charge committed to address were the conducting of a fire drill to assure the safe evacuation of residents at times of minimum staffing levels and the repair of two emergency lights.

Regulation 10: Communication

The registered provider ensured that residents were assisted and supported to

communicate based on the residents assessed needs.
Judgment: Compliant
Regulation 11: Visits
Staff facilitated each resident to receive visits, attend their home place and meet with friends in line with current public health guidelines.
Judgment: Compliant
Regulation 12: Personal possessions
The person in charge ensured that the residents had access and control to both their possessions and finances.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider ensured that the residents had both the opportunity and facilities to take part in recreation activities of their choosing through structured day services prior to the pandemic and with direct staff supports in their home during the pandemic.
Judgment: Compliant
Regulation 17: Premises
The registered provider had not ensured that one house was designed and laid out to meet the assessed needs of residents. Significant building works were planned and awaited.
Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food. Residents had a diet that afforded variety and choice.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider ensured that each resident had an up-to-date and easy to read version of the residents guide.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that all residents were protected from the risk of healthcare and COVID-19 infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system, however the registered provider needed to demonstrate that residents could be safely evacuated at times of minimum staffing levels. Some emergency lighting required repair.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had in place appropriate and suitable practices relating to the ordering, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place updated wellbeing support plans to reflect the impact of the pandemic, however individual care plans did not document their effectiveness.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place and residents current healthcare conditions and requirements were well known to staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time, however, the registered provider needed to inform HIQA of some un-notified practices. A system of accurate recording was also required.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bantry Residential OSV-0002105

Inspection ID: MON-0033922

Date of inspection: 06/09/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training plan had been developed by the Quality, Risk and Development manager, with particular respect to MAPA training. Due to Covid 19 guidelines and occupational assessments, in person training could not take place with CoAction's MAPA trainer. CoAction's MAPA trainer has resumed face to face training and a comprehensive schedule of trainings is being developed.</p> <p>CoAction are also seeking external MAPA trainers to expedite the process.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will ensure monthly team meetings with the lead staff across the designated center. These meetings will be minuted and kept on file.</p> <p>Local house staff meetings are carried out weekly in each house in the designated Centre. These are minuted and reviewed by the PIC.</p>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Following feedback from the inspector on the day, the Statement of Purpose will be updated to reflect the input from the inspector. Annual review dates will added to the 6 monthlies and annual review's carried out in each designated center moving forward.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The property known as 'Bayview' Seskin had been under a series of four year leases with the property owner and CoAction West Cork. In early 2019 CoAction were advised that the lease would not be renewed in September 2019 as the property owner wished to sell. Surveys were carried out and a price was agreed over the following number of months. Unfortunately immediately prior to the completion of the purchase the property owner sadly passed away. As a result the issued contracts had to be withdrawn and further delayed the purchase of the property. The property sale was finalized in May 2021. The delay in purchase of Bayview also delayed works required to update the building facilities.</p> <p>In September 2020 CoAction commissioned a quantity surveyor to complete estimates of the works required. These works will be a complete renovation of the building and utilities as well as a complete reconfiguration of the interior of the building to ensure it meets the ongoing needs of the residents.</p> <p>CoAction applied for CAS funding on 16th June 2020 and this was granted on the 9th June 2021. CoAction also received part funding from the HSE for the works to Bayview Seskin in 2021.</p> <p>CoAction also commissioned a stock condition survey of all of its buildings including Bayview Seskin which identified ongoing maintenance and a plan for same, in tandem with the appointment of a building and transport manager, this will ensure that Bayview Seskin and other building are kept to an acceptable standard.</p> <p>In order to progress the required works in Bayview Seskin, residents will need to relocate for the duration of the works. As CoAction's current alternative designated centers would not have the capacity to accommodate the residents, CoAction will have to secure another property in Bantry to a suitable standard. CoAction will are currently meeting with a number of local property providers. Once a suitable property is sourced Bantry residential will apply for an application to vary to expand the foot print of its designated center. The transition of residents will be completed in consultation with both residents and families, as well as support from the multi-disciplinary team.</p> <p>Once a suitable location is sourced, CoAction will engage in the e-tender process to begin the works on the building. CoAction cannot progress the e-tender process until suitable alternative accommodation has been sourced and approved.</p> <p>Following the completion of the works, residents will be supported to return to their upgraded home.</p>	

Other consideration:

Emergency lighting has been scheduled for repair.

The building and transport officer is compiling and maintaining a schedule of works for ongoing maintenance both internally and externally via our active monitoring system.

A cleaning schedule is in place in each house within the designated center.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The emergency light has been scheduled for repair.

A night time simulation fire drill with minimum staffing levels will be carried out in the designated Centre.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Multi-Disciplinary meetings are held quarterly with the PIC regarding all resident's/respite users in receipt of services.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Following on from the inspection all houses have been reviewed for restrictive practices, specifically in relation to window restrictors, these have been reviewed by the Restrictive practices committee, sanctioned and are now recorded accurately.

Concern's regarding inconsistent abbreviation on restrictive practices recording has been reviewed by the PIC, and standard abbreviations have been communicated to the team.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	31/03/2022

	state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/03/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2021

Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	19/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/10/2021
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Yellow	12/10/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	12/10/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	13/09/2021

	national policy and evidence based practice.			
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