



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 23
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	07 October 2020
Centre ID:	OSV-0007458
Fieldwork ID:	MON-0030607

About the designated centre

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

Cork City North 23 provides full time residential support for up to three adults with severe to profound levels of intellectual disability. The community based centre is a single storey dwelling which can accommodate full access to the entire building for all residents. The house is a detached bungalow with three individual single bedrooms, lounge room, kitchen-diner, multi-sensory room and shower room. There is parking for the transport vehicle at the front of the house and a spacious garden area to the rear. The centre is located in a mature residential area in the city with easy access to local amenities and public transport. Social and community integration is an integral part of the service provided.

Cork City North 23 provides support through a social model of care and staff support residents in all aspects of daily living. The staff team also includes support from nursing staff which is shared with another designated centre. Residents are supported day and night by the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 7 October 2020	11:00hrs to 15:50hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with the three residents who lived in the designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the multi-sensory room during the inspection. However, the inspector did meet the residents in the communal areas of the designated centre during the day.

The inspector was introduced to the residents by the staff supporting them who were very knowledgeable and familiar with individual preferences and routines. Throughout the inspection there was a sense of calm and friendliness in the centre. This was further enhanced with soothing music playing in the background. The inspector observed a number of interactions between the residents and staff members which were positive and respectful in nature. Residents were observed to smile and respond to staff interactions.

While the residents being supported communicated without words, staff were familiar with the vocalisations made and were observed to anticipate what residents required while participating in different activities. Two residents were supported to go for a drive to a beach in East Cork which had suitable paths for wheelchair users. The other resident enjoyed time with one staff member, choosing to participate in baking during the morning with the best part of that activity being the tasting of the finished product. Staff offered the resident a choice of what topping they would like to have with their homemade apple pie. The resident was able to leave the activity as they chose and enjoyed time in the lounge area also. Another staff member explained how this resident liked to look at shiny items closely, the resident had a necklace on that they were examining while relaxing on the couch. Later in the day the resident had a hand massage and was assisted to choose the colour nail varnish they wanted to wear. Another resident was observed to be relaxed in the company of their peers while sitting in the lounge and staff were aware of what the resident wanted to do when they got up from the couch. The resident was aided to go to their bedroom to have a rest at that time.

The inspector was informed that another resident liked a specially adapted swing that was located in the back garden. Staff explained how the resident had recently progressed to putting their feet on the ground and propelled themselves while on the swing. This designated centre opened in January 2020 with all three residents moving in at that time. Staff spoke of the progress that all three residents have made since their arrival and how this house suited their assessed needs very well.

The inspector spoke to a sibling of one of the residents on the phone during the inspection. They stated they were very happy with the staff support given to the resident and the family during the transition to the new house. The family greatly appreciated being able to visit the house before the residents moved in. They outlined how staff had kept them informed with messages and pictures during the pandemic restrictions. The family commended the staff team on their dedication

and support shown to their relative at all times.

Capacity and capability

This inspection was the first for this designated centre since it opened in January 2020. This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to the residents. All actions identified in the initial site inspection completed in October 2019 had been addressed by the provider, apart from planned upgrade works to the rear garden which had been delayed due to the pandemic restrictions. These works are planned for and scheduled to be completed in 2021.

The provider had ensured the person in charge of the designated centre had the required skills and qualifications to carry out the role. This person also had a remit over three other designated centres, two of these were located nearby and one located 15 kilometers away. They were supported in the role in this designated centre by two clinical nurse managers, CNM1 and a person participating in management. The person in charge demonstrated their knowledge and oversight of the centre during the inspection. The residents were supported through a social model of care. The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and the statement of purpose. The inspector reviewed the actual and planned staff rota which indicated continuity of care from a core staff team. Regular relief staff were also available to assist with annual leave and as part of a contingency staffing plan when required.

