



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City North 13
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 July 2019
Centre ID:	OSV-0003310
Fieldwork ID:	MON-0021351

## About the designated centre

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

Cork City North 13 is comprised of 4 bungalow type town houses which are located in a cul-de-sac in a large residential area on the outskirts of Cork City. The designated centre can provide full residential care for up to nine adult residents. Each bungalow comprises of individual bedrooms, some en-suite, kitchen, dining and sitting room, bathroom and laundry facilities. All the bungalows have individual front entrances with shared open plan garden area to the rear. There is a staff office and visitor room in one bungalow. The centre supports residents with varying levels of intellectual disability with many residents presenting with additional complex needs and behaviours that challenge. Residents are supported by a staff team that comprises of both nursing and social care staff by day and night.

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

Number of residents on the date of inspection:	8
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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
30 July 2019	08:30hrs to 17:30hrs	Elaine McKeown	Lead

## Views of people who use the service

The inspector met with all of the residents during the inspection.

Two residents spoke with the inspector before they went out on a planned trip to meet family members. One of these residents spoke excitedly about some new furniture they had in their bedroom and proudly showed this to the inspector. The staff also explained how peers from one of the other houses had called up to celebrate a birthday with one of the residents in the days before the inspection.

A resident who had recently moved into the centre was being supported by a staff team that had worked with them in their previous location. This resident appeared relaxed in their new home and was now participating in new activities with the staff team. The staff explained how this resident is now enjoying activities such as walking in the woods and there are plans to continue to progress this individual's participation in more community activities in the coming months. This resident also had a planned visit from family members in the afternoon, on the day of the inspection.

Another resident was seen to enjoy activities in a day room that was brightly decorated and furnished with bespoke furniture made by a family member that supported their individual needs. In another house a resident spoke of how they enjoyed going out with family members regularly and participating in bowling. This is an activity that they have been very successful at and had received awards for their achievements. The staff also explained that this resident and another peer had enjoyed a short break away while some redecorating works were going on in the centre. They enjoyed this so much the staff have plans to support the residents to repeat the activity.

Another two residents spoke with the inspector when they returned from their day service. They outlined what they had done during the day. One resident spoke of how they really enjoyed using their tablet device to listen to music; they also spoke of the great time they had while spending time at home with family members on a recent holiday break. The resident spoke of the different jobs they helped with around the designated centre. They also told the inspector they had taken part in a fire drill and knew what to do if the alarm sounded.

Residents were observed to be relaxed in the company of staff and there was effective communication between the residents and the staff. Throughout the inspection staff were observed interacting with and supporting residents in a dignified and respectful manner. Staff demonstrated a good understanding of the residents' needs and requirements.

## Capacity and capability

Overall, the inspector found that the centre was adequately resourced to meet the assessed needs of the current residents. However, while the provider had addressed most actions from the previous inspection not all actions had been fully completed; not all staff had completed mandatory training as per the regulatory requirements.

The role of the person in charge was full time and also had remit over two other designated centres at the time of inspection. This person was very knowledgeable about the residents' needs and supports. They spoke confidently about their responsibilities and the management systems in place to ensure safe and appropriate care was being provided for the residents. This person is also a member of the provider's committee overseeing rights restrictions within the organisation. The inspector also met with the person participating in management during the inspection who has scheduled meetings every month to discuss the designated centre with the person in charge, along with regular phone calls as required.

On the day of the inspection there was evidence of continuity of care for residents with a good staff mix in order to meet the needs of the current residents. Inspectors spoke to and observed staff on the day of the inspection and noted that they had a good knowledge of the residents' needs. However, the person in charge did outline that there was a vacant care assistant role and other staff were on planned leave. The person in charge did have access to a regular relief staff panel for the designated centres for which they had remit over. All staff spoken to during the inspection were aware of the supports and assessed needs of the residents. Staff also met as a team weekly and attended scheduled quarterly team meetings.

The inspector reviewed the training matrix for the designated centre and identified that some staff were not up-to-date with refresher training in fire safety, safeguarding and managing behaviours that challenge. While the person in charge had booked some staff for training in the coming weeks, not all staff whose training had expired were scheduled to receive refresher training. Gaps in training for staff was also a finding in the last inspection of November 2017.

