



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 7
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0005779
Fieldwork ID:	MON-0032600

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 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, a shower room and a laundry room. The designated centre is fully wheelchair accessible and has external gardens to the front and rear. All residents have direct access from their bedrooms to the gardens. There is an external shed for gardening equipment. The staff team comprises of nurses and nursing assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 12 May 2021	09:00hrs to 16:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector reviewed previously requested documentation in the living room of the designated centre. Social distancing was observed and discussion with residents was limited to less than 15 minutes. Hand hygiene was practiced and the inspector and staff wore face masks during any face to face discussions in well ventilated areas.

All residents were observed to be supported by staff to have meals in the dining room which was the focal point of the house. Residents who were supported with enteral feeding systems came to the dining room to be part of the food preparation process and could see and smell food been cooked. Residents were supported in separate rooms and were engaged in activities of choice that were their preferred option. Staff interactions were observed to be meaningful, unhurried and respectful. Staff were observed to be gentle when communicating and directing residents. Residents did not use words to communicate and one resident had partial sight but was seen gesturing and smiling when engaged in activities with staff. Some residents liked to be read to and responded by laughing if staff gave characters different voices and sounds. Staff demonstrated familiarity and understanding of all gestures made by residents consistent with the information contained in residents communication profiles.

Residents were observed to have access to the entirety of the house. Service delivery was person centred and person focused. Residents were observed to have one to one staff supports at times and nursing staff were employed across the 24 hour day to ensure that residents with severe and complex medical presentations were supported based on their assessed needs. The staffing structure allowed all residents to access the local community and attend parks, beaches and facilitate home visits in a safe and supported manner. Three of the four residents liked to travel in the minibus which was solely for the use of residents in the service. The resident who did not like to travel indicated that they would only travel short journeys such as for a visit home. On the morning of inspection, two residents went to a local beach while the remaining two residents were supported to have massage, baking and spending time in the garden. Residents were also observed to have individualised rest periods to give them a break from using their wheelchairs.

Three resident bedrooms had direct access to the rear garden and one had direct access to the front garden. Residents were observed to enjoy the landscaped rear garden and a staff led fundraising initiative with local scouts had provided a swing system in the garden that all resident wheelchair users could enjoy. As part of the personal planning review, one family had suggested the introduction of bird feeders to the garden in line with their relatives interests. These feeders attracted large groups of birds which were seen to be very much enjoyed by residents.

The home that residents lived in was maintained to a very good standard. Each residents bedroom was personalised and residents who wished to have a television

in their bedroom, did so. Records reflected the involvement of residents, families and staff ensuring residents had both possessions and financial resources available to them.

Staff supported residents to make daily contact with family members through telephone calls and media applications. Residents missed direct contact with family members but were happy with window and garden visits. Home visits which were subject to risk assessments had recommenced. Some relatives indicated to the inspector that they were apprehensive about visiting while they awaited their own vaccination. Two relatives who spoke with the inspector on the day indicated that they were very happy with the care and support given to their family member in general and specifically during the pandemic. One relative indicated that their family member had only recently transitioned into the house from a congregated setting. The stated that the resident was far happier and that the transition had been smooth. The family had been included and consulted at all stages. Records indicated that their relative had developed a better sleep pattern, improved dietary intake and had less need for behavioural support since coming to live in the house.

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

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of all four residents. Residents appeared happy and well supported. This was evident in records reviewed and also confirmed by family members. Staff demonstrated a good understanding of the resident's needs. The focus of support was person centred in a homely environment. The staff resources in place allowed for 1:1 personalised activities of choice for residents. The person in charge demonstrated direct contact and supervision of the service and staff and had delegated management roles to staff within the service.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. This team comprised of nursing staff and nursing assistants. The rostered staff numbers were consistent with the registered provider's statement of purpose. The person in charge was employed in a full-time capacity as required by regulation. The person in charge's commitment to this designated centre

was 25% of a whole time equivalent as they also had responsibility for another three designated centres. The person in charge was an experienced and suitably qualified person. Communication with the person in charge was either face to face or by mobile phone. The person in charge was also supported by a clinical nurse manager. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that activities were facilitated based on residents preferred choice. Student placements were also facilitated which enhanced the existing staff roster.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 12 staff were reviewed. All staff had current training in safeguarding adults. 50% of staff needed current training in the management and prevention of aggression while 66% of staff required refresher fire and safety training. Records reflected that training courses had been secured and allocated to staff for the current month of May as well as June 2021. Staff training records also demonstrated recent training in the proper use of personal protective equipment (PPE) and infection control practices. All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents in relation to basic life support, manual handling and the safe administration of medicines, including rescue medicines.

