



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	14 October 2019
Centre ID:	OSV-0003301
Fieldwork ID:	MON-0022513

About the designated centre

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

The designated centre provides accommodation for seven adults with a mild to moderate intellectual disability. The centre was located in a city suburb and comprised two semi-detached residential houses between which access had been created to allow shared kitchen/dining space and free movement between both houses. The house is occupied seven days a week and can accommodate seven adults over 18 years. This includes one respite bed. Residents ranged in age from their 30s to 60s years of age. The designated centre is managed by a team comprised of nurses and care staff who were managed by the service manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
14 October 2019	10:00hrs to 18:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with six residents who resided in the designated centre and also met two parents of residents on the day of inspection. The inspector observed the residents in the house and noted that they were comfortable in their surroundings and in the presence of staff. The residents were returning from day activities and told the inspector about their day. The staff were observed supporting residents with general evening activities and did so with the utmost of respect. The residents showed the inspector around their bedrooms and were very proud of their home. They spoke very positively about the staff and said they were very happy living in the designated centre and felt safe there. One resident stated that they would like a house vehicle as it was difficult for them to get to evening activities, this was also evident on the resident questionnaires. Staff were very good at interpreting the residents needs and supported the residents in a very respectful manner. All interactions between the residents and staff were noted to be very positive and the residents indicated through interactions with staff that they were happy with the support provided. The parents with whom the inspector spoke were also very positive about the care and support provided by the staff in the designated centre.

Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present regularly and was always accessible to the staff. They had good oversight of the operational management of the centre and was effective in their role as person in charge. In addition, the provider completed unannounced visits and an annual review of the care and support provided to the residents. The inspector noted that these reports were comprehensive and recommendations for service improvements were followed up in a timely manner.

Staff spoken with on the day of inspection had a good knowledge of the residents' needs. Interactions observed with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting a resident with personal care and the resident was facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very familiar with residents individual communication methods and utilised same when supporting each resident.

The person in charge had a training matrix in place for the inspector to view. The

inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary. The provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre.

The inspector viewed actual and planned rosters and these were in-line with the statement of purpose. However there were low levels of staff in the evenings and this had an impact if residents chose to go on different activities.

The registered provider had ensured systems were in place for the receipt and management of complaints. There were no open complaints at the time of inspection. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded.

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3. The registered provider also maintained records of the information and documents in relation to staff specified in Schedule 2

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made application to the authority to renew registration and all required documentation was in order.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose. However there were low levels of staff in the evenings and this had an impact if residents chose to go on different activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

Regulation 21: Records

The registered provider had maintained records of the information and documents in relation to staff specified in Schedule 2

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. These audits resulted in action plans for improvement of services and records indicated that these actions were addressed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had in place an agreed and signed contract outlining the terms of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. The registered provider had arrangements in place which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was very good. The health and well-being of the residents' was promoted in the centre. The residents were noted to be very happy in their home and with the staff and management working in the designated centre.

The inspector found that the assessments of the residents' health and social care

needs were completed to a good standard and were effective in meeting the needs of the residents. There was a staff member (a key worker) identified to support each resident.

The residents who had communication assessments were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents' from abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs and self administration of medication assessments were completed with residents.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The residents regularly went to their local cinema, cafes and restaurants. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes. However the residents right to choice in terms of going out to activities was curtailed by both a lack of a house vehicle and low staffing levels in the evenings. The residents brought this to the attention of the inspector on the day of inspection and also in their questionnaires.

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection, alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place approximately every six to eight weeks.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and personalised with photographs and other items. The house was maintained to a good standard although the windows were very old and cold and were referenced in conversation with residents and on their questionnaires. The back garden was quite inaccessible and had no patio area or garden furniture for residents to sit out.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements

in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the designated centre. Inspectors noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that all residents had adequate space to store their possessions and there was an inventory kept of personal possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. Residents' had access to facilities for recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the residents' home was warm and personalised with photographs and other items. It was clean and there was adequate communal and recreational space for the residents. The house was maintained to a good standard although the windows were very old and were referenced in conversation with residents and on their questionnaires. The back garden was quite inaccessible

and had no patio area or garden furniture for residents to sit out.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences and dietary needs
Judgment: Compliant
Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre including a summary of the services and facilities provided, the terms and conditions relating to residency and arrangements for resident involvement in the running of the centre.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had a risk management policy and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events. Any incidents or adverse events were reviewed regularly at team meetings.
Judgment: Compliant
Regulation 28: Fire precautions
Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly. Personal egress plans were in place for residents and were effective in evacuating all

residents safely.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, storage, dispensing, prescribing, administration and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Where treatment was recommended by allied health professionals such treatment was facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of the residents were respected including age, race, ethnicity, religion and cultural background. However the residents right to choice in terms of going out to activities was curtailed by both a lack of a house vehicle and low staffing levels. The residents brought this to the attention of the inspector on the day of inspection and also in their questionnaires.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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	Not compliant

Compliance Plan for Cork City North 1 OSV-0003301

Inspection ID: MON-0022513

Date of inspection: 14/10/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider has reviewed staffing allocation to the designated centre . A suitably qualified staff member will be rostered to the centre to ensure the residents are supported to enjoy activities in the evenings/weekends.This person will be in place by 31/1/2020.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider is currently reviewing its property portfolio . A decision on upgrading of premises will be made when this review is complete.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A vehicle from the organisation's transport fleet has been allocated for the designated centre; this will allow residents to access activities in the evening/weekends. In addition the Provider has reviewed resources to the centre - and will assign a suitably qualified person to the team.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	31/01/2020

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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