The provider had a system to ensure a comprehensive training programme was in place for staff working in the designated centre. The person in charge had ensured staff had undertaken additional training specific to the assessed needs of the residents which included medication management. The person in charge had evidence of a planned training schedule for all staff and was aware of the upcoming training needs of the staff team. Training in relation to COVID-19 had been completed by all staff. At the time of the inspection two staff required refresher training in fire safety and managing behaviours that challenge. The inspector was informed that staff in the designated centre were scheduled to attend fire safety training in early October 2020.

There was evidence that the designated centre was resourced to enable effective delivery of care and support to residents in accordance with the statement of purpose that was provided to the inspector. The registered provider had undertaken a six monthly unannounced visit and an annual review was scheduled for later this year. Issues identified in the October 2019 site visit by another inspector and those identified in the six monthly audit had all been completed or were in the process of being addressed by the person in charge. In addition, the CNM1's and staff team actively engaged and completed the audit schedule within the designated centre. This input and oversight by the CNM1's assisted the staff team to ensure quality

service provision was maintained and residents support needs were consistently being monitored and reviewed such as regular hand hygiene, protected meal times and clinical waste audits. The inspector was also shown a governance log which outlined the regular contact and work carried out by the CNM1's in the designated centre. This log was very detailed prior to the COVID-19 restrictions and there was documented evidence of ongoing regular calls to the designated centre while the restrictions were in place.

The inspector reviewed the complaints log and there were no complaints in the designated centre at the time of this inspection. The person in charge had ensured that the provider's most recent version of the complaint form which included a section regarding the satisfaction of the complainant was available to residents and staff were aware of the process to complete the form. The provider had a complaints policy in place and there was an easy-to-read guide for residents.

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 qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, however, some staff required mandatory refresher training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was maintained in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had systems in place to ensure that the centre was adequately resourced, the quality and safety of care delivered to residents was regularly monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider and person in charge met the requirements of this regulation. Suitable arrangements were in place for the admission to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that there was an effective complaints procedure which was accessible to residents.

Judgment: Compliant

Quality and safety

The inspector found evidence of a good quality service. The provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The house was decorated with many personal items including photographs and bespoke furniture which included specially designed seating.

While the number of occasions relatives were able to visit this designated centre due to the pandemic restrictions were low, those that did occur highlighted the quality of care residents' received in this designated centre. The person in charge explained how photographs of one resident celebrating their birthday were sent to family members. Another resident was able to have a tea party in the back garden with their relatives and show off their new swing at the same time. The inspector was shown lovely photographs of these events. The staff team were in regular contact with family members keeping them informed of how their relative was settling into the centre and what activities they were involved in. The residents also had access to a smart television, the inspector observed one resident listening to a wildlife documentary at one stage during the day in the lounge which they appeared to enjoy. Staff had also prepared a visual guide for residents explaining COVID-19 and the flu vaccination.

Personal care plans were in place and reflected clear information about the residents. They were comprehensive in nature and reflected staff knowledge and practices on how to support each resident with their assessed needs. These plans were regularly reviewed and relatives were also involved in the development of these plans. In addition, the staff team had developed goals for the residents while they were cocooning such as beauty treatments, spa treatments, baking and movie time with peers. While residents had not yet returned to the location of where they attended their day services prior to COVID-19, a nurse with responsibilities for activities continued supporting residents in the designated centre each week. This staff outlined to the inspector some of the activities the residents had enjoyed prior to the lockdown restrictions, such as weekly discos, attending the local library and pet therapy. It was hoped to be able to restart the pet therapy in the coming weeks. The inspector was shown photographs of when the dog and trainer had visited the residents while staying in the back garden adhering to public health guidelines during the fine weather. While there was a reduction in the amount of community based activities that were available for the residents to engage with due to the

pandemic there were plans to develop more in house activities for the residents such as personalised sensory stories. The inspector was shown a sample of one of these stories which included large laminated sheets with easy-to-read sentences, artwork and a bag containing objects of reference. Staff were also regularly reviewing if residents liked the activities that they were involved with and this was discussed as a staff team to ensure residents were participating in activities that they enjoyed.