The registered provider in line with Regulation 23 Governance and Management had conducted an annual review of the quality and safety of services provided to residents in December 2020. There was evidence that residents and their families were consulted through residents meetings, family forums and questionnaires and the views of service users were captured in the registered provider's annual review. Records demonstrated that there was shared learning across services and the person in charge ensured that the learning from relocating to a smaller community setting was provided to other managers within the registered providers organisation. Other evidence of good governance and management demonstrated that staff reviewed incidences and documented the learning from them. Person centred planning with residents was recorded by key workers on a monthly basis. The most recent guidance from the Health Protection and Surveillance Centre issued in May of 2021 was in place and this influenced present staff practices which meant that residents had resumed home visiting subject to risk assessment.

The provider had also carried out an unannounced visit to the centre at least every six months with plans put in place to address any concerns that had identified actions with time lines for completion. The most recent reviews had been in April and October 2020. Specific areas that required regulatory compliance were identified, actioned and completed on foot of these audits. There were clear records that reflected staff meetings which were conducted on a monthly basis. Additionally, the person in charge met with senior managers on a weekly basis. Records from the resident's forum indicated that areas of interest to residents were discussed. Time and focus at each meeting related to improving and supporting the quality of resident's lives.

The inspector reviewed the one complaint made by a neighbour that the registered

provider had addressed since the previous inspection. The records reflected a prompt response by the person in charge to adequately deal with the complaint to the satisfaction of the complainant. The basis of the complaint related to shared plumbing services between properties and had no impact on residents care and safety.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centre. The statement of purpose had recently been revised to support the application to renew registration process. The floor plans provided were a current updated version which accurately described the designated centre. The property was currently four years into a ten year lease and there was documentary evidence of appropriate insurance cover in place. The person in charge maintained a directory of residents that contained all regulatory required information. In compliance with Section 48 of the Health Act 2007, the registered provider had made application to renew the registration of the designated centre six months in advance of its registration end date.

All notifications regarding adverse incidents in the designated centre had been properly reported to the Health Information and Quality Authority. The Health Services Executive safeguarding team were appropriately informed and when needed, a safeguarding plan had been put in place.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider applied for the renewal of registration of this designated centre six months in advance as required by regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held the skills, experience and qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the designated centre was resourced to

ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had proof of current insurance policies covering both residents and property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had an admissions policy in place and each resident had a contract for the provision of services.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the maintenance of a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

The inspector found evidence of a good quality service. The registered provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The person in charge and the staff team worked effectively

and were committed to improvements in the delivery of care, support and services to all residents. Residents appeared happy, safe and enjoying life in a home particularly tailored to their assessed needs.

The premises was clean, bright and homely. Each resident had their own bedroom that was adapted to their particular needs especially in relation to the use of a wheelchair. The registered provider ensured that the layout and design of the premises gave residents free access to all areas. Each resident also had double doors leading directly from their bedroom to the gardens which further enhanced residents lived experiences as well as facilitating safe and rapid evacuation if required. There were communal spaces to accommodate all of the residents as well as private areas. Each room was furnished with comfortable furnishings. The premises was in a very good state of repair and the external gardens were well maintained. It was evident that residents very much enjoyed their garden and one new resident had plans to grow flowers and plants in keeping with their agreed goals.

Personal care plans were in place and reflected clear information about each resident. Goals identified in the plans were meaningful and had been identified with the resident and their family. The personal care plans reviewed reflected the residents' goals, personal development and wishes as they became more accustomed to living in a large town. Each care plan had an identified key worker. Plans and goals were reviewed monthly by the residents and their keyworkers. One resident who had recently transitioned into the service had previously resided in a congregated setting for 19 years. The transition plan was comprehensive and risk assessments informed the transfer process with adherence to current public health guidelines. This resident had demonstrated a positive change since transfer evidenced by a better sleep pattern, increased dietary intake and a significant reduction in the supports needed for behaviour that challenged. All residents had been the subject of a recent multi-disciplinary review and disciplines accepted referrals as required. One residents file reflected that while a waiting time for specialist review could be a number of weeks, the clinician in question had made phone contact and offered staff advice on the residents care for the intervening period.

Each resident had been the subject of a recent OK Healthcheck. Each resident had a health action plan that was subject to six monthly review or sooner if required. Staff adhered to this written plan. All residents were registered with a local general practitioner and staff supported residents to adhere to the medical advice and attend their doctor. Residents were observed to be in good health and all had recently received their first dose of COVID-19 vaccination.

