



# 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:	05 October 2021
Centre ID:	OSV-0003301
Fieldwork ID:	MON-0033418

## 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 seven adults with a mild to moderate intellectual disability. The centre was located in a city suburb and comprised two semi-detached residential houses between which access had been created to allow shared kitchen/dining space and free movement between both houses. The house is occupied seven days a week and can accommodate seven adults over 18 years. This includes one respite bed. Residents ranged in age from their 30s to 60s years of age. 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
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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
Tuesday 5 October 2021	09:15hrs to 17:20hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet five of the residents. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was an unannounced inspection and residents were not expecting visitors on the day. The inspector spoke with residents in communal areas which included the two sitting rooms or dining room throughout the inspection. One resident checked regularly if the inspector required any refreshments during the day as they were making hot drinks for themselves. Four residents remained in the house during the day supported by one staff member. Prior to the pandemic all of the residents attended different day services or occupational roles in service departments being run by the provider. They would have left the centre every weekday before 09:00 hrs and returned from 16:30 hrs onwards. At the time of the inspection, none of these four residents had returned to any of their regular routines or day services since the pandemic restrictions had been implemented in March 2020. The fifth resident had been supported to return to their role in the provider's garden centre and they were going home at weekends. The inspector met this resident at the end of the inspection after they had completed their working day. They spoke of how happy they were to be able to go to the garden centre and complete activities such as tending to potted plants.

The inspector was invited by one resident to see their bedroom. The resident spoke about the two awards that were in their room which they had received in the past for sporting activities which included bowling. The room was spacious but the inspector observed a hard dining room chair for the resident to sit on and there were no personal photographs in the room. The resident spoke of how they would like pictures on a particular wall, a television on the wall at the end of their bed and different curtains on the window. A goal for the resident in December 2020 was to have a television in their bedroom but this had not been achieved. The inspector was informed that the resident did not have access to their finances. This will be further discussed in the next sections of the report. In addition, while the resident had ample storage for their clothing, the fitted wardrobe required updating both internally and externally. The resident also explained that their electric razor required a new lead and the staff had done a great job assisting them with a wet shave that morning. The resident spoke of how they had a job with the provider in a service department where they were responsible to answer the phone. They really liked the job and missed not being able to go there since the public health restrictions had commenced. They spoke of how they helped out with household chores during the day and listed the many television programmes that they enjoyed watching. During the inspection, the person participating in management informed the resident that they would be able to go back to work two days each week starting immediately. The resident was so excited and smiled broadly with the news as they told the inspector. The inspector was informed that other residents would be

supported to return to their previous day services in the weeks following the inspection.

Another resident, spoke excitedly about a planned family event in 2022 which they would be attending. The inspector was informed that the resident used a computer to review and research topics related to the event. This resident was visited during the day by a community nurse who was supporting the resident to manage an ongoing medical issue. The inspector asked the resident about an issue they had raised at an advocacy meeting in April 2021 where they spoke of the poor condition of their bedroom window and the disturbance caused by the sound of passing traffic. This issue remained unresolved at the time of the inspection. The resident showed the window to the inspector. The seal was not fully intact and external noises could be clearly heard even though the window was closed at the time. This bedroom was noted by the inspector to be small with limited space for personal belongings. The provider had committed to completing an upgrade of the premises following the last inspection by 31 March 2020. While there had been work completed on the garden patio area with garden furniture ordered, internal issues remained unresolved. Issues relating to the maintenance of the premises will be discussed in the quality and safety section of the report.

The inspector met one resident who had been in receipt of respite services in the designated centre prior to the pandemic restrictions. However since June 2020 due to a change in their family circumstances they had remained in the designated centre. The resident spoke to the inspector about advanced plans for them to move to another designated centre located in the same area. They had visited the centre on a number of occasions with a transition co-ordinator and separately with family representatives. They spoke about the route they had walked to get there and how they enjoyed having a hot drink in a café on the way with a staff member. The resident spoke of how they had met with another resident in their proposed new home and had enjoyed spending time with them. The resident was also familiar with some of the staff in the proposed new centre that they were moving to which they were happy about. However, the resident had no review of their personal plan completed or goals identified while they were residing in this designated centre for the previous 15 months. In addition, the resident had planned with staff to complete a baking activity but this could not be facilitated by the staff member on the day of the inspection. The inspector observed the resident to be disappointed when they were told the activity wouldn't be going ahead.

