



## Office of the Chief Inspector

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

Name of designated centre:	Cork City North 16
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	08 May 2019
Centre ID:	OSV-0003292
Fieldwork ID:	MON-0021361

## About the designated centre

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

Cork City North 16 is located in a residential setting on the outskirts of the city and consists of two adjoining bungalows which provide a home for up to four adults. The centre is comprised of four single bedrooms, two bathrooms, kitchen-dining room, sitting room, multi-sensory room, utility room, staff toilet and office. There is a secure garden area to the rear of the property and small grassed area at the front with parking facilities. The centre provides full residential and shared care for residents. Weekend short breaks are provided to a number of adults when a resident goes home for the weekend. The centre caters for adults with an intellectual disability who may also have additional multiple and complex needs. The centre aims to provide a high quality service in partnership with families and carers, with each resident being valued for their own uniqueness.

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

Current registration end date:	03/03/2021
Number of residents on the date of inspection:	2

## 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
08 May 2019	08:15hrs to 16:30hrs	Elaine McKeown	Lead

## Views of people who use the service

On the day of the inspection, two of the residents were being supported for medical issues in two local hospitals. A staff member was supporting one resident in one hospital at the time of inspection and family members were supporting the other resident in another hospital.

The inspector did get to meet two residents during the course of the inspection. One resident was supported by one staff member as they moved freely around the centre before going to attend their day service. The other resident was resting on the couch while waiting for the transport to arrive to attend the same day service and supported by the staff member when required. The staff on duty was very familiar with both residents and was able to demonstrate a good understanding of the residents' needs and requirements.

## Capacity and capability

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 residents. There was clear governance structures and effective operational management systems in place.

The inspector was unable to meet with the person in charge on the day of the inspection but was able to meet with the person participating in management. This person was knowledgeable about the residents' needs and supports. The person in charge was new to the role, having taken up the role in the previous six months and being supported by the staff team and the provider. The person in charge had scheduled formal supervision meetings with the staff team in the coming months.

The provider had systems in place to ensure the centre was regularly monitored and reviewed. Six-monthly provider-led visits and the annual review were completed. The provider had action plans in place to address areas of non-compliance identified. There was evidence of actions being progressed or completed on the day of inspection.

The provider had ensured that staffing arrangements at the designated centre were in line with the assessed needs of the residents. Staffing arrangements were also in place to support residents in cases of unforeseen events such as emergencies. Two residents were receiving medical support in hospital at the time of inspection. One staff was allocated to support one resident and family members were supporting the other resident as per their wishes. Staff were kept updated on the health of these

residents. The inspector was informed following the inspection, that both residents had returned to the designated centre and their healthcare needs are being supported by staff in the designated centre.

Staff who spoke with the inspector were knowledgeable of the residents' assessed needs and the provider had effective procedures in place to ensure all staff had completed or where scheduled to complete mandatory training on their return from extended leave. Regular staff meetings were held to support and inform staff on both centre specific and organisational items.

### Regulation 15: Staffing

The provider had ensured that sufficient staffing levels were in place to meet the assessed needs of the residents at the time of the inspection. There was continuity of care and a planned and actual staff roster in place.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that a system was in place to ensure all staff received mandatory training. Staff were booked to attend up-coming training as per their individual requirements. The person in charge had scheduled performance management reviews with the staff team in the coming weeks.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents included all of the required information relating to the residents who lived and received services at the centre.

Judgment: Compliant

### Regulation 23: Governance and management

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

monitored. Actions from internal audits, unannounced inspections and annual review were being progressed by the person in charge and provider.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had arrangements in place to ensure the Chief Inspector was notified of all required events, in line with the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider ensured a system was in place for complaints to be made, responded to and managed in the centre. There were open complaints at the time of inspection and resolution was still pending. However, the provider had actively engaged with the complainants and is progressing with the management of the complaints to ensure a satisfactory resolution for all parties.

Judgment: Compliant

## Quality and safety

During the course of the inspection, residents were observed to be supported in line with their assessed needs. Residents were supported to enjoy activities which related to their personal interests. Staff identified that one resident would benefit from more swimming sessions but the availability is limited in the provider's own hydrotherapy pool due to a large demand for this service. This is reflected in the residents' personal plan and is regularly reviewed to ensure the resident can avail of

swimming as often as possible.

There was clear guidance for staff to ensure that residents' individual communication needs were being met. Staff were aware of individual preferences to communicate with staff and pictorial aids were available throughout the centre which included a staff duty board and activities board.

The kitchen upgrade works were almost complete on the day of inspection, painters were present to finish the decorative work. These external staff were very aware of the needs of the residents and did not arrive until after the departure of the two residents on the morning of the inspection. The impact to the residents during the upgrade works was kept to a minimum as the residents had a fully functioning existing kitchen. The staff ensured that residents were supported and involved in activities outside of the designated centre while the works were on-going. The provider will convert the existing kitchen into a multi-sensory room once the new kitchen is completed. This will further enhance the facilities available to the residents and will be designed to suit the needs of the current residents.

