



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	11 March 2020
Centre ID:	OSV-0003296
Fieldwork ID:	MON-0022950

About the designated centre

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

Cork City South 4 provides residential and respite accommodation for female adults, with a mild to moderate intellectual disability. The building is detached and located in a corner site in a quiet residential estate, adjacent to a green area. Overnight accommodation consists of two twin bedrooms, and two single rooms. Downstairs there is a staff bedroom, with an en-suite bathroom. The living area has a front room, dining/sitting room and a kitchen. There are two bathrooms in total. There is a small patio area at the rear of the building, which is enjoyed by residents for relaxation and leisure when the weather is fine. Staff supports are provided by health care assistants and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 11 March 2020	10:30hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet and interact with five residents receiving residential and respite services in the designated centre. Residents appeared happy, relaxed and comfortable. All of the residents told the inspector that they loved being in the designated centre, and that they were very happy there, spending time with friends. Eight representatives of residents, including family members, visited the designated centre to meet the inspector and discuss the services provided.

The premises of the designated centre was warm, clean and homely. It was a five bedroom, two-storey detached house in a Cork City suburb, registered to support up to six residents. One of the bedrooms accommodates a staff member on a sleepover shift. Two of the bedrooms were single occupancy bedrooms, and two bedrooms were double occupancy, providing shared sleeping accommodation. Privacy screens were provided to residents. One resident told the inspector that they did not like sharing their bedroom, and that they would like to have a single bedroom. The resident had raised this issue with staff members, and was happy that progress was being made to rectify the situation. This resident showed the inspector their bedroom, which they had decorated with some personal items.

The inspector observed many photographs of residents on display in the designated centre, including photographs in their bedrooms. There were pictures of residents participating in art, cooking, and activities in the local community. Some residents had recently visited Dublin for the day, and spoke about enjoying a glass of wine after a busy day of sight-seeing. Residents spoke about activities such as gardening, having a takeaway, cinema trips, bowling, local walks and day trips. Residents told the inspector that they are always busy participating in activities of their choice, that they enjoy. Some family members told the inspector that the residents often come home with their nails painted, and have lots of stories about things they have been up to on their visit to the designated centre.

The inspector met the residents on their return from day services. One resident was observed relaxing on the couch, reading an information booklet on upcoming concerts and events in the locality. Discussions were been made about which events the residents would like to attend. It was evident that residents' choice was being promoted during these discussions.

One resident was a non-verbal communicator, and used manual communication signing systems to express their needs and wants. Residents were observed using this manual communication signing system to communicate with this resident, and each other. It was evident that staff members encouraged and supported all residents to use this method of communication, to promote inclusion and effective communication. Staff members were able to interpret the needs and signals of all residents. Residents spoke fondly of the staff working with them. It was evident that residents were comfortable in the presence of staff members, and had developed

positive relationships with them. This was repeated by residents' representatives, who spoke about the positive, trusting relationships they had developed with staff working in the designated centre, including the person in charge. Interactions between residents and staff members were respectful and positive in nature. On many occasions, residents and staff members were observed laughing, chatting, smiling and joking with each other. One resident did some Irish dancing for the inspector, and had a good laugh with their friends when a staff member also showed off their Irish dancing skills.

One resident was observed knitting a colourful scarf as they chatted with their friends, and staff members. The resident also showed the inspector a blanket that they had knitted. This resident was a volunteer knitter for the local charity shop, and regularly donated items that they had made. It was evident on discussion, that the resident had established positive relationships with those who worked in the charity shop, and that they were thankful for the residents' donations.

Some residents also told the inspector that they regularly participated in fire drills, and they were aware of the fire evacuation procedures. All of the residents knew they could talk to a staff member if they were unhappy, or if they would like to make a complaint. This was repeated by residents' representatives, who told the inspector that they could always speak to staff members, or the person in charge should an issue arise. Residents' representatives also spoke about the flexibility of the service provided. For example, one family member told the inspector that the service had accommodated requests for respite, to facilitate them to attend a friend's wedding abroad. Another family member spoke about the support they received, and the flexibility of the service during illness. It was also noted that the service had increased its service provision since the last inspection. Previously, the designated centre only provided services Monday to Friday. However, services were now provided seven days a week. Residents' representatives also told the inspector that they received meaningful feedback on how the resident was, activities participated in, and other matters, after they attended the service.

