



## Office of the Chief Inspector

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

Name of designated centre:	Cork City North 8
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 September 2019
Centre ID:	OSV-0003307
Fieldwork ID:	MON-0022515

## About the designated centre

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

The designated centre is a single storey building situated on a large campus, on the outskirts of a large city. It is a residential service providing 24 hour nursing care to nine adult males and females who have multiple and complex healthcare needs with a severe / profound degree of intellectual disability. Some residents attend day services off site. The premises comprise a visitors room, a day room, a sitting room, a shared living space, a beauty therapy room, a multi-sensory room and an activation / music room. There are seven bedrooms - five single and two shared. Two bedrooms have an ensuite shower and there is also a bathroom suite and an additional shower room. The centre has a kitchen / dining area, a laundry room and storage rooms. There is also a staff toilet and kitchenette. The service is nurse lead led and the staffing complement is made up of nurses and nurses aides.

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

Number of residents on the date of inspection:	9
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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
18 September 2019	08:00hrs to 17:00hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector met with nine residents on the day of inspection. All residents had non-verbal communication. Residents appeared happy and comfortable in the presence of staff. Interactions between residents and staff appeared unhurried, respectful and person centred. The inspector reviewed questionnaires completed by resident's family members. The inspector also met and spoke to three families. All families told the inspector about the affection, support and care that their relative received from staff. Some residents had been in the care of the registered provider for many years. One family described the support that staff had given to their relative while they were gravely ill in a general hospital. This family described the advice and direct support they had received from staff, directly influenced the outcome for their relative and the restoration of their health. Without the level of support their relative received, the family believed their relative would not have survived. Another family described the efforts made by staff to ensure their family member could get home on a number of occasions, each year. This involved significant effort on the part of staff as well as the civil defence services. All families acknowledged that significant improvements in the service were noticeable after the last inspection findings.

## Capacity and capability

The inspector observed and found significant evidence demonstrating that substantial improvements had been made since the last inspection. The leadership and governance in place demonstrated an effective and well managed service. Staff were found to be knowledgeable in all aspects of residents assessed needs and required supports. The service was well resourced to provide a quality of care that was consistent with the high level of medical and dependency needs of the residents.

The provider had a person in charge with the necessary experience, skills and qualifications to fulfill the role. The person in charge understood the needs of the residents and was actively involved in the transition of residents from the service into smaller community settings. The person in charge, with the support of the person participating in management and the clinical nurse manager 1, had addressed all issues of concern highlighted in the previous inspection. Three of the remaining nine residents were due to transition in the near future to a new designated centre in the community, that awaited registration.

The inspector observed that the focus of staff was very much person centred and not task orientated as noted on the previous inspection. Staff engagement with residents was respectful and unhurried. Residents were observed to be

significantly and meaningfully engaged with staff. These engagements were very much individualised. Residents were observed to be in relative close proximity to staff which promoted greater involvement and less solitary periods of watching television or listening to music.

Some changes had been made to the staff roster since the last inspection. An activities coordinator had been employed to oversee and plan activities for each resident. While this position had become vacant again in January 2019, the service made provision to allocate a named person on the roster to undertake the role of activation. It was also evident that the staff roster reflected a good skill mix and quantity of staff to meet the assessed high medical and physical needs of the residents.

The annual review completed at the end of 2018 was supported by an action plan. This was a comprehensive action plan and named staff were given responsibility to ensure that actions were carried out. The previous Health Information Quality Authority (HIQA) inspection and findings were discussed at a resident forum and family members were also involved and consulted. The inspector was assured by this evidence that the registered provider had a management system in place to ensure a safe service, appropriate to residents' needs that was consistent and effectively monitored. The service focus was very much on resident safety and this was greatly assisted and improved due to reduced resident numbers, the mix of residents with similar needs and the ratio of staff employed daily.

There were no staff training deficits noted on the day of inspection. All rostered staff were in receipt of current training for fire and safety, safeguarding vulnerable adults and managing behaviours that challenge. The provider was also committed to additional staff training to provide a safer service based on the assessed needs of residents, including manual handling and medicines management.

There were no new complaints recorded since the last inspection. The inspector did note that previous complaints had been followed up and the appeals process was offered to former complainants. This was logged with the original complaint. The details for advocacy services and the contact details for a confidential recipient was clearly displayed throughout the service. The complaints policy and process was also available in an easy to read format.

The provider had submitted an application to renew the registration of the designated centre. This application was reviewed as part of this inspection. All documentation was submitted in a timely manner in support of this application. The statement of purpose submitted with the application accurately reflected the provision of service to residents.

The registered provider had in place a directory of residents that accurately reflected the required details for all residents present on the day of inspection. All notification of adverse events within the designated centre had been made to HIQA. All relevant incidents had the necessary follow up and information to assure the inspector that residents were in receipt of a safe service.

<b>Registration Regulation 5: Application for registration or renewal of registration</b>
The registered provider had submitted all necessary renewal documentation to HIQA.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The registered provider had employed a suitably qualified and experienced person in charge.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The registered provider ensured that the number, qualifications and skill mix of staff were appropriate to the assessed needs of the residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge ensured that all staff had access to appropriate training.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The registered provider ensured that a directory of residents was maintained with accurate and up to date information as prescribed in Schedule 3.
Judgment: Compliant

## Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was subject to annual review and contained all necessary information as prescribed in Schedule 1.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of all adverse incidents that had occurred in the designated centre, within three working days of the occurrence.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place for residents.

