



## Office of the Chief Inspector

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

Name of designated centre:	Cork City North 17
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 August 2019
Centre ID:	OSV-0005518
Fieldwork ID:	MON-0022639

## About the designated centre

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

Cork City North 17 is comprised of two bungalows which are connected by a link corridor and located in a residential area on the outskirts of Cork City. Each bungalow is comprised of three individual bedrooms, kitchen-dining area, sitting room and laundry room. There is also a large shared bathroom in each bungalow equipped to meet the needs of the residents with an additional separate toilet facility. An activity room is located in the circular shaped link corridor and an outdoor sensory garden area is located at the rear of one of the bungalows. The designated centre also has an office and staff facilities. The designated centre provides full-time residential services for five adults with a severe/profound degree of intellectual disability and complex needs. The centre can also provide respite services to one adult. Residents are supported by a staff team that comprises of both nursing and care staff by day and night.

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

Number of residents on the date of inspection:	6
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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
07 August 2019	08:20hrs to 19:30hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with all of the residents in the designated centre on the day of the inspection.

Residents used a mixture of verbal and non-verbal communication methods. With staff support one resident gestured their enjoyment of going to their day service and was enjoying watching a favourite programme on the television in the sitting room while they waited for their transport to arrive.

Two residents were supported to go out on a day trip to the beach on the day of the inspection. On their return later in the evening, these residents were observed to be happy and relaxed. Staff reported they had enjoyed a lovely day out with a trip to a hotel for their lunch as well.

Another resident showed the inspector a cherished possession that they like to keep with them and staff were observed supporting this resident out in the sensory garden using song and different textured materials to engage with the resident. The area was very peaceful and the resident was undisturbed by others during this time.

Staff informed the inspector of how one resident benefited greatly from the interaction with a dog from Therapy Dogs of Ireland. The inspector saw photographs of the resident with the dog. Due to external circumstances this is currently not taking place but the person in charge is assured that the contact with the specific dog will be resuming. Also another dog is currently in training which will further expand the experience for the residents.

One resident was availing of a respite break in the designated centre on the day of inspection. This person was being supported by a staff member by day and night during their stay. The staff team had supported this resident for a longer period of time than previous respite breaks and during a period when their day service had been closed. Staff stated this had been difficult initially for the resident and explained how the resident was more settled once the routine of their day service had returned in the previous few days. The resident smiled acknowledging the presence of the inspector in the evening when they returned from the day service.

The inspector met with a family member of one resident who spoke of how their relatives overall health had improved since their move into this designated centre from another location. The relative outlined how the resident participates and experiences home cooking and sensory baking as well as other activities within the designated centre. The resident attends a day service three days a week; however, the family would like to see this increased to five days a week and are engaging with the provider to achieve this. The family are assured by the commitment of the staff team that their relative has a good quality of life and the family are always welcome to visit the designated centre. The current situation of sharing transport with another designated centre was viewed as impeding their relative at times to

have the freedom to enjoy activities in the community. Also, the family have an agreement that they receive regular updates from the staff team regarding their relative, but this does not always happen.

The inspector reviewed four questionnaires completed by family members on behalf of their relatives. Overall, there were positive comments concerning the quality of the food and the variety of activities available to residents. The staff commitment to individualised care was also evident in the responses which highlighted residents are always well groomed and dressed appropriately.

The residents in this designated centre had high support needs and staff were observed interacting with and supporting each individual in a dignified and respectful manner. Residents' individual care needs were known by staff and this was reflected throughout the inspection. The inspector saw residents were supported to shop for personal items which reflected their likes and preferences. The use of colour and texture in artwork throughout the designated centre enhanced the warm and welcoming atmosphere of the designated centre.

It was also evident to the inspector throughout the inspection that the loss of a resident due to illness still had a big impact on the current residents and their families as well as the staff team.