Residents' representatives were complimentary of the services provided in the designated centre. Two residents' representatives commented that their loved ones smiled when they came to respite and were smiling when they left. Residents' representatives also spoke about the benefits for their family members attending the services. These included the opportunity to make new friends, and to experience a new environment. Resident's representatives were made feel welcome when they came to visit, often being invited to have a cup of tea or coffee with the residents.

Residents and their representatives were also provided with a questionnaire, about the quality of care and supports provided in the designated centre. Five completed questionnaires were given to the inspector. Overall, residents and their representatives were very happy with the quality of services provided in the designated centre. The inspector discussed these with the person in charge at the time of the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that they were of a good standard. A suitably qualified person in charge had been appointed in the designated centre. It was evident during the inspection that this individual knew the residents, and that residents were comfortable in their presence.

The registered provider had ensured that a full application for the renewal of the registration of the designated centre had been completed in a timely manner. The person in charge had ensured that the chief inspector was given notice in writing of events occurring in the designated centre, as prescribed by the regulations. The designated centre had a statement of purpose, which outlined the services to be provided in the designated centre. The statement of purpose did not include all of the information specified in Schedule 1, however this was rectified by the person in charge and shown to the inspector before the end of the inspection.

An annual review of the quality and safety of care and supports provided in the designated centre had been completed in August 2019. On review, the inspector queried the comprehensiveness of this document with the person in charge. It was identified that the annual review report given to the person in charge was incomplete, and the correct version was given to the person in charge on the day of the inspection. Due to the seven month delay in the person in charge receiving the annual review report, issues identified had not been actioned, and an action plan had not yet been put in place. This did not provide assurances that effective systems were in place to ensure the service provided was effectively monitored, in line with the annual review findings.

Six monthly unannounced visits had been completed in the designated centre. The most recent six monthly report, completed in January 2020 was reviewed by the inspector. It was noted that the report was vague, and did not clearly identify the issues found during the visit. For example, the report identified that there were gaps in rights restrictions, but did not identify what these gaps were. Therefore, it was unclear how these issues could be rectified. An action plan had been developed, however the action to be taken was documented as 'review'. The individual responsible to carry out the actions, or the timescale in which the actions should be completed were not specified. It was unclear what measures were required, to ensure continued quality improvement in line with the findings of the unannounced six monthly visit, in the designated centre.

The inspector reviewed the designated centre's training matrix. This provided details of all the training completed by staff members, and those that were scheduled to be completed. All staff members had received mandatory training in fire safety, and the protection of vulnerable adults. Other training courses provided to staff members included hand hygiene, the administration of rescue medication required for a resident with epilepsy, and medication management. The skill-mix of staff members comprised of a social care leader, social care workers and care assistants. It was

evident that the number and qualifications of staff members, was appropriate to the assessed needs of residents, and the statement of purpose.

It was evident that residents were supported to make complaints in the designated centre. However, it was noted that one resident who had informed staff members that they did not want to share their bedroom, did not have their complaint documented in the designated centre's complaints log. Although it was evident from discussion with the resident that this issue was being addressed, there was no documented evidence of the complaint. An easy read complaints procedure had been developed, and was made available to residents. Residents knew that they could speak with staff members if they were unhappy, or if they wanted to make a complaint.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

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

including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that following an unannounced six monthly visit to the designated centre; that a plan had been put in place to address any concerns regarding the standard of care and support provided in the designated centre. A delay of seven months in the designated centre receiving the correct copy of the annual review report, did not provide assurances that effective systems were in place to ensure the service provided was effectively monitored.

Judgment: Substantially 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 30: Volunteers

There were no volunteers in the designated centre on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was given notice in writing, of events occurring in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that a record was maintained off all complaints made in the designated centre.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of care and supports provided in the designated centre and found that they were of a very good standard.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. The process of updating the personal plan was dynamic and ensured that it was subject to review as changes in needs or circumstances arose. The health and wellbeing of residents was promoted and supported in a number of ways. All residents' identified health needs were supported by an appropriate plan of care. Residents had been supported to identify goals of things they would like to do over the coming year. These goals were the subject of regular review, and it was clearly identified how staff members could support the resident to achieve their goals.

