



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	15 July 2020
Centre ID:	OSV-0003306
Fieldwork ID:	MON-0029494

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 in a large rural town. This centre provides services to residents with an intellectual disability. The service can accommodate both male and female residents from the age of 18 onwards and has a capacity of 10 residents. The centre operates seven days a week. Residents are supported and facilitated to attend leisure, education and social activities. The staff team consists of volunteers, care assistants, staff nurses, a clinical nurse manager and the person in charge. A multidisciplinary team is employed by the provider to support residents. The designated centre consists of a single-storey wing which is linked to a two-storey Georgian house. The bedrooms are located in the single-storey wing. Residents do not have access to the second floor of the two-storey building and this floor is not part of the footprint of the designated centre. The ground floor of the house has a large dining room, sitting room, activation room, kitchen and a staff office. There are picturesque gardens to the front and rear of the property that are very well maintained. On the day of the inspection nine residents lived at this centre and there was one vacancy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 15 July 2020	10:00hrs to 17:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspectors met all nine residents on the day of inspection and spoke with many of these residents. Residents presented as very happy and comfortable with the service. Residents stated that they liked living in their home. All interactions between staff and residents were observed to be respectful and unhurried. Residents spoke highly of staff and the activities staff supported them with.

Some residents spoke of being very happy living in the designated centre. Residents were both excited and happy in relation to their attendance at day services as well as taking part in organised activities within the designated centre with the support of staff and activity coordinators. Some residents who were not verbal communicators were happy when showing the inspector photographs of chosen activities they had engaged in. Activities included painting, art, baking, beauty therapy, walks in the community, gardening and eating out in restaurants. These photographs and records were compiled in an activities log for each individual resident. Some residents spoke of special relationships they maintained outside of the designated centre and were aware of the current pandemic restrictions which restricted their visits home, visitors to the centre and their open access to the community.

One resident acknowledged the support they received from staff who they felt were very kind to them. This resident also spoke of the actions by staff to assist their mother to come and visit them. The resident was hopeful that a resource worker who supported them in another of the registered provider's facilities, would start to attend the designated centre to support them again. Efforts to facilitate this proposal were documented within the residents' care records and a person participating in the management of the centre was pursuing the matter. This resident also used their own computer to play games, puzzles, watch films and read articles relating to their favorite singer.

Capacity and capability

This designated centre was effectively managed, ensuring a good quality and safe service. Effective leadership arrangements were in place to ensure good management and oversight of the service so that residents were in receipt of a person-centred and meaningful service. Overall, there was evidence of a competent service and workforce that responded to the identified needs of residents. However, the inspector found that the registered provider's previous commitment to allocate a person in charge specifically to this designated centre, had yet to be fulfilled. This management resource remained spread across two other designated centres and a day service. This impacted on the effectiveness of overall governance and staff

supervision.

Residents were supported by both nursing and care staff and these staff arrangements ensured that residents' assessed needs were met. The registered provider ensured that there was a nurse employed during the day and care was delivered by three care assistants. A domestic staff member worked in the kitchen on weekdays providing freshly cooked meals to all residents. An activities coordinator post was divided between two staff members who shared the role on weekdays. Based on previous and future rosters including the day of inspection, the inspector was assured that the number, skill mix and qualifications of staff was appropriate to the assessed needs of the residents.

There was evidence that the provider had a comprehensive training programme in place for staff working in the designated centre. All staff had undertaken training in fire safety, safeguarding and managing behaviours that challenge, however, 45% of staff required refresher training in the areas of managing behaviours that challenge and the safeguarding of vulnerable people. Refresher training in fire safety was required by 14% of staff. There was evidence that staff had undertaken additional training specific to the assessed needs of residents. Training in relation to COVID-19 guidelines is addressed in this report under Regulation 27: Protection against infection.