Residents' healthcare needs were well met in the designated centre. Residents had regular access to a general practitioner and were supported to attend allied health care professionals and specialists as required. For example, there was documented evidence of follow up by healthcare professionals for one resident when they had experienced loss of balance on two occasions since they moved into the centre. Another resident had been supported to access a private consultant regarding the management of an ongoing medical issue. On the front page of one plan reviewed by the inspector there were important instructions for staff to follow in the event of the resident developing specific symptoms which would require immediate medical intervention. The inspector was also shown a centre specific information folder that had been developed by the staff team for each resident at the start of the COVID - 19 pandemic. It was referred to as the " Pick and Go" folder which contained important documentation such as the hospital and communication passport of the resident, a checklist for COVID-19, daily staff log and vital observation signs.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Cleaning checklists had documented evidence of being completed by staff and staff had undertaken training in areas of hand hygiene and the use of personal protective equipment, PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. Easy-to-read information for residents was also available. There was evidence of regular temperature checks being taken for both staff and residents. Staff members working in the designated centre wore face masks in line with public health and the provider's guidelines. In addition, staff were knowledgeable of procedures in place regarding wearing PPE and infection control measures, such as the management of residents' laundry specific to their assessed needs. Also, when a sibling phoned the designated centre to speak with the inspector, the staff member cleaned the phone before handing it to the inspector. Another staff was observed to be wearing a suitable filter face mask as per the provider's guidelines while supporting a resident to receive nebulised medication in their bedroom. The staff team in this designated centre had ensured the ongoing safety of the vulnerable residents in their care during a difficult time in recent months when a staff member had tested positive for COVID-19. No other staff member or resident had contracted the infection. Also, staff had pictures of one of the residents wearing a face mask while they were out in the community recently. Staff were delighted that the resident was able to wear the mask and this facilitated them in being able to engage in community activities, such as assist staff buying colourful flowering plants for the back garden area while staff supported the resident to remain safe adhering to the current public health guidelines.

The provider had fire systems in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers; with such equipment being serviced at regular intervals. Fire exits were observed to be unobstructed on the day of the inspection, while fire evacuation procedures were also on display in easy-to-read format. Fire drills, including a minimal staffing drill had been completed in line with the provider's guidelines and documented. The inspector discussed the addition of more information in the drill record with the person in charge during the inspection which included the time of day the drill took place and the names of the staff involved, to ensure all staff had participated in a fire drill in the designated centre.

The person in charge outlined how safeguarding plans were able to be closed after the residents had moved into this designated centre. The inspector observed staff offer choice to residents throughout the inspection and staff outlined how they were familiar with the preferences of the residents for example food and clothing choices. The residents were able to access all areas of the house and this was observed throughout the day. Staff explained how one resident was progressing well with a self-feeding plan since they moved into the house and another was spending a lot more time with their peers rather than in their bedroom. Residents were also supported to choose the decor for their bedrooms prior to moving into the house. Information was available for the residents in easy-to-read versions, these included information regarding advocacy, the international agreement on the rights of disabled people and intimate care plans. The staff team discussed with the inspector future possibilities and ways of including the residents in more activities and decision making in the house.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to maintain regular contact with family members during the pandemic restrictions in line with public health guidelines.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge ensured residents were supported to access opportunities and activities in accordance with their interests and assessed needs.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were supported to be involved in the preparation of nutritious meals and offered choice as per their preferences and dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured potential areas of concern including COVID-19 were identified and measures put in place to keep residents safe from harm.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements and equipment were in place at the centre and both residents and staff were involved in regular fire evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from the risk of abuse, all staff had received up-to-date training on the safeguarding of residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents personal rights were supported and information was

available on how to make a complaint and access advocacy services.

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	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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 23 OSV-0007458

Inspection ID: MON-0030607

Date of inspection: 07/10/2020

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: PIC has booked staff into mandatory training sessions in Oct and Nov. All staff in CCN23 will have completed their mandatory training by January 2021 if current Covid-19 restrictions allow.	

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	31/01/2021