



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	23 September 2019
Centre ID:	OSV-0005509
Fieldwork ID:	MON-0022634

About the designated centre

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

Cork City South 6 provides full time residential support for two adult male residents with an intellectual disability and or autism. The centre is located in a residential area of a city suburb and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The designated centre is a compact two-storey house. There is a kitchen-dining area, sitting room, staff toilet and office located on the ground floor. There are three rooms located on the first floor. Both residents have their own bedroom and the third room has been decorated as a relaxation room; an alternative space for residents to use. There is a walled garden to the rear of the property and parking facilities to the front of the house. Residents have access to transport at all times.

Residents are supported by staff through a medical model of care. Residents are supported by three staff during the day which include nursing and care staff and two waking care staff by night. The multi-disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as GP and consultant services as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
23 September 2019	09:20hrs to 18:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector was able to meet with the residents during the afternoon on their return from attending their day services. Both residents were supported by staff who were knowledgeable of their needs and their preferred routine. Staff were observed interacting with and supporting residents in a dignified and respectful manner.

One resident required additional support on the day of the inspection as they had sustained a recent injury to their leg. Staff had informed the inspector of the incident prior to the resident arriving home. The resident was supported by staff to mobilise and provided additional support using a wheel chair as required. Staff were seen to communicate effectively with the resident using Lámh signs. The resident indicated to staff that they wished to go out for a drive and staff effectively communicated that this was possible after the resident had eaten their dinner. The resident then went into the sitting room to rest on the couch with staff while the dinner was being prepared.

Staff had informed the inspector that the other resident had a schedule that they followed on their return to the designated centre in the evenings. The resident was observed to independently put their next scheduled activity up on a notice board in the kitchen on their arrival home. They went to their bedroom and came back downstairs to use their electronic tablet device. Staff informed the inspector that this resident likes to spend time in the company of staff and assists staff with some household chores. The resident chose a drink from the fridge and sat at the dining room table while staff prepared the evening meal. The resident became anxious shortly afterwards and staff supported the resident in a calm and effective manner. Staff spoke with the resident in addition to using Lámh signs and writing a short sentence on paper to assist the resident to understand the staff. The resident was supported and their request to staff was completed which assisted the resident to resume their chosen activity.

The inspector reviewed residents' satisfaction questionnaires that had been completed by family members on behalf of the residents. The responses were positive and outlined a service that met the needs of the residents. The designated centre was described as being comfortable and safe and its location close to the family home and other required services was considered as being of great benefit. Family members were of the opinion their relative was happy in the designated centre stating "it really is home" and "my son is extremely happy and safe". The staff team were described as being always available, professional and diligent.

Capacity and capability

This was a good service and throughout the inspection the staff team demonstrated their capacity and capability to deliver a safe, effective and quality service to meet the current assessed needs of the residents. However, further review of staffing resources was required. The provider had addressed most of the findings from the previous inspection. The provider had systems in place to ensure the centre was regularly monitored and reviewed. Six-monthly provider-led visits and the annual review were completed. Action plans had either been completed or were being progressed. The inspector did not review the provider's policies during this inspection as the provider is currently reviewing all policies at an organisational level. The provider has actively engaged with the inspector to submit the application for renewal of registration for this designated centre in-line with the regulatory requirements.

The inspector met with the person in charge and the person participating in management during the inspection. The role of the person in charge is full time and the person also had remit over another designated centre approximately 15 kilometres away. The person in charge was knowledgeable about the needs and supports required by the residents. They spoke about their role, responsibilities and the management systems in place to ensure safe and appropriate care was being provided. The person in charge was supported by the staff team in the designated centre. The person in charge had the capacity to visit the designated centre each week and they were available to staff by phone. The person in charge was also progressing actions from recent provider led audits in a timely manner.

At the time of the inspection, the person in charge had ensured that the staffing arrangements at the centre were in-line with the assessed needs of the residents in conjunction with the residents attending day services. Following a review of the staff rota, there was evidence of continuity of staff, including relief staff familiar with the needs of the residents. The inspector was informed that one of the resident's assessed needs had increased in recent months due to the progression of a life limiting illness and the requirement for nursing staff on all day shifts was under review by the provider. The rota was discussed with the person in charge and amendments were made to the template to reflect staff allocated to specific duties. This allowed the inspector to identify staff from the designated centre supporting one resident in their day service and a link staff when the person in charge is not present in the designated centre. The requested amendments were completed during the inspection.