The inspector reviewed the complaints log for the designated centre. There were no open complaints at the time of inspection. Complaints had been responded to in a timely manner with a resolution documented and dated. The registered provider had an effective complaints procedure for residents in an easy-to-read format.

The provider had systems in place to ensure the centre was regularly monitored and reviewed. The annual review and the six monthly audits were in line with the requirements of the regulations. While there were arrangements in place to ensure that the service provided was safe and in-line with the residents' needs, some audits such as hand hygiene were not carried out as per the schedule for the designated

centre due to trained staff being unavailable to carry out the audits. Also, the provider had not taken appropriate and timely action in responding to issues that had been escalated by the person in charge regarding the maintenance of the designated centre.

#### Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection staffing levels and skill mix were sufficient to meet the assessed needs of the residents. Planned rosters had been developed and were updated to show any changes. The rota was accurate at the time of inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Some gaps were identified in relation to staff training requirements in fire safety, safeguarding and managing behaviours that challenge. The person in charge had evidence that some staff were booked to attend training days in the coming weeks.

Judgment: Substantially compliant

#### Regulation 19: Directory of residents

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

Judgment: Compliant

## Regulation 23: Governance and management

The provider had systems in place to ensure quality of care. However, improvements were required to ensure the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

The registered provider had contract agreements in place which included the support, care and welfare of the resident in the designated centre and the details of the services to be provided for the residents.

Judgment: Compliant

## Regulation 31: Notification of incidents

The provider and the person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were no open complaints in this centre. The registered provider ensured that an effective complaints procedure was in place, which was in an easy-to-read format.

Judgment: Compliant

## Quality and safety



During the course of the inspection, residents were observed to be happy and were supported in-line with their needs. Residents accessed a range of activities and were supported to participate in activities that related to their personal interests. Staff informed the inspector while there was transport available at all times in the designated centre if multiple vehicles were required or there were a limited number of drivers available staff did have the facility to use taxis to ensure residents were able to participate in their scheduled activities.

All residents had their own bedrooms which were decorated to reflect their personal choices and interests. However, as identified by the person in charge to senior management prior to this inspection; there were on-going issues with inadequate storage facilities available throughout the designated centre. This lack of space was impacting on the visitor room and staff facilities as these areas were being used as storage areas. The visitor room required updating to ensure the space is comfortable and welcoming for residents to meet with their visitors. The roof of the designated centre required repair works due to damage caused by extreme weather in 2018; leaks had been reported in the sitting room of one of the houses as a result of this damage. This posed a risk around the electrical wires located on that ceiling. On the day of the inspection maintenance staff commenced repairing the damaged tiles on the roof. Other areas of the designated centre required repainting which included the kitchen presses in one of the houses which had paint peeling off the doors. The provider had begun works to update a bathroom area in another house by removing a bath that was no longer needed but the refurbishment of the room was currently not progressing which did not facilitate proper use of the space.

The provider had measures in place to ensure the safeguarding of residents from potential abuse. All staff spoken to during the inspection had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse or neglect.

The provider had completed the fire safety works that were part of a condition of the registration of this designated centre. Fire safety systems were in place including a fire alarm, emergency lighting and fire extinguishers- with such equipment being serviced at the required intervals to ensure they were in working order. All residents had a personal emergency evacuation plan (PEEP), in place which outlined the supports to be provided to residents to assist them in evacuating the centre when fire drills were being carried out. Fire exits were observed to be unobstructed on the day of inspection, while the fire evacuation procedures were also on display in an easy-to-read format. However, daily fire checks had not always completed and some staff did not have up-to-date fire safety training.

All residents had been assessed by the provider regarding their suitability to self-administer their own medicines. Regular medication audits were carried out and guided practice in the centre. Actions from findings and events were documented; learning for staff and additional training in medicine administration where required was completed. On the day of the inspection some bottles of liquid medication had no date of opening and medications that were no longer required had not been returned to the pharmacy. Staff spoken to on the day of the inspection, were aware of the protocol in place for one resident to receive PRN medicines (medicines only

taken as the need arises). However, the prescription reviewed by the inspector did not have clear guidance documented on the prescription of the protocol to be followed.