Residents were supported to engage in a wide variety of activities, in line with their individual likes and preferences. It had been identified in the designated centre's annual review that the designated centre could not provide for unplanned activation as there was limited transport and staffing available. This issue had been rectified by the person in charge, and a dedicated vehicle was now available to support residents when they were in the designated centre. A second staff was rostered at times, to support residents to participate in activities. Residents spoke about activities such as gardening, having a takeaway, cinema trips, bowling, local walks and day trips. Residents were supported to develop new relationships, including those within in the local community. One resident regularly donated items they had knit to a local charity shop, and they had gotten to know the other volunteers who worked there.

As noted previously, the premises of the designated centre was warm, clean and homely in nature. It was also noted in the designated centre's annual review, that a second bathroom would be required to meet the future needs of residents. One upstairs bathroom with shower facilities was available to residents. There was also a downstairs bathroom in the staff sleepover room. This was available to residents to use as required, however it was noted that at night-time, when staff were sleeping, residents sleeping downstairs must use the upstairs bathroom. Due to the aging profile of residents, a request for an additional downstairs bathroom had been made. There was no further update on this at the time of the inspection. Two of the

bedrooms were double occupancy, providing shared sleeping accommodation. Privacy screens were provided to residents. However, one resident told the inspector that they did not like sharing their bedroom, and that they would like to have a single bedroom.

Infection control procedures had been adopted by the staff and residents in the designated centre. Alcohol hand gel had been provided, and it was observed that all visitors to the designated centre, including the inspector, were requested to use this on arrival. Sufficient hand washing facilities were available, and residents were regularly advised to wash their hands. Easy read documentation was available, to explain and inform residents of infection controls measures. A video had been made by the residents, to remind others not to touch their face, to wash their hands regularly, and to cough or sneeze into their elbow. This video had been shared in the organisation's circular, to spread awareness of the importance of these infection prevention and control measures.

The inspector reviewed the medication management systems in place for residents. Information including the dose of medicines, route of administration, and time of administration were clearly documented, and prescribed by a general practitioner (G.P). All residents had been assessed to identify if they had the ability to self administer their medicines. A number of these residents administered their own medicines, in line with their own preferences. Pharmacy led audits were completed regularly, to ensure medicines procedures were safe, and appropriate.

The fire alarm panel and fire detection systems were inspected and serviced quarterly by a registered contractor. Emergency lighting and fire doors were in place within the designated centre. Break glass panels were available throughout the centre and the fire extinguishers had been serviced. There was a personal emergency evacuation plan in place for each resident. Residents spoken with were aware of the fire evacuation procedures, and told the inspector that they practiced them regularly.

Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not made provision for the matters set out in Schedule 6. This included the provision of private accommodation, and baths, showers and

toilets of a sufficient number.

Judgment: Substantially 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 27: Protection against infection

The registered provider had systems in place to ensure that residents were protected against 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 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

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. The personal plan was the subject of a review as there were changes in residents' needs or circumstances.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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

Compliance Plan for Cork City South 4 OSV-0003296

Inspection ID: MON-0022950

Date of inspection: 11/03/2020

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:

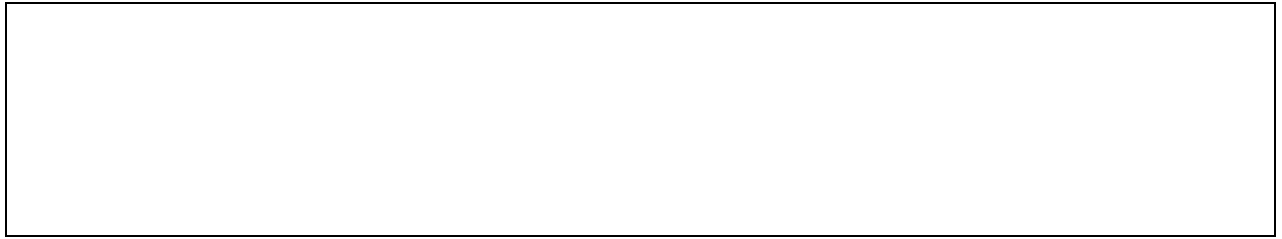
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider shall ensure that there is a comprehensive annual and six monthly review of the Centre carried out , with written evidence of consultation with residents and their representatives. The provider shall ensure that the action plan is responded to appropriately.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints will be documented in the complaints log and dealt with as per the Organisation's complaint policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider has included the proposal for extension to the premises in planned capital works. Due to current pandemic no works are currently taking place.</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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	17/04/2020

	to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/08/2020
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains 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 resident was satisfied.	Substantially Compliant	Yellow	17/04/2020