



## Office of the Chief Inspector

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

Name of designated centre:	Cork City South 7
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	02 April 2019
Centre ID:	OSV-0005779
Fieldwork ID:	MON-0025496

## About the designated centre

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

The designated centre is located on the south side of Cork city within a large satellite town. The premises is a large bungalow that has been specifically adapted to meet the needs of four residents who have severe and profound intellectual disabilities, complex needs and physical disabilities. All residents are wheelchair users and have high support needs. The premises comprises of a large living room, a large dining room / kitchen, four spacious individual bedrooms, a large bathroom, a staff office, a staff changing room and shower room and a laundry room. The designated centre is fully wheelchair accessible and has external gardens to the front and rear. There is an external shed for gardening equipment.

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

Current registration end date:	08/11/2021
Number of residents on the date of inspection:	4

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
02 April 2019	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

## Views of people who use the service

The residents in this designated centre had limitations in relation to verbal communication but had good understanding and receptive language ability. Residents were able to demonstrate that they were happy with their new home and that they enjoyed increased activation, socialisation and spending time exploring their new community. One relative spoke very highly of the service, the staff and the improvement in the quality of life experienced by their family member since moving to the new facility.

## Capacity and capability

This was the first inspection of this new designated centre and was in response to conditions imposed on the service provider in one of its designated centres.

The designated centre was extremely well organised and suitably resourced to meet the needs of residents with complex physical disabilities and intellectual disability. The service was very well managed and supported to meet residents needs. The inspector witnessed a service that was proactive to resident's needs and wishes. There was evidence that there was an effective governance and management structure in place, ensuring a high quality of care and support to resident's as well as the provision of a very safe service.

The person in charge had put in place sufficient and suitably qualified staff to deliver person centre care in a community environment. The skill mix of qualified nursing staff and trained nursing assistants / social care workers provided a very high standard of care. There was evidence that the residents received care in an environment that fostered independence and happiness. While there was a strong emphasis on residents clinical care needs, this did not impact on the overall domestic and homely ambiance. Residents could choose their interests and activities to partake in, facilitated by staff resources and flexibility. The allocation of two staff in attendance at night time allowed for greater continuity of care, flexibility in relation to the times that residents retired and greater attention to resident care.

All staff had undergone significant mandatory training and training relating to the specific healthcare needs of residents. While it was noted that none of the residents presented with behaviours that would challenge, some staff required refresher training to make the service compliant with regulation.

The staff team was well supported both in the transition to the community and in the development of the service. The person in charge and the clinical nurse

manager 1 visited the centre weekly. A six monthly unannounced audit of the service had already seen action plans and remedial works in place. Staff meetings were conducted regularly and staff had a forum to express concerns and address issues with management. The person participating in management had a good knowledge of the residents and their needs.

The provider had a clear and easy to read format on display in relation to its complaints policy. Residents were advised on how to make a complaint and how to avail of advocacy and the confidential recipient service. All complaints were logged in a complaints book and the procedure to appeal a decision was evident.

The statement of purpose reflected the services and facilities provided at the designated centre and the current floor plans and drawings were correct. The certificate of registration for the centre was clearly displayed.

#### Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge ensured that the number, skill mix and qualifications of staff were appropriate to the assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff were in receipt of appropriate mandated training, however, some staff required refresher training in managing behaviours that challenge and safeguarding.

Judgment: Substantially compliant

#### Regulation 19: Directory of residents

The registered provider establish and maintained a directory of residents containing all required schedule 3 information.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that a management system was in place to ensure the effective delivery of a safe service, appropriate to residents' needs.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had in place a signed contract for each resident that outlined the charges and services to each resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that was current and subject to review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that all incidents and adverse events were notified to the Chief Inspector within the prescribed 3 day time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had in place an effective complaints policy and procedure for residents that was in an easy to read format.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the designated centre to be warm, clean, homely and bright. The premises was purposefully adapted to meet the residents complex needs. The evidence available demonstrated a service of high quality where residents appeared very happy. Residents indicated that they enjoyed living in the centre and liked the activities they did within their home and in the community. On the day of inspection, the inspector observed all staff interaction with residents to be respectful, gentle and unhurried. The focus of care was very much person centred.