Files reviewed had an updated behaviour support plan in place. There was evidence that the plan was implemented by staff using the strategies recommended. While a multi-element behaviour support plan was planned for review six months post transition, staff determined that if the improvement was sustained, the review was unlikely to be required.

On previous inspections, the inspector had sought further clarification in relation to

the services rights committee and the exiting policy relating to the review of restrictive practices. The person participating in management had brought the identified issue to the providers human rights committee who in turn produced a written and enhanced framework to provide further clarification. This was available to the inspector who was assured that the registered provider had a comprehensive system in place that afforded the oversight and review of restrictive practices in line with person centred planning.

The inspector reviewed safeguarding plans in place for residents. The registered provider adhered to organisational policy and national standards regarding the safeguarding of vulnerable adults. The registered provider's response to adverse events that involved residents, assured the inspectors that the designated centre was effectively monitored and that the service provided to residents was safe.

Residents had both choice and variety in the food they ate, which was prepared on site. Food included a wide range of fruit and vegetables. Residents had access to the kitchen and dining area with staff support. All food supplies and shopping were sourced locally where the service had an account. Residents had the choice of favoured treats and drinks.

The registered provider ensured there was access for residents to avail of activities and recreation. There was evidence of inclusion with the wider community and residents recorded activities reflected engagement with the community prior to COVID-19. Many of these activities had been curtailed due to the COVID-19 pandemic, however, residents were starting to access community activities with the support of staff. This was subject to risk assessment and in line with current public health guidelines. Activities were based on residents' preferences and likes. Residents' participation in daily activities was recorded in an activities log specific to the resident.

The provider had up-to-date risk assessments and a risk register that was reviewed in April 2021. The assessments related to all areas highlighted in Regulation 26 and ensured that residents were protected from harm. The vehicle used by residents was observed to be clean and appeared roadworthy. The risk register had been updated to include assessment and actions relating to COVID-19. It was evident that residents and staff were familiar with infection prevention strategies to reduce the risk of infection. Staff hand hygiene practices and the use of personal protective equipment was observed to be of a good standard. The designated centre was very clean and staff had a regular routine and record log of additional cleaning applied to regularly touched areas. Resident forum meetings were held on a monthly basis and included discussion on hand hygiene and physical distancing. Residents, their families and staff completed COVID-19 questionnaires. The registered provider had an infection control committee in place and had also undertaken a self assessment in relation to COVID-19 preparedness. A lead worker with responsibility for COVID-19 within the designated centre was named.

Effective fire safety arrangements were in place in the centre with all equipment being regularly serviced to ensure it was in full working order. A registered contractor had serviced all fire equipment in the current year. Residents participated

in regular fire drills which ensured they could be effectively evacuated from the centre. Each resident had a personal emergency evacuation plan in place.

Residents had adequate storage for their personal possessions. All residents funds were secured in a locked press and all transactions had appropriate receipts. Two staff checked and countersigned each transactions and a weekly tot and audit was also completed. Each resident had a current contract in place that had been signed by their relative.

Some residents had a television set in their bedroom. Residents could communicate with their family by phone and also had access to the internet. There were a number of televisions in communal areas that residents had access to. Notices in the designated centre were in an easy-to-read format as were the rights based information held in resident's files.

The registered provider had a policy in place for the safe administration of medicines. All medicines were securely stored and labelled. Medicines were in clearly labelled blister packs highlighting the residents name and the day and time the medicine was to be administered. All medicines were in date and medicines that required low temperature storage had a fridge for that purpose.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident was facilitated to receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents had access and control over their own

property.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. Each resident had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Residents were supported to maintain links in the wider community.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed and laid out to meet the aims and objectives of the service. They also ensured that the premises met the number and assessed needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had well prepared food that was wholesome, nutritious and that also offered variety and choice.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a current residents guide with all regulatory required information.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured there were systems in place for the assessment, management and ongoing review of risk at the centre, to ensure residents were protected from harm.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had policies and procedures in place for residents who may be at risk of a healthcare associated infection and staff had undertaken hygiene training consistent with the standards and guidelines relating to the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective fire safety management systems were in place so that residents could safely evacuate from the centre in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place for the safe administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents' personal plans were subject to review and each plan was person centred and reflected the specific goals that residents

wished to attain.

Judgment: Compliant

Regulation 6: Health care

The registered provider had appropriate healthcare plans in place for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that restrictive practices employed were for a minimum period and were the least restrictive procedure.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop the understanding and skills for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the designated centre operated in a manner that respected each resident.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant