



**Health  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	North County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 January 2020
Centre ID:	OSV-0003314
Fieldwork ID:	MON-0022951

## About the designated centre

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

The designated centre was a purpose built house to accommodate four residents. It was located adjacent to a large town and in close proximity to a day service facility that residents attended. Each resident had a single bedroom with en-suite facilities. Three bedrooms were located on the first floor in proximity to a staff sleep over room. One bedroom was wheelchair accessible and located on the ground floor. The ground floor also comprised of an office, sitting room, dining room and sunroom. There was a large kitchen, two toilets and a laundry room. The house was decorated and maintained to a very high standard. The centre provided short-breaks and respite to adult male and female residents who attended the registered providers day services. The centre was open for three nights on alternate weeks. It was also open for two weekends every month. The staff team was led by a qualified nurse and comprised of care assistants.

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

Number of residents on the date of inspection:	4
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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
Wednesday 22 January 2020	10:00hrs to 17:30hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector met with four residents and two family members on the day of inspection. All residents had good verbal communication and understood why the inspector was in the designated centre. Residents spoke of how much they enjoyed the respite service. They articulated that they liked the staff, the choice of food and the fact that they could stay in the service the same times as their friends. Residents stated that they had a lot of choice in the activities they wanted to do. One resident was supported to be a bingo caller in an older persons facility and greatly enjoyed this role as well as attending bingo separately. This resident also represented peers on the registered providers advocacy council. Another resident was very excited about an upcoming concert in Killarney which was recorded in their personal diary. One resident enjoyed supporting their mother and was proud of a recent acknowledgement from local Gardai after foiling an attempted break in at their home. All residents stated they felt safe in the designated centre and that staff were their friends. Residents could take part in cooking their evening meal but choose not to after a hard day at work.

All residents enjoyed using electronic tablets but were disappointed that the service had no internet access. Residents were also proficient mobile phone users.

Questionnaires completed by residents and their relatives also acknowledged the flexibility of the service to support residents and their carers. Relatives also commented on the kindness of staff, the sense of welcome within the service and the professionalism of all staff. Some families articulated that the limited opening of the respite service was a significant under utilisation of what they perceived to be a fine service and facility.

## Capacity and capability

The inspector found that the designated centre was well managed and resourced to meet the needs of all residents availing of respite services. Staff demonstrated detailed knowledge of residents and care was integrated to incorporate goals from the adjacent day services and work placements, ensuring a continuity of care that was meaningful to residents. Residents appeared happy, well cared for, safe and looking forward to their next allocation of respite. The focus of care was person centred. Flexibility of staff and shift patterns demonstrated putting the needs of the residents first. Additional staff were in place when respite residents with higher physical needs or mobility issues were in residence.

The provider had in place a small team of care staff that were well trained. The person in charge was qualified in intellectual disability nursing and had extensive

experience in managing and developing the respite service. They were employed in a full-time capacity and also managed two other designated centres as well as the adjacent day service. The person in charge had undertaken necessary management training and was also currently undertaking pastoral care training to meet the assessed needs of some aging residents. The provider had in place a training schedule for all staff. All mandatory training was up-to-date. Staff had undertaken additional training to meet the assessed needs of the residents which included manual handling, the safe administration of medicines and safe food preparation.

There was a supportive management structure in place. The person participating in management was active in ensuring that the service had adequate staff resources to meet residents individual needs. Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified, actioned and completed. Families were consulted by questionnaire in advance of the annual review. Feedback was also sought at a family forum. The designated centre was committed to active and regular auditing in relation to room cleanliness, privacy and dignity of residents, medicines, mattresses, fire and safety as well as family satisfaction surveys. The person in charge received informal supervision from their line manager.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. Some minor details were required to reflect the exact fire emergency procedures in the designated centre and the lack of internet access. The person in charge committed to amending and resubmitting the statement of purpose as part of the renewal of registration process.

The provider had in place a directory of residents for all 17 residents availing of respite services. All information contained specified information as determined by regulation. Each resident had a contract of care in place. This was a generic contract which referenced the services to be provided and what services would incur fees. The terms on which the residents resided in the designated centre were not clear. The person in charge undertook to address this with the registered provider.

All notifications of incidents arising per regulation 31 were notified to the Health Information and Quality Authority (HIQA) in a timely manner. Appropriate safeguarding actions were implemented by the provider. There was comprehensive evidence that all incidents were appropriately investigated by the registered provider.

The provider had in place a complaints policy and all complaints were well documented in a complaints log. How to make a complaint was displayed on posters throughout the designated centre and residents had an easy to read format. The information was clear on how an appeals process could be accessed. Contact details for a confidential recipient service was also well displayed. Some issues recorded as complaints related to staff and organisational communication gaps which did not require recording outside of staff handover notes.

The registered provider provided all necessary information to HIQA for the purposes of considering an application for the renewal of registration of the designated

centre.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an application for renewal of registration to the Chief Inspector and all Schedule 1 required information was provided.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge who was employed in a full-time capacity.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff were appropriate to the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that all staff working in the designated centre had access to appropriate training.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and properly maintained a directory of residents in the designated centre

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had management systems in place to ensure the services provided were safe, appropriate to residents' needs, that were effectively monitored.

Judgment: Compliant

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

The registered provider ensured that each resident had a contract of care that clearly stated the conditions of residency. However, the terms on which the residents resided in the designated centre were not clear.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. However, not all information outlined in Schedule 1 was included and some information required updating.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of all adverse incidents within 3 working days.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place which was



accessible to residents and families, in an easy to read format.

Judgment: Compliant

## Quality and safety

The inspector found the designated centre was operating to a good level of compliance with both regulations and standards. The service was of a very good quality, was safe for residents, placed the resident at the centre of the service and supported the voice and rights of the residents. Staff and resident interactions were observed to be respectful and meaningful.