There was evidence that the designated centre was well resourced to enable effective delivery of care and support to residents in accordance with the statement of purpose that was provided to the inspector. The registered provider had undertaken both six monthly unannounced visits and an annual review report which were made available to the inspector. Issues identified in these reviews were addressed or in the process of being addressed by the person in charge. While resident forums and meetings were facilitated on a monthly basis, formal staff meetings had not taken place for at least eight months. Staff development and supervision meetings were not taking place. The registered provider was seeking to address these by recruiting a person in charge specific to the designated centre. The person in charge was appointed to two other designated centres and a day centre and this impacted on the effective governance of this designated centre. The person participating in management assured the inspector that the recruitment of a person in charge would occur before the end of September 2020.

There was evidence that a comprehensive complaints policy was in place, with residents informed on how to exercise their right to make a complaint. Documentation was in an easy to read format and available to residents at the centre through the centre's residents' guide and communal notice boards. The provider made sure that received complaints were recorded, investigated and resolved in-line with their organisational policy. The inspector noted that the complainants satisfaction on how the complaint was dealt with was not sought or recorded.

The inspectors reviewed the contracts for the provision of services in place for three residents. The contracts were comprehensive and the terms and conditions of

residency were stated.

The person in charge had provided to the Health Information and Quality Authority (HIQA) all required notifications within 3 working days of adverse incidents within the designated centre.

The registered provider maintained a directory of residents within the designated centre. All required information in relation to each resident was up to date.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in a full-time capacity who had the necessary skills, experience and qualifications to manage the designated centre. However, the person in charge had responsibility for a number of designated centres that impacted on the effectiveness of the governance and management of the designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had in place suitably qualified staff with the necessary skill mix appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to and had availed of appropriate training however, there were a number of staff who required mandatory refresher training. Formal staff supervision was not taking place.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre which contained accurate information and residents' details,

as well as recording when residents were not at the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that management systems were in place in the designated centre and that the service provided was effectively monitored.

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 in place a statement of purpose that was subject to regular review, reflected the services and facilities provided at the centre and was made available to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints policy in place for residents that was in an easy-to-read format, however, there was no record as to whether a complainant was satisfied with the outcome.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found evidence of a good quality service. The provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The acting Clinical Nurse Manager and person in charge had worked effectively and were committed to continuous improvements in the delivery of service.

The premises was clean, bright and homely. There were communal spaces to accommodate all of the residents as well as private areas. Each room was furnished with comfortable furnishings and residents had inputted to the personalisation of their own bedroom. Privacy screens were installed in shared bedrooms. The premises overall was in a very good state of repair and the external gardens were well maintained by a voluntary group. Raised planting beds had recently been introduced and some residents enjoyed tending to plants which was evidenced in their activity log. Minor painting works were required to some external parts of the premises and some internal floor coverings in the bedroom corridor required replacing. Trip hazards in the external garden area where paths and flag stones were uneven, were subject to a recent maintenance request for repair.

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. A number of personal care plans reviewed reflected the residents' goals, personal development and wishes. Each care plan had an identified key worker. Each resident had a communication passport and up-to-date intimate care plan. The inspector noted that one resident, who was a non-verbal communicator, had a long-term goal recorded in relation to the sharing of their bedroom. Staff were unsure as to the status of the goal in question and undertook to review the resident's care plan.

Health care plans were reviewed by the inspector and were noted to be current and accurately reflected each resident's health status. All relevant information was consistent with that captured in the residents' hospital passports. The provider had a document called the 'OK health check' which provided clear information and this assessment captured the health care needs of the residents. This check was conducted on an annual basis.

Positive behavioural support plans were reviewed for residents who were impacted by behaviours that challenge. Two files reviewed had an updated behavioural support plan in place. There was written evidence of the resident, person in charge, behaviour therapist and staff actively working to the same behaviour reduction plan. All events were clearly recorded on a daily events sheet and these informed discussion and planning at review meetings. There was evidence that the plan was implemented by staff using the strategies recommended. There was a notable decrease in recorded notifications submitted to HIQA. Restrictive practices employed in the designated centre had been reduced since the last inspection.

Residents had both choice and variety in the food they ate, which was all freshly prepared within the designated centre and included a wide range of fruit

and vegetables. Residents had access to the kitchen and dining area with staff supervision and baking was a preferred activity.