During most of the day residents were observed to support each other in familiar and friendly interactions. Residents took turns using the shower facilities and informed another peer when the room was free. They chatted easily in group conversations with the inspector as they spoke of the regular card games played in the evening and how they each had a preferred seat or sitting room where they spent their time. They ate their dinner together with chores being completed by different residents. The inspector was shown photographs of a picnic in a scenic tourist area that had taken place recently with three of the residents. They also spoke of how they missed their regular routines, not being able to attend social clubs like they used to prior to the pandemic and not having access to transport. In the afternoon, the inspector was aware that a peer resident living at home with

family representatives had phoned to speak with the residents. An issue developed when one resident took the phone off of another resident before they were finished talking to their peer. Staff supported both residents immediately to resolve the issue. However, the inspector noted that all four residents remained in the house all day either watching television or listening to music, despite it being a bright sunny day. There were no meaningful activities for residents to engage in, either as a group or individually outside of the designated centre and there was no option of residents to engage in any activities in the community later in the evening due to the lack of transport. During the inspection the single staff member was unable to facilitate any individual or group activities due to the competing needs of the residents. The inspector was informed that three of the residents could go for a walk to local shops with a staff member but the fourth resident's ability to walk prolonged distances had decreased. During the initial lockdown in March 2020 day service staff had been re-deployed to provide support to the residents in the house. However, the designated centre had reverted back to lone worker staffing since September 2020. This had impacted the ability of the residents to engage in individual activities as per their wishes. In conjunction with the inconsistent availability of transport which was not provided as outlined in the provider's response to the findings of the previous Health Information and Quality (HIQA) inspection in October 2019.

The inspector was informed in recent months individual activities for residents mostly took place when residents had visits from family representatives who would take their relative out for refreshments or other leisure activities. The inspector was also informed that one resident could only get their hair cut in the community recently when two staff were on duty and a transport bus was available. Two residents remained at home with family representatives since the beginning of the pandemic restrictions. Both had previously been attending regular day services and were good friends. The person in charge outlined that one resident had indicated they would not return until they were able to go back to their day service activities and the other resident did not wish to return until the other peer returned to the designated centre.

While residents were supported by a familiar staff team, the impact of staffing resources while the day services or work placements were not available to the residents resulted in residents being confined to activities within the house or in the local community within walking distance as the option for using public transport had also been impacted during the pandemic. 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

The inspector found that staffing resources in the designated centre did not support

individual residents to consistently engage in meaningful or individual activities during the pandemic restrictions. In addition, not all actions identified in the previous inspection report had been adequately addressed or maintained since October 2019 to support the assessed needs of the residents. These included regulations 17: premises and 9: residents rights.

The provider had completed an annual review in March 2021, which identified ongoing issues that had not been addressed since the last HIQA inspection report. In addition, the annual review referred to family representatives identifying issues regarding the lack of external activities available to residents. It was also identified that residents were not accessing any additional meaningful occupation and activation at that time with no access to a dedicated transport vehicle. These issues remained unresolved at the time of this inspection. The inspector was provided with a six monthly led audit to review that was completed in October 2020. Findings from that audit also remained evident during this inspection which included personal plans lacking evidence of review and the unsuccessful arrangement in place regarding the provision of transport in the designated centre. While the inspector was informed after the inspection that another six monthly audit had been completed in July 2021, this was not made available for the inspector to review on the day of the inspection.

The person in charge was present when the inspector arrived at the designated centre and remained for the duration of the inspection. At the time of this inspection they had remit over three designated centres and two independent community dwellings. The inspector was informed that the provider planned to reduce the remit of the person in charge, so they would have oversight over this designated centre and one other, in addition to the community dwellings. The person in charge had completed all staff supervisions and outlined how the staff team completed the audit schedule in the designated centre. The inspector was informed that there was no staff vacancy at the time of the inspection. However, four residents had not been able to return to their regular routine of day services or occupations since March 2020. These residents were being supported in the designated centre by re-deployed day service staff until September 2020. Since then the person in charge has had limited opportunities to provide a second staff during the week to support the residents to engage in individual or community activities. The inspector was also informed that there was no consistent community nurse available to the residents since February 2021. The residents had been supported by community nurses on short term basis since then. While one resident's medical needs had been supported, the lack of access to a community nurse resulted in residents' annual health checks not being completed and nursing supports not being provided as outlined in the statement of purpose.