Residents' individual care plans demonstrated a good standard of review and attention to detail. The detail recorded was comprehensive, easily understood and information was easily retrievable. Detailed risk assessments supported the care planning process as well as the impact that such practices might have on all residents. All community based activities undertaken by residents were recorded and tracked which allowed for a realistic appraisal of whether residents had a meaningful day. Residents regularly went on bus outings and social trips to the local town, parks and shopping centres. It was evident that residents had made meaningful connections with their new community. Each resident had an individual diary that recorded their social outings, social engagements, day service attendance on a daily basis. Residents were availing of multiple activities and this was the most significant change to the residents quality of life that the inspector noted, since last meeting these residents. There was also a significant improvement in residents physical presentation and health status. One resident was observed to be more vocal, learning new words, smiling more and responding positively to the external stimulation of outdoor activities and social outings. Residents were looking forward to a planned holiday.

The provider and person in charge ensured all fire precautions in place were appropriate to safeguard all residents. Each resident had a fire risk assessment in place and a current personal emergency evacuation plan dated November 2018. Staff training records for fire safety were current and in date. A fire drill evacuation for four residents was conducted in February 2019 in a time of 2 minutes 30 seconds. All bedrooms had external doors to improve and facilitate horizontal evacuation. Visual checks by staff were performed on fire exits and the fire alarm panel and recorded on a daily basis. All fire equipment, fire doors and emergency lighting was checked on a weekly basis. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor.



Food was observed to be prepared and stored in hygienic conditions. Food available was both nutritious and wholesome. Staff assisted residents to attend for meals, assisted residents to eat and provided supervision to ensure resident safety. Residents who were dependent on peg feeding were encouraged to attend food preparation, baking and mealtimes to avail of the social aspects of dining. Standard precautions were in place to minimise the risk of healthcare infections and hand sanitisers and hand wash stations were available throughout the centre. Staff demonstrated good practices and standards of hygiene through proper hand washing technique and sepsis awareness.

The standard of medication management within the designated centre was good. All entries were clear, legible and accurate. Medications were properly secured and stored. Maximum doses were clearly recorded and adhered to. Staff undertook medication management training in response to identified training needs which greatly increased the involvement of residents in community outings and activities.

Risk control measures were proportional to the risks identified and the impact on each resident was considered and reflected in personal care plans, healthcare plans and intimate care plans.

The provider had in place a clear admission process. All residents had undergone or were subject to a graduated transition process which was directly linked to their individual care plan. Each resident had a contract for services in place that was signed by themselves or their family member. Each resident had a comprehensive healthcare plan in place where all necessary multidisciplinary input was well recorded and presented. Healthcare reflected a high level of quality nursing and care input.

Residents were encouraged and assisted to receive visitors to the designated centre as well as maintain relationships with family members. Staff facilitated visits to residents family homes. The designated centres internal and external environment was welcoming and promoted an open visitors policy.

Residents had access to a communal television as well as individual television sets in their bedrooms if they wished. Residents indicated that they enjoyed listening to audio and watching visual devices. Some residents used electronic tablets while all residents had music or radio systems dependent on their preference.

## Regulation 10: Communication

The registered provider ensured that each resident was assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

<b>Regulation 11: Visits</b>
The registered provider facilitated visits to the designated centre without restriction and in suitable communal areas.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
The person in charge ensured that each resident had access to and control of their personal property including finances.
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
The registered provider ensured that each resident had appropriate care and support and that they could access interests, activities and recreation consistent with their wishes.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The registered provider ensured that the premises was designed and laid out to meet the specific needs of all residents.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
The person in charge ensured that there was adequate food and drink openly available and accessible by residents as well as properly prepared, cooked and served.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there was a system in place for the assessment, management and ongoing review of risks.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that there were consistent procedures in place to prevent and control the risk of healthcare infections.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider ensured that there was an effective fire and safety management system in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there was an appropriate system and practices in place in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that each residents personal plan was subject to

review and involved multiple disciplines relevant to the residents' needs.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that each resident had an appropriate healthcare plan with regards to their personal plan.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
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	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Cork City South 7 OSV-0005779

Inspection ID: MON-0025496

Date of inspection: 02/04/2019

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has arranged for staff to attend MAPA training on 11th & 12th July 2019. Staff have been informed of these dates and agree to attend training.	

## 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	12/07/2019