The premises was warm, bright, welcoming and well decorated. Residents were given individual bedrooms with privacy and there were quiet and communal areas for residents to spend time alone or to receive visitors. One large settlement crack on the second floor had been reported to the maintenance department to address and the registered provider had committed to address this issue.

Each resident had an individual care plan in place and this was subject to review and revision. Residents and their family were actively involved in the review process. All goals were linked to agreed goals defined within the residents training programme and day services. The goals defined for residents respite stay were supportive and person centred. Residents social activities were well recorded. There was evidence that residents had a meaningful stay while in respite. The standard of care to residents was observed to be of a good standard and appropriate to the individual needs of the resident. Staff focused on facilitating residents occupation and recreation and the maintaining of relationships.

Each resident had a current OK Health Check in place. Each resident had a comprehensive nursing assessment and there was evidence that all residents were supported to be as independent as possible with intimate care, attending clinics and medical appointments, as well as the self administration of medicines.

The fire and safety systems in place were of a good standard. All fire equipment and detection systems were recently serviced and all aspects of fire safety were checked by staff on a daily and weekly basis. Fire drill evacuation times were recorded, all within acceptable limits. Fire works on the first floor had been addressed since the last inspection. A running man sign that was required on the first floor was put in place before the inspection concluded. The providers maintenance department had a plan in place to address some gaps in door intumescent strips on the ground floor. All windows could be fully opened to assist evacuation in the event of a fire. All fire escape routes and fire exits were kept clear.

The support of residents' rights were evident through choice of activities, choice of menus, choice of time and with whom to avail of respite services and choice of bedroom. Residents also had a voice through service user meetings, satisfaction

surveys and biannual family forums. One resident was a participating member on the registered providers advocacy forum.

All communication was observed to be respectful and done in a manner to support the resident. Residents had access to a communal television. Residents had no access to internet. Residents were disappointed that internet services were not in place. All residents detailed having internet access when in their own home environment. Some residents used their own electronic tablets for leisure activities while in respite. Each residents communication passport was part of their overall individual care plan.

The registered provider had in place a current risk register. This had been subject to recent review and timed actions were attributed to named, responsible persons. The restrictive practices in place on the day of inspection had been notified to the registered providers restrictive practices committee but not previously advised to HIQA. Positive behaviour support plans for residents were directly linked to the main care plan in place within the day services. Practices were of the least restrictive means to ensure resident safety and all were risk assessed. Some risks required reassessment as they were rated as almost certain of occurring while the registered provider had controls in place to minimise such a likelihood.

Residents informed the inspector that they enjoyed the variety of food and fruit in the centre. It was evident that there was food and snacks of choice accessible to residents. The kitchen was well stocked with fresh food and dry goods. All food stuffs were well within date. Staff involved in the preparation of food had sufficient training and adhered to hazard analysis and critical control points (HACCP) guidelines. Food preparation boards were colour coded. Cooked food temperatures were recorded. Residents spoke of enjoying takeaway food and attending local cafes and restaurants with staff support. The standards of cleanliness and general hygiene practices were observed to be of a good standard.

Each resident had adequate storage for their personal clothing and possessions. On admission, each resident was given a copy of the items and medicines that they had brought with them and this also recorded the return of items on return home. All expenditure had receipts in place and items were checked and countersigned.

Residents who attended for respite brought their own supply of medicines. This was well recorded by staff and all unused medicines returned home with residents. All medicines were securely stored, properly administered and dispensed. Resident self administration of medicines was assessed by the staff and some residents were supported in the administration of their own medicines from blister packs.

## Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes. Internet facilities

were not available to the residents.

Judgment: Substantially compliant

### Regulation 11: Visits

The registered provider had facilities in place for residents to have visitors in accordance with their wishes.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that, as far as reasonably practical, each resident had access to and retained their own property.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured each resident had appropriate support and facilities for occupation, recreation and the maintaining of personal relationships.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises were 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 properly and safely prepared

food that was wholesome and nutritious.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had in place a residents' guide. However, this needed to be updated.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place for the assessment, management and ongoing review of risk in the designated centre. A review and revision of some risks were required by the registered provider in line with the control measures that were in place.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place within the designated centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider ensured that there were appropriate and suitable practices relating to medicines in place in the designated centre and residents were assessed to determine if they could self administer medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents personal plans were subject to annual review and reflected the assessed needs of the residents.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that each resident had appropriate healthcare particular to the residents' personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the consent of residents and reviewed as part of the personal planning process

Judgment: Compliant

### Regulation 8: Protection

The registered provider demonstrated evidence of protecting residents from all forms of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that the designated centre was operated in a manner that respected the rights of residents.

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 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	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	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

**Inspection ID: MON-0022951**

**Date of inspection: 22/01/2020**

### **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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The register provider in collaboration with the PIC will review the contract of care and update same to reflect the service which will be provided to the service user while accessing this centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The PIC has reviewed the statement of purpose, same has been updated and reflects site specific emergency plans.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The PIC has liaised with the I T department who are in the process of updating the system, this will include internet access and Wi-Fi availability within the centre. This is to be rolled in quarter 2 of this year , in the interim a Wi-Fi mobile modem will be</p>	

purchased for the centre.

Regulation 20: Information for residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

The PIC have reviewed and updated the residents Guide and it reflect site specific evacuation plans .

The PIC will ensure the staff supporting the residents will be given and have access to this updated version .

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The PIC is currently reviewing the Risk register and due consideration will be given to risk rating during same .

## 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(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	31/03/2020
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	08/02/2020
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	08/02/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the	Substantially Compliant	Yellow	24/03/2020

	terms on which that resident shall reside in the designated centre.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/03/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/02/2020