The registered provider ensured there was access for residents to avail of occupation and recreation. There was evidence of inclusion with the wider community and residents spoke about these activities and their 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. Activity coordinators were employed in the designated centre and activities were based on residents' preferences and likes. Each resident had been assessed prior to taking part in activities and some residents attended structured day services off site. Residents' participation in activities was recorded, including whether each resident enjoyed the activity participated in.

The provider had up-to-date risk assessments and a risk register. The assessments related to all areas highlighted in Regulation 26 and ensured that residents were protected from harm. The risk register had been recently 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 (PPE) was observed to be of a good standard. The designated centre was clean and staff had a regular routine and record log of additional cleaning applied to regularly touched areas. While practices employed were good, not all staff had undertaken training in areas of hand hygiene and the use of PPE. The person participating in management undertook to address this matter. Resident forum meetings were held on a monthly basis and included discussion on hand hygiene and physical distancing.

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. All fire safety issues noted on a previous inspection had been addressed by the registered provider, including the installation of new fire doors. Residents participated in regular fire drills which ensured they could be effectively evacuated from the centre in circumstances such as when minimum staffing levels were on duty. Each resident had a personal emergency evacuation plan in place. Fire safety arrangements were discussed at resident forum meetings and the centre's evacuation procedure was clear to both residents and staff. External paths used for the purposes of fire evacuation were the subject of a maintenance repair request as previously referred to in this report.

Residents had adequate storage for their personal possessions and residents were encouraged to use the laundry facilities on site. All bed linen was personalised and each resident had an individual linen basket in their bedroom. Some residents chose to have a television set in their bedroom and they also chose the decoration for 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 and staff on duty were represented by photographs on the notice boards.

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 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. Some areas of repair were required within the designated centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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

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, however, some staff had not undertaken hygiene training consistent with the standards and guidelines relating to the COVID-19 pandemic.

Judgment: Substantially 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 5: Individual assessment and personal plan

The person in charge ensured that residents' personal plans were subject to review, however, the status of one resident's goal of not wanting to share a room was unclear.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had appropriate healthcare 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 for 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	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially 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 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North County Cork 1 OSV-0003306

Inspection ID: MON-0029494

Date of inspection: 15/07/2020

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A PIC position for North County Cork 1 was advertised on 11/8/2020. This position will be interviewed for on 9/9/2020. If a person is successful in the interview process this person will be in position by 8/10/2020.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff will have a performance management review by the PIC by 18/10/2020. • Fire training dates have been calendared for staff on the following dates 29th September 5th October, 7th of October, 21st October and 22nd of October. • Due to COVID-19 restrictions refresher courses on MAPA / supporting behaviors that challenge were restricted. However new guidelines to support restoration of essential training have been written up along with a COVID-19 MAPA Training Protocol. A meeting to discuss this proposal to resume training will be held on 18/9/2020. An update of dates will be formulated after this meeting. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure system has been reviewed by the PIC and a more robust system in line with Cope Foundation's Policy has been implemented. The complaints log has been reviewed by the PIC indicating that a complaint that was outstanding has been reviewed and outcome satisfied and recorded.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Flag stones were replaced outside a fire exit on 4/8/2020. • The facilities manager has identified painting work to be completed on the premises. This work will be completed by 31/12/2020 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All staff in the area have completed hand hygiene training. All staff have been trained in the use of PPE equipment and this has been reflected in the training matrix which the PIC maintains onsite in the area.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge in conjunction with the individual and their keyworker updated the individual's personal plan. The individual previously shared with another person and the individual had some disrupted sleep as the other person vocalized at times at night. They no longer share a bedroom. Since moving to another shared bedroom the individual has had no pattern of disrupted sleep.</p> <p>The individual's personal plan now reflects an updated review.</p> <p>Risk assessment for shared bedroom completed.</p> <p>A schedule of personal plans for each resident has been completed by the PIC to reflect an annual review or more frequently if required.</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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	08/10/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	22/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Substantially Compliant	Yellow	18/10/2020

	supervised.			
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	31/12/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	23/07/2020
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	04/09/2020
Regulation	The person in	Substantially	Yellow	04/09/2020

05(6)(c)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	04/09/2020