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. The health and well-being of the residents was promoted in the centre. Individual personal plans were observed to be person-centred, incorporating the choices and preferences of individual residents. These were subject to regular review. The person in charge ensured residents were allocated a key worker to support the individual needs of residents. In addition, the staff team had plans to review the personal plan in the coming weeks of the resident who had recently transitioned into the centre. This resident had been in the centre nearly three months and the review scheduled to ensure the resident was being effectively supported and to further enhance the individual's goals and development where possible. Residents were actively supported to make decisions pertaining to their service and were given opportunities to express their views and preferences.

Overall, the residents were observed to supported by a dedicated staff team in a professional and respectful manner.

### Regulation 10: Communication

Each resident was supported and assisted to communicate in accordance with their needs and wishes. All residents did have access to television and music. Some residents had mobile phones and used tablet devices. The provider did have internet services available in some areas of the designated centre.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their wishes and they were supported to visit their family and friends. However, further decoration and de-cluttering of the visitor room was required. This will be actioned under regulation 17: Premises.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in social and community activities. The registered provider had also ensured that the residents received appropriate care and support having regard to their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The centre reflected the residents' personal choices and interests. The design and layout of the centre was suitable for its stated purpose and met the residents' current needs both individually and collectively. The centre was clean, however; some areas of general maintenance and storage facilities required attention by the provider.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider had recently supported a resident to transition successfully into the designated centre and another resident transitioned out of the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had measures in place to protect residents and staff from the risk of fire which included servicing of fire equipment and fire evacuation procedures displayed throughout the centre. However, the provider had not ensured that daily fire checks were always completed. Also, not all staff had received up-to-date fire safety training; this will be actioned under regulation 16: Staff training and

development.
Judgment: Substantially compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
All residents had been assessed for the self-administration of medication. Systems were in place for the ordering, monitoring and disposal of medicines. However, not all liquid medication bottles had a date of opening and medicines no longer required had not been returned to the pharmacy. Also, not all PRN prescriptions reviewed stated the protocol to be followed for the administration of these medicines.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Personal plans were comprehensive and reflected residents' needs and staff knowledge. Residents' personal goals were being progressed.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The provider had systems in place to ensure residents' healthcare needs were assessed and they had good access to a range of healthcare services, such as, general practitioners, healthcare professionals and consultants.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
The person in charge had ensured that, where a resident's behaviour necessitated intervention, every effort was made to identify and alleviate the cause of the resident's behaviour.
Judgment: Compliant

## Regulation 8: Protection

The registered provider had ensured that appropriate measures were in place in the designated centre to protect residents from abuse. However, not all staff had up-to-date refresher training in safeguarding, this will be actioned under regulation 16: Staff training and development.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cork City North 13 OSV-0003310

Inspection ID: MON-0021351

Date of inspection: 30/07/2019

## 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 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> <p>Staff training matrix is being continuously updated with regards to Fire Safety, MAPA, Manual Handling and Safeguarding, with places booked on upcoming courses, as well as further courses to be requested as necessary.</p> <p>Staff will be informed to attend training as requested.</p>	
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 PIC and PPIM have escalated to the Provider's Health Promotion Practitioner to request from HSE place(s) for training of staff to become Hand Hygiene Assessor(s). In the interim PIC to contact other designated centre for trained staff to carry out assessments.</p>	
Regulation 17: Premises	Substantially Compliant



Outline how you are going to come into compliance with Regulation 17: Premises:  
The PIC and PPIM have been given dates by the provider for completion of the previously escalated maintenance works required (i.e. painting / decorating (31st January 2020) and installation of storage units(11th October 2019).

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All staff immediately informed that daily fire checks when carried out must be recorded in fire register book as a daily occurrence, and ongoing audits of same to be carried out, commencing 30th September 2019.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
PIC informed all staff to adhere to policy in accordance with any relevant national legislation or guidance, as well as protocols guiding to the practices of recording date of opening on PRN liquid medication bottles, and timely return of medications no longer in use.

Specific PRN protocol was reviewed and amended on 15/08/19 by consultant psychiatrist.

## 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 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	31/12/2019
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	31/01/2020
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	Substantially Compliant	Yellow	31/12/2019

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/09/2019
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	15/08/2019