The provider had scheduled a review of each resident's personal plan which included family participation. At the time of inspection one personal plan remained outstanding due to the resident's medical condition. The provider will re-schedule this with the family in the coming weeks.

To ensure the protection of residents from infection the provider facilitated an education presentation by the clinical nurse specialist in the centre specific to the care needs of the residents in this centre. The healthcare needs of one resident had changed in recent months and staff are supporting this resident and their family while they manage the on-going and changing needs of this resident with guidance from consultant staff.

There were procedures in place for the management of fire safety equipment and the completion of fire safety training by all staff in the centre. While the provider did have fire checklists, servicing of fire equipment and personal emergency evacuation plans (PEEPs) for all residents, no fire drill had been documented since October 2018. Also, the documentation used did not highlight the learning outcomes from the drills or the actions that had been taken following the drills, where required. Staff did conduct a fire drill on the day of the inspection while the inspector was present. The inspector noted that two residents required an evacuation sheet as part of their PEEP, to be located at the end of their beds. Staff were unable to locate the evacuation sheet for one of these residents on the day of inspection. While the inspector acknowledged that the resident was not residing in the designated centre at the time of the inspection, the location of the evacuation sheet was not reflective of the PEEP for this resident.

There were robust reviews of medication management within the centre and medication audits were conducted within the centre. . However, a date of opening was not on medicated liquid bottle reviewed during the inspection. Also, medication was not given as prescribed for one resident. The prescription stated which days of the week the medication was to be given to the resident, but if the resident was at



home the medication was given the next day. This was discussed with the staff on the day of inspection.

### Regulation 10: Communication

Staff members present on inspection were observed to be aware of and engaging with the residents. Each resident was supported and assisted to communicate in accordance with their needs and wishes. Residents did have access to television and phone services.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their wishes and they were supported by staff to visit their families.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of activities that they enjoyed and which reflected their assessed needs, capabilities and interests.

Judgment: Compliant

### Regulation 17: Premises

At the time of inspection the provider was completing scheduled works which will further enhance the design and suitability of the centre for the current residents.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were supported by staff who were knowledgeable of the individual needs and requirements of each resident.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the centre and ensured a copy was available to all residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had recently updated the risk register for the designated centre. The provider's risk management arrangements ensured that risks were identified and effectively managed. The provider also ensured residents were kept 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

Fire drills had not been carried out in the previous quarter prior to this inspection. A fire evacuation sheet was not available as described in an individual's personal emergency evacuation plan.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were robust reviews of medication management within the centre. However, a date of opening was not on medicated liquid bottle reviewed during the inspection. Also, medication was not given as prescribed for one resident.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The records reviewed during the inspection had a comprehensive assessment of the health, personal and social care needs of the residents was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

### Regulation 6: Health care

The residents in this designated centre had complex medical needs. The provider had systems in place to ensure residents' healthcare needs were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured appropriate measures were in place in the designated centre to protect residents from abuse. There were no safeguarding concerns at this centre at the time of inspection. All staff were facilitated with training in relation to safeguarding of residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that the residents' privacy and dignity was respected. Residents were seen to be treated in a respectful manner during the inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	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 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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 16 OSV-0003292

Inspection ID: MON-0021361

Date of inspection: 08/05/2019

## 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:

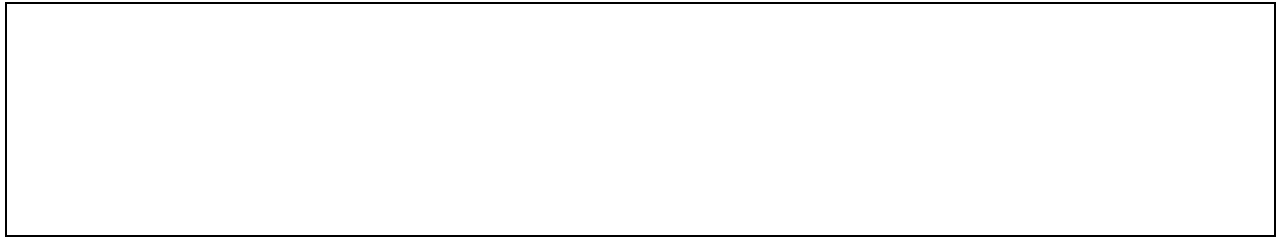
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Schedule of fire drills has been put in place. Fire drills are scheduled monthly to include two night time drills per annum. A fire drill minutes log book has been devised and this includes all actions taken during the drill and learning from each fire drill. These are now working documents as of 16/05/2019.</p> <p>All evacuation sheets and equipment are present and in situ as per all individuals' personal emergency evacuation plans as of 12/05/2019.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Robust reviews of medication management continue within the centre. All Kardex and corresponding MAR sheets will continue to be audited. Medications for one resident have been reviewed by the GP since the inspection, changes have been made to correspond with and support the residents' personal life. Medications will continue to be reviewed on a 6 monthly basis or as required.</p> <p>Site specific Protocol regarding the receipt, administration and labelling of opening date for liquid medications is now in place as of 08/05/2019.</p>	





## 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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	12/05/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/05/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	08/05/2019

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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