While staff resources in the designated centre were able to support the residents, it was evident following a review of the incident log for the designated centre that increased resources were required during periods of planned closures of the day services for the residents to ensure each resident's assessed needs were being met. This was discussed with the person in charge during the inspection.

Staff who spoke with the inspector were knowledgeable of the residents' assessed needs and were able to explain to the inspector the procedure to follow in the event of a fire in the centre and how to ensure the safeguarding of the residents.

However, following a review of the staff training matrix, not all staff had attended mandatory and refresher training in safeguarding and fire safety training. The provider had also identified specific training requirements for staff to meet the needs of the residents; either refresher courses or training had not been provided to all staff at the time of the inspection. This was also a finding in the last inspection. While the person in charge did provide the inspector with evidence of training booked in the coming weeks and months the gaps in training in some cases were for more than six months. In addition, following a review of some staff files not all the documentation required as per Schedule 2 was available for review by the inspector. One staff member did not have a current contract of employment available for review in their file.

There were no open complaints in the designated centre at the time of the inspection. The inspector reviewed the complaints log for the designated centre. The provider had responded to all complaints that were made and the required supports were put in place to resolve the issues. While the complaints had been closed the satisfaction of the complainant was not documented in all cases.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for the renewal of the registration of the designated centre to the Chief Inspector as required and actively engaged with the case holder.

Judgment: Compliant

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

At the time of this inspection the provider had ensured sufficient staffing levels were in place to meet the current assessed needs of the residents. There was continuity of care and the inspector reviewed a planned and actual roster.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had access to mandatory and centre specific training and refresher courses as required to ensure that the care and support provided to residents reflected current developments in best practice.

Judgment: Substantially compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 21: Records

The registered provider had not ensured that all the required records and documentation in relation to staff specified in Schedule 2 were maintained as per the regulatory requirements.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that a contract of appropriate insurance was in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that the quality and safety of care

delivered to residents was regularly monitored. However, the resourcing of the designated centre required further review to support the changing and complex needs of the residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a contract with the provider for the provision of services. The written agreements clearly outlined the fees to be charged and the services that the residents' received for this fee.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and was subject to regular review. Following review during inspection the document required amendments to be made, which were completed in a timely manner to ensure it contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The registered provider did not have volunteers working in the centre at the time of the inspection.

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 under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre. All complaints had been reviewed and closed out in a timely manner. The provider had an effective complaints procedure for residents in an accessible format. However, the satisfaction of the complainant was not always documented.

Judgment: Substantially compliant

Quality and safety

While the inspector saw evidence of practices in the designated centre that ensured residents' well-being was promoted, a fire door was observed to be wedged open in the staff office on the day of the inspection. The person in charge removed the wedge and was requested to inform all staff that the door must remain closed at all times until a magnetic door release is attached to the door. The inspector requested evidence to be provided when the door release has been fitted. The inspector also discussed the current documentation used to record the fire drills in the designated centre. While drills were completed; not all had the time of day the drill took place documented. In addition, there was inadequate space for staff to document issues arising, actions or learning outcomes following a drill being completed. Also, one staff member had not received refresher training in fire safety.

The inspector found that residents' received person-centred care and support that supported them to enjoy activities in the designated centre, day services as well as in the community. However, one resident required two staff to support them with daily healthcare needs which impacted on the other resident's ability to pursue activities outside the designated centre at these times with the resources available. Also, a short break for the residents had been postponed due to the assessed needs of one resident. While the person in charge and staff team were actively engaged in organising a short break for both residents in the coming months, no location had been booked at the time of the inspection.

The provider had ensured the premises, which is leased, was well maintained. It reflected the residents' personal choices and interests. A bedroom had been converted to a relaxation room for use as an additional space for the residents to use but the person in charge informed the inspector that this was not used regularly by the residents at present. The inspector discussed some minor decorative issues that were noted during the inspection and staff informed the inspector that some of these issues had been logged as per the provider's procedure prior to the inspection and were awaiting review by the relevant personnel. The staff team and the person

in charge are confident they can continue to support the residents' in this house in-line with their current assessed needs. However, one resident's medical condition is under constant review and the scope of the house does not have space to re-design the living space to facilitate a downstairs bedroom if the need arises in the future.