The staffing resources available did not meet the assessed needs of the residents while they were unable to access their occupational roles or day services. In addition, the person in charge had been unable to consistently provide two staff to support residents at weekends. For example, following a review of the actual rota, the inspector noted that occasions had occurred when one staff was rostered on duty during the day at weekends. This was not in line with staffing levels as outlined in the statement of purpose and directly impacted on meaningful activities and



community access for residents in the designated centre. In addition, the provider had committed to ensuring suitably qualified staff would be allocated to the designated centre by 31 January 2020 following the last HIQA inspection.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. The registered provider had not ensured that the number of staff was appropriate to the changing needs of the residents. In addition, the provider had not ensured staffing levels and access for residents to nursing staff were maintained as outlined in the statement of purpose.

Judgment: Not compliant

#### Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff had received training including on-line training in safeguarding and infection prevention and control. However, the training records for all staff was not up to date at the time of the inspection and there were gaps evident in staff records that were reviewed by the inspector which included refresher training in fire safety and managing behaviours that challenge.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

The registered provider had not adequately addressed the actions identified in the previous HIQA inspection report. Effective systems were not evident to ensure that the service provided was appropriate to residents' needs, consistent and effectively

monitored. The provider had not completed six monthly provider led audits as required by the regulation. Not all actions from the last provider led audit in October 2020 and annual review of March 2021 had been addressed which included a lack of appropriate resources available for residents during the pandemic restrictions including staffing and transport, in particular while day services and occupation placements were closed.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review which contained all the information required under Schedule 1 of the regulations. Some minor changes were made to the document on the day of the inspection to ensure compliance with the regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations. The person in charge had experienced technical issues in February 2021 when submitting some notifications as required by the regulations but that issue has since been resolved.

Judgment: Compliant

## Quality and safety

Residents were not always supported to have a person-centred service where each resident's individuality was respected, there was limited access to meaningful activities and residents were unable to engage in community activities as per their personal preferences and choice.

The personal plan of one resident who had been in receipt of respite services in the designated centre prior to the pandemic had not been reviewed or goals identified

since June 2020. The resident had remained in the designated centre due to a change in their personal circumstances at home. While this resident did have a detailed transition plan and there was documented evidence of the management of a health issue in March 2021 which resolved, their individual risk assessment had not been adequately reviewed in July 2021. One risk had a control in place since September 2020 regarding the resident remaining on the transport while out for a spin as a measure to protect them a risk of contracting COVID19. Other residents had not been supported to attain their goals. For example, one resident was to meet with friends from their place of work. While the public health restrictions were in place they had made a number of calls but had not been supported to meet with their friends as the restrictions had eased.

The inspector was informed that not all residents had access to their own finances when a resident spoke to the inspector about their wish to purchase a television for their room. In addition, the resident was also waiting for a replacement lead for their electric razor. Staff outlined that they were not in a position to support the resident to purchase items without the involvement of family representatives. This resident had an occupational role with the provider and was not being supported to manage their own finances as per their wishes at the time of this inspection.

Residents could not engage in individual activities as per their wishes which included attending to personal grooming or going out into the community due to staffing resources. In addition, residents were unable to express an interest to the inspector of where they would like to go if they had a choice. Residents had not been supported to have choice in their daily lives for a prolonged period. While the person in charge had supported times on the roster for a second staff to be available, the lack of dedicated transport impacted the choices that could be made by the residents even when staff were available. The inspector observed works that had been completed to upgrade the garden area at the rear of the house. Staff explained that there had been a delay in the garden furniture arriving so there were plastic seats outside as an interim measure. However, following a review of daily notes and activity schedules watching television or listening to music was the activity of choice for the residents at times when one staff was supporting them during week days. The planned activity of baking could not go ahead which as already mentioned was a disappointment but the staff offered an alternative table top activity to residents if they wished to participate. The inspector noted that while the residents were relaxed and engaged well with each other there were no opportunities to leave the designated centre on the day of the inspection.

The provider had supported residents with cooked meals during the pandemic as they previously would have been out of the house attending their day service or occupations prior to the pandemic. This was still in place at the time of the inspection, with residents not knowing what they were going to have for their dinner until the food arrived. Staff informed the inspector that while two choices came every day residents could choose to have another alternative if they wished. Residents only had the opportunity to prepare meals at weekends or in the evening if they wished which was the routine prior to the pandemic restrictions.

The inspector observed a number of issues while walking around the designated

centre which included a strong damp smell in the laundry room with mould evident on the ceiling. This room was accessed through an external door at the rear of the house. Residents and staff exited through the back door and walked to the side of the house to enter the laundry room. An exercise bike was also in this space which was used by one resident but only at times when there were two staff on duty. The flooring in the kitchen area was not completely intact and damaged in a number of areas resulting in effective cleaning. For example there was evidence of incomplete cleaning near the oven and fridge areas. Rust was evident on a radiator in a bathroom and some areas including bedrooms required repainting. As already mentioned in the first section of this report an issue with a bedroom window had been reported by a resident during an advocacy meeting in April 2021, it remained an issue for the resident at the time of this inspection. The inspector also noted with some bedrooms being small and others not personalised for the residents.

Residents and staff spoken to during the inspection outlined the fire evacuation process which identified exit routes for residents living on either side of the house. However, with only one staff on duty and some residents required to descend stairs to exit the building the inspector required additional information regarding the support provided to residents if they encountered an issue exiting on the opposite side of the house to where the staff member exited. In addition, the location of the fire register box was over the dishwasher in the kitchen. In response, the person in charge and person participating in management reviewed the issues during the inspection and had the fire register box moved to a hallway near an exit before the inspection ended and outlined additional measures to ensure staff would be able to open the external exit if residents encountered issues exiting by themselves.

### Regulation 11: Visits

Residents were supported to visit family and friends while adhering to public health guidelines in –line with the residents’ preferences and wishes.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider had not ensured that all residents were supported to manage their financial affairs as per their wishes.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The registered provider had not ensured each resident was provided with appropriate care and support in-line with their assessed needs and expressed wishes. Residents were not consistently afforded the opportunities to participate in external activities and maintain links with the community.

Judgment: Not compliant

### Regulation 17: Premises

The registered provider had not ensured the premises had been upgraded as per the previous inspection findings and was not maintained in a good state of repair both internally and externally.

Judgment: Not compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider had ensured residents were consulted and supported as they prepared to transition to another designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge had implemented measures to ensure the assessment, management and ongoing review of risk in the designated centre. However, not all individual risk assessments had been updated to reflect the controls in place.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre which included up to date information and easy to read documentation for residents. However, due to damage to surfaces including flooring with mould evident in parts of the house, effective cleaning of all areas could not be completed.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had fire safety management systems in place including emergency lighting and fire alarm. Personal emergency evacuation plans for residents residing in the designated centre had been reviewed. During the inspection actions were taken to re-position the fire register box and address the external opening of escape routes for the lone staff to support residents if they had difficulty exiting on their own. However, the inspector outlined during the inspection to the person in charge that weekly checks were not consistently completed in the designated centre as per the provider's policy on fire safety and the documenting of fire drills did not consistently include the duration of the evacuation.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that all personal plans for residents residing in the designated centre had been subject to regular review and updated to account for changes in circumstances . For example, one resident's personal plan had not been subject to review since June 2020 and another resident's personal plan had not been updated after they had returned to the designated centre in July 2021.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had been supported to attend allied health care professionals to manage

known medical issues. However, the provider had not ensured access to community nurse services were consistently available to the residents as outlined in the statement of purpose.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times. However, residents were not supported to make choices and decisions with regard to activities and personal goals. They were not consistently supported to have a meaningful day when the pandemic restrictions closed their day services and occupational sites. This resulted in residents' freedom to exercise choice and control in their daily lives being impacted.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Cork City North 1 OSV-0003301

Inspection ID: MON-0033418

Date of inspection: 05/10/2021

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• A Community Nurse commenced within the centre on 18/10/21. Residents now have access to a community nurse from Monday to Friday.</li> <li>• An assessment of need in relation to staffing to meet the residents changing needs will be carried out and the staffing compliment reviewed.</li> <li>• Residents are now accessing their day service on an ongoing basis and so staffing ratios within the service during the day allow for individualised activation for the remaining residents.</li> </ul>	
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"> <li>• One staff member with identified outstanding training, will have completed all training by 27/11/2021</li> <li>• An overview of the staff training plan will be undertaken and every effort made to accommodate completion of outstanding refresher courses for all staff. The completion date for this will be dependent on the availability of spaces on refresher courses.</li> </ul>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The 6-monthly review of the quality and safety of care was completed on 28/7/2021, however, this was not made available to the inspector to view on the date of the inspection. 6-monthly report was put in place on 10/10/21. The PIC will ensure that audits will be available on-site going forward.</li> <li>• The PIC has reviewed previous audits and has scheduled the identified actions for completion.</li> <li>• Audit actions will become a standing agenda item on monthly manager meetings between the PIC and PPIM.</li> <li>• A system to ensuring oversight of actions from inspections and internal audits will be implemented using an online format ensuring the PIC, PPIM and RP have access to up to date action tracking. This will ensure that there is active review of all actions and the measures taken to address same are appropriately documented. This will be completed by 12/12/2021.</li> <li>• Actions were undertaken from internal audits but evidence of same was not documented. This will be addressed by the implementation of the action plan tracking system as above. For example; The PIC and PPIM secured staff support from the PE department and day services from November 2020-April 2021 to provide activation for the residents but this was not evident from the documentation.</li> <li>• To ensure that effective systems are in place to ensure the service is appropriate to the needs of the residents - The PIC will attend quarterly advocacy meetings with the residents and will carry out quarterly care plan audits.</li> </ul>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• PIC has requested and received the appropriate documentation required for the resident's finances to be paid directly to the resident so that they may manage their own finances. This was forwarded to family representatives for signing on 09/11/21.</li> <li>• The provider is currently processing a private property account for the resident who does not currently have same. This will be completed once all necessary documentation is returned.</li> </ul>	
Regulation 13: General welfare and	Not Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• 4 residents have now resumed their day service activities on a part-time basis. This was completed on 11/10/21. Transport is provided by the internal transport department. As the provision of day services increases, the residents will have the opportunity to resume full time day services if this is their wish. Due to the reduced number of people in the residence, activities can be offered to the residents in line with their interests and wishes. Staffing ratios will be maintained to ensure residents are supported to engage in activities of their choosing.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Kitchen flooring was repaired on 02/11/21.</li> <li>• Utility room works were completed on 14/11/21.</li> <li>• The windows in the house will be replaced and the new windows are on order. Due to a supply issue, the lead time from all suppliers is in the range of 8/9 months. The order has been placed and new windows will be fitted as soon as they are received.</li> <li>• Guttering and general external maintenance is scheduled for completion on 18/11/21.</li> <li>• A schedule of works has been completed to address all necessary works identified including painting and dates have been received for completion of same w.e. 19/12/21</li> <li>• Staff will link with all residents during keyworker meeting regarding personalization of their bedrooms if they so wish.</li> <li>• The resident's bedroom window has been repaired and the seal replaced to ensure a secure closure whilst awaiting installation of new windows.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• All individual risk assessments are currently being updated and will be completed by 5/12/21.</li> </ul>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Kitchen flooring was repaired on 02/11/21.</li> <li>• The mould identified in the utility room has been cleaned, treated and the area painted on 14/11/21. The dryer vent has also been fixed to prevent a reoccurrence.</li> <li>• A comprehensive cleaning schedule is in place and staff will continue to follow same.</li> <li>• Twice daily temperature checks for the residents have recommenced on 6/10/21.</li> <li>• Weekly observations for the residents are completed by the community nurse.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Weekly fire checks are now completed following a meeting with all staff and PIC. The duration of the fire drills will be recorded going forward as per policy.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• All health action plans have been reviewed and will be completed by 1/12/2021</li> <li>• A review of each resident's person-centered plan will be completed by 30/01/2022 and staff will update same in line with any changes and with input from the resident in relation to goal setting.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• A Community nurse commenced within the centre on 18/10/21. Residents now have</li> </ul>	

access to a community nurse from Monday to Friday.

Regulation 9: Residents' rights

Not Compliant

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

- 4 residents resumed their day service activities on a part-time basis. This was completed on 11/10/21. Transport is provided by internal transport department.
- Residents are now accessing their day service on an ongoing basis and so staffing ratios within the service during the day allow for individualised activation for the remaining residents.
- Residents now receive a menu to provide a choice in meals.
- Residents will engage with their keyworker to agree on and work towards their chosen goals.

## 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.	Substantially Compliant	Yellow	31/01/2022
Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Not Compliant	Orange	31/01/2022
Regulation 13(2)(a)	The registered provider shall	Not Compliant	Orange	11/10/2021

	provide the following for residents; access to facilities for occupation and recreation.			
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	11/10/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	15/12/2021
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	18/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	28/02/2022



	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/07/2022
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.	Not Compliant	Orange	30/01/2022
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	Not Compliant	Orange	12/12/2021

	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.			
Regulation 23(2)(b)	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 maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Orange	10/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/12/2021
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	14/11/2021

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	15/10/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/01/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided	Substantially Compliant	Yellow	18/10/2021

	by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	15/12/2021
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.	Not Compliant	Orange	11/10/2021