



## Office of the Chief Inspector

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

Name of designated centre:	Cork City South 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	02 April 2019
Centre ID:	OSV-0003311
Fieldwork ID:	MON-0023359

## About the designated centre

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

The service is for adults with an intellectual, physical disability and/or autism who require residential care. The centre is comprised of three detached buildings located beside each other in a housing estate. One of the buildings was a single storey building divided into two houses with an interconnecting keypad door which residents had the access code for. The remaining two buildings had two storeys and all three buildings were of a similar design and layout. Each of the buildings had two kitchens with adjoining dining and sitting areas and two smaller sitting rooms which could be used for visitors. Combined, the three buildings had 31 separate bedrooms to provide for residents while staff facilities such as staff offices were also available. The centre was suitable for its stated purpose and was comfortable, homely and bright. .

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

Number of residents on the date of inspection:	31
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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
02 April 2019	10:00hrs to 19:00hrs	Cora McCarthy	Lead

## Views of people who use the service

The residents with whom the inspector spoke with on the day of inspection were overall very happy with the care and support provided to them. However one resident was particularly unhappy with their transition between two houses within the centre. The resident voiced clearly that he wished to return to his original house he resided in prior to health difficulties. The resident was happy with the support staff provided and the inspector observed positive interactions with staff. The centre was decorated with photos of activities residents had engaged in as well as family photos and personal items. The centre was warm and homely and had a relaxed atmosphere during the inspection.

## Capacity and capability

Overall this centre was found to provide a safe service to residents.

The provider had ensured that there was a clear governance and management structure in place to ensure that a safe service was provided to the residents. The person in charge provided good leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities. However the gaps in staff training and the evidence of non completion of actions identified on inspection would indicate that greater oversight and monitoring is required by the provider.

There was a system of audits, unannounced inspections and annual reviews in place although there was no evidence of completion of actions.

The staff numbers were not in line with the statement of purpose, there was a vacancy of one staff member. The skill mix of staff did meet the residents' assessed needs and staff were competent and capable. However the inspector identified gaps in mandatory training, the person in charge submitted a training schedule to the inspector and committed to addressing same.

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up. The person in charge audited the complaints log in order to maintain oversight of complaints. The residents were familiar with the complaints process.

Inspectors note that the interaction between residents and staff was respectful and warm. A positive atmosphere was observed throughout the inspection.

## 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. However greater oversight and monitoring of staff training and actions as outlined in the annual report was required.

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 was a vacancy of one staff member in one of the houses within the centre.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The person in charge had a training matrix in place; however the inspector identified gaps in mandatory training. The person in charge provided a schedule of training for the inspector to view and committed to providing this training in a timely manner. Greater oversight and monitoring was required in this area.

Judgment: Not compliant

## Regulation 19: Directory of residents

An adequate directory of residents was available within the centre.

Judgment: Compliant

## Regulation 23: Governance and management

Systems were in place to ensure the delivery of care and support. These

arrangements included an annual review and two six monthly unannounced inspections. There was evidence that some actions had been identified however there was no evidence that these were followed up and completed. For example the statement of purpose was identified as requiring review in light of changing needs of residents, this had not been completed. The gaps in training which were identified by the inspector also indicate that greater oversight and monitoring is required overall.

Judgment: Not compliant

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

The admission policy states that each resident should have a contract for the provision of services in place. The provider did have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

A suitable Statement of Purpose was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

Records indicated that such notifications were submitted to the office of the chief inspector as required.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The person in charge was aware of their responsibilities in terms of notifying the office of the chief inspector as to the interim arrangements for the management of the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

A suitable complaints policy and procedure was in place. A person had been nominated as a complaints officer and another person was appointed to ensure appropriate follow up on complaints and recording of complaints. Records indicated that any complaint recorded had been resolved.

Judgment: Compliant

## Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was good.

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. However some care plans required review and update.

Overall the health and well-being of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. 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. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in



the safeguarding of vulnerable persons.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical needs. Staff that administered medicines to residents were trained in safe administration and there was evidence of medication audits.

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 occupation and recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. 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 homely. However overall improvement was required to the outside of the premises. The paving was uneven which posed a risk to residents and there were weeds and the area was unkempt.

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 person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. 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 centre and behaviour support plans were good and were reviewed regularly. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

The person in charge had ensured that there was a robust fire management system in place. Prior to the inspection the provider had identified this training need and scheduled training to address it. Suitable personal emergency evacuation plans were in place and suitable arrangements were in place for the evacuation of the centre should it be necessary.

## Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. All residents had access to television,

newspapers and radio.
Judgment: Substantially compliant
<b>Regulation 11: Visits</b>
The provider facilitated each resident to receive visitors in accordance with their wishes.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
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. The residents had access to facilities for occupation and 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
<b>Regulation 17: Premises</b>
The inspector observed that overall the resident's home was warm and homely and displayed personal items of the residents throughout. The residents had adequate space and storage for belongings and the centre was clean and maintained internally to a good standard. However overall improvement was required to the outside of the premises. Inspectors identified the paving in particular required

addressing, it was uneven and therefore considered unsafe. The garden was overgrown and the area was unkempt.

Judgment: Not 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.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: Compliant

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

While the transition of a resident within the designated centre was determined on the basis of transparent criteria, further discussion with the resident and their representative was required to ensure that the transition was in line with the residents rights.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place 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.

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 and drills indicated that they were taking place regularly.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an 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. However some support plans required review and update.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges although gaps were identified. 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 resident's behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not 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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cork City South 3 OSV-0003311

Inspection ID: MON-0023359

Date of inspection: 02/04/2019

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: The statement of purpose will be updated to reflect the allocation of staffing to the designated center and to reflect the changing needs of the designated center.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A robust training plan has been put in place with oversight from PIC and PPIM, all mandatory training will be completed.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Pic and PPIM will schedule weekly meetings to ensure oversight and monitoring of	



the centre, whilst ensuring that the changing needs of residents is taken into account	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Site specific Total Communication training and strategies, e.g. Lamh will be provided by Clinical Nurse Specialist in Communication. Assessments will be completed. Pic has requested input from SLT to ensure that those who require communication assessment will be completed.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Facilities Manager has met with PIC and PPIM and identified a schedule of maintenance for the centre	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: The PIC will ensure consultation process in the event of any further transitions within this center as per organisation policy. Further discussion has taken place with resident, an independent advocate has been engaged to assist the resident in discussion around current and future placement within the designated center, a psychology input has been requested on resident's behalf to further assist resident.	
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: Support plans will be reviewed and updated. A schedule has put in place for same.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2019
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	30/06/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Not Compliant	Yellow	30/09/2019

	refresher training, as part of a continuous professional development programme.			
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.	Not Compliant	Yellow	30/06/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Yellow	14/06/2019
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an	Substantially Compliant	Yellow	30/09/2019

	appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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