Both residents had individualised personal plans and there was evidence of regular review. These were comprehensive and reflective of residents' needs and staff knowledge. One resident's multi-element behaviour support plan was under review at the time of the inspection. While both residents had goals identified which were inclusive of community activities and reflective of individual preferred activities, not all had progressed.

One resident had complex medical needs. They were being well supported by the staff team and had regular input from allied health professionals including consultants. The staff team are in regular contact with the resident's family to ensure the needs of the resident are met.

All staff had received infection prevention and control training to prevent healthcare associated infections. Staff displayed good practices and knowledge in this area during the inspection. Evidence of good practice was also reflected in the protocols implemented regarding the management of the laundry, floor cleaning mops and the dual use of the office as a clinical treatment room. While the space available to staff was limited, the safety of residents was maintained at all times.

The provider had ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk. However, while the individual risk registers for each resident had identified all areas of potential concern, the risk register for the centre required review as not all risks had been identified. Also, the risk rating required further review as controls were in place to reduce some risk ratings. A review of the risk register had recently taken place as a result of an action identified in the provider's unannounced audit of the designated centre. However, the revised risk register had not been reviewed by the provider at the time of this inspection.

There were safe medication management processes in place to protect residents from the risk of medication errors. Regular medication audits were carried out and guided practice. The recording of the fridge temperature where medications were stored was discussed with the person in charge during the inspection to ensure consistent data was documented.

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. The staff who met with the inspector during the inspection knew how to respond to a safeguarding concern. There were no safeguarding plans in place at the designated centre at the time of this inspection.

Overall, the residents are supported by a committed and flexible staff team who ensure the current assessed needs of the residents are being met.

Regulation 10: Communication

The provider has ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The provider ensured that residents were able to receive visitors as per their wishes. Residents' were also supported to visit their families each week.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their personal property and possessions. Residents' finances were managed as per organisational policies and procedures.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had not consistently supported one resident to participate in external recreational activities.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had ensured the premises was well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Special dietary requirements were supported by knowledgeable staff and clear guidelines were available to ensure consistency in the support given to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk. However, while the individual risk registers for each resident had identified all areas of potential concern the risk register for the centre required review as not all risks had been identified. Also, the risk rating required further review as controls were in place to reduce some risk ratings.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place which included regular fire drills, fire equipment checks, up-to-date staff training and detection systems. However, on the day of the inspection one fire door was wedged open into the staff office.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medications were securely stored at the centre and staff who administered medication received training in the safe administration of medication. The provider also had conducted reviews of medication management within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for the residents and were based on each resident's assessed needs. Personal goals reflected the personal interests of residents'. However; not all goals had progressed for residents. This has been actioned under regulation 13: General welfare and development.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. Staff knew how to respond to a safeguarding concern. However; not all staff had received 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
Capacity and capability	
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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cork City South 6 OSV-0005509

Inspection ID: MON-0022634

Date of inspection: 23/09/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outstanding training records for relief staff were sent by email 26/9/2019. One staff to attend fire training on the 5/12/2019. Two staff to attend safety training 10/12/2019	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The staff has been provided with an updated contract. This was verbally passed on to the inspector at the end of September 2019.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Individual case conference held on 31/7/2019 and 11/9/2019, ongoing discussions regarding additional nursing staff to work opposite shift to existing nurse on day shifts only. Protocol put in place if nursing input is required in the absence of a staff nurse/community nurse.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: PIC and community nurse met with the complainant on the 2nd August 2019. The matter was resolved no further action were required. The PIC has drafted up a letter of response as to the outcome of the complaint and attached to same.	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Activities for residents have been discussed during handovers. In addition, the PIC and all staff will review current plan of activities and will create and develop additional onsite activities/recreational options for residents to participate in if and when they choose.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC and staff nurse reviewed the risk register and added new identified risks to the risk register.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire door for the office has been equipped with an automatic fire magnet.</p> <p>A new fire drill record introduced which included date, time, duration, person giving instructions, person receiving instructions (including service user), area where fire alarm call point was activated, remarks, follow up actions and learning outcome.</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 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	30/11/2019
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	10/12/2019
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff	Substantially Compliant	Yellow	30/09/2019

	specified in Schedule 2 are maintained and are available for inspection by the chief inspector.			
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.	Substantially Compliant	Yellow	24/09/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	24/09/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/10/2019
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and	Substantially Compliant	Yellow	25/09/2019

	details of the appeals process.			
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