Judgment: Compliant

## Quality and safety

Overall the inspector observed a high standard of healthcare and the quality of the service had improved significantly since the last inspection. The provider clearly demonstrate an understanding of the level of complex and assessed needs of the residents and appropriate resources were in place to meet those needs. The service provided was observed to be person centred, safe and effective to all nine residents.



Appropriate actions had been taken to comply with the conditions of registration and to meet the actions of a compliance plan to address previously identified regulatory breaches.

Five residents were recorded to be engaged in educational and training activities outside of the designated centre. Each resident had an activation record / passport and file which had been formatted by an activities coordinator. While this staff member was on extended leave, the person in charge had allocated a designated staff member to take on the role. Residents with complex needs were successfully engaging with the wider community and had more access to planned activities. These external activities were recorded at a greater level when the role of activation was allocated to a dedicated role. One resident was managing to get home to their family for a few hours every two to three months which involved multi-agency and civil defence input. All staff interactions were observed to be person centred and staff were in much closer proximity to residents when undertaking general tasks.

The hygiene standards within the designated centre were observed to have improved greatly. Staff had excellent knowledge of infection control and cross infection prevention guidelines. All resident equipment was observed to be clean, in good repair and properly stored.

The inspector observed that each resident was given choice in relation to the food they ate. The kitchen and dining area were very clean and fridges, larders and storage units were also clean and well stocked. Each resident had a feeding, eating, drink and swallowing assessment. Residents were observed to be in the presence of staff when eating. Residents were also observed to be in the kitchen area in the presence of staff when food was being prepared.

The designated centre was observed to be very clean. All redundant fixtures previously observed had been removed, all painting and repair works had been carried out to a high standard. This was very notable in bathrooms that had been subject to significant repair and sanitary ware and equipment had been replaced. The premises had been reconfigured to ensure residents had greater privacy in their bedrooms and removed the necessity for staff to access bedrooms for entry to storage and utility rooms. Many families spoke of the significance of the improved environment. Rooms were clearly separated by function and the refurbishments had created a more homelike environment.

A good standard of assessment and planning was evident for three residents who were transitioning to a new designated centre in the last quarter of the year. Plans reviewed were current, had an in-depth assessment of need and recorded an agreed schedule of integration to the new setting. There was an accurate record of staff and residents visiting and spending time in the new home and purchases made to personalise the new setting. Each resident had a comprehensive healthcare plan in place that was up to date. There was evidence of a high level of health assessments and health checks in place, that was nurse led.

There was good documentary evidence of fire drills conducted during periods of minimum and maximum staffing levels. All residents had a personal emergency

evacuation plan that was current. The designated centre had fire and safety management systems in place and all essential equipment was subject to annual inspection by a registered contractor. All fire escapes were clearly marked and unobstructed. Fire alarm activation points were clearly accessible and all fire exit doors had keys located beside them at an accessible height. All staff members on duty also carried a key to open fire doors. Staff completed a daily fire checklist and all fire drill evacuation times were within acceptable time limits.

The person in charge ensured that safeguarding measures were in place to reduce incidents of potential abuse and residents activation and proximity to staff had reduced the amount of notified incidents to HIQA. Each resident had an intimate care plan that was aligned to the residents' personal plan.

Residents had a comprehensive positive behaviour plan in place if it was required. The registered providers policy for the protection of human rights was out of date in January 2018 and required review. It was evident that the person in charge reviewed restrictive practices and some practices had been reduced or eliminated when reported to HIQA. It was noted that the providers restrictive practices committee was not reviewing the restrictive practices in place which meant that there was no oversight of the practices.

The designated centre had risk management procedures in place and a number of hazards identified. The risk register and safety statement for the designated centre had been renewed and updated in August 2019.

### Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the resident's wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider provided each resident with appropriate care and support having regard to their assessed needs. Opportunities for residents to partake in community based activities and activities of choice continued to be less in the absence of an activities coordinator role, specific to the role.

Judgment: Substantially compliant

### Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the needs of residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge ensured that each resident had access to appropriate quantities of food and drink that was safely prepared, was wholesome and nutritious and afforded choice.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that the risk management policy was up to date and appropriate control measures were in place that were proportionate to the risks identified.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that residents at risk of healthcare associated infections were protected by adopting appropriate standards of infection control.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had a comprehensive assessment in place for each resident that clearly outlined identified goals and personal plans pertaining to each resident.

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured that each resident had a personal behaviour plan in place, however, restrictive practices were not subject to review by the registered providers restrictive practices committee.

Judgment: Substantially compliant

### Regulation 8: Protection

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

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that the designated centre was 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 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 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cork City North 8 OSV-0003307

Inspection ID: MON-0022515

Date of inspection: 18/09/2019

## 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 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The activation coordinator will be on maternity leave until early 2020, the PIC has identified a specific person who is very familiar with the residents needs to undertake this role until the person returns from leave.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The register provider is currently reviewing and updating rights restrictive policy and reviewing the structure and role of the restrictive practices committee.	



## 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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	19/09/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	19/09/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	31/12/2019

	are applied in accordance with national policy and evidence based practice.			
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