## 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 residents.

The inspector met with the person in charge and the person participating in management during the course of the inspection. The role of the person in charge was full time and the person also had remit over two other designated centres, one located close by and the other located 15 kilometres away. The person in charge was very knowledgeable about all the residents' needs and supports. The person in charge spoke confidently about their role, responsibilities and the management systems in place to ensure safe and appropriate care was being provided. The person in charge had capacity to visit the centre each week and was available to staff by phone. The person in charge was also supported by clinical nurse managers, CNM1's.

The person in charge had ensured that staffing arrangements at the centre were in line with the assessed needs of residents. Staff who spoke with the inspector were knowledgeable of the residents' assessed needs and the person in charge had

effective procedures in place to ensure all staff had completed mandatory training. Staff also received supervision from their line manager.

The inspector reviewed a selection of staff files during the inspection. Not all the required documentation was present in one file. While the provider had documented evidence that they had made two requests to attain the documentation required there was no follow up documented in recent months.

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. Actions plans had been completed or were being progressed. There was documented evidence that the provider was further enhancing the resident forum to facilitate progression and advancement of services provided and made available to residents in the designated centre. The inspector did not review the provider's policies during this inspection as the provider is currently reviewing all policies at an organisational level. However, this was an action from a previous inspection of this designated centre in 2017.

The provider has actively engaged with the inspector to submit the application for renewal of registration in-line with the regulatory requirements.

#### 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. However, some documentation needed to be resubmitted following review.

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

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

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received mandatory training in addition to other training relevant to their roles. The person in charge planned and scheduled training for staff and had evidence of training booked in the coming weeks for staff who required refresher training.

Judgment: Compliant

### Regulation 19: Directory of residents

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

Judgment: 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 quality of care. However, the provider had not ensured that systems were in place to ensure policies were reviewed as per the regulatory requirements and an action in the previous inspection report.



Judgment: Substantially compliant

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

Suitable arrangements were in place for the admission to the centre. Residents had a contract with the provider for the provision of services. Arrangements for short breaks and emergency admissions were also in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and was subject to regular review. At the time of the inspection the provider was required to review the document to ensure it contained all of the information required under Schedule 1 of the Regulations.

Judgment: Substantially compliant

### Regulation 30: Volunteers

The registered provider did not have volunteers working in the centre at the time of inspection but the person in charge was aware of the requirements under the regulations for volunteers to work in the designated centre in the future.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all appropriate notifications 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. Following a review of the complaints log it was noted that staff and family members had made complaints on behalf of the residents. All complaints had been reviewed and closed out in a timely manner to the satisfaction of the complainant.

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

## Quality and safety

The practices in the designated centre ensured that residents' well-being was promoted and that they were kept safe. The inspector found that residents' received person-centred care and support that allowed them to enjoy activities both in the designated centre, in day services as well as in the community. The provider had addressed most of the actions from the previous inspection findings and had completed the structural works required as part of the condition of registration for this centre.

The centre suited the needs of the residents. It was located close to local amenities. All residents had their own bedrooms which were decorated to reflect resident's preferences and interests. There was adequate furniture for residents to store their clothing and belongings. The outdoor area was full of colour and designed to suit the needs of the residents. It also included a garden seat that had been in the family home of one of the residents, which staff told the inspector the resident recognises. The premises has scheduled maintenance planned for paintwork and scuff marks in the designated centre.

All staff spoken with on the day of the inspection told the inspector of the positive impact for residents following the move to this designated centre. This included being able to facilitate more regular family contact for residents and developing more person centred goals for residents. Staff outlined how after many years one resident's family is planning to bring them out to the family home in the coming weeks. Staff will be providing all the required support to assist this taking place for the resident. Staff highlighted that all residents are known in the community and

respectfully acknowledged by people living in the community and in local shops. Some residents have also had the experience of short break holidays since they moved into the designated centre, which were positive experiences for them. The issue of sharing transport with another designated centre was discussed with staff during the inspection. While arrangements are in place and the availability of transport during the summer holidays is greater for the centre it does have an impact on the activities currently organised for residents. However, staff also stated that since some residents received powered wheelchairs this has assisted easier access in the locality to shops and the church which are located nearby.

Staff were very aware of the communication needs of the residents. Residents were supported to make choices in their daily lives and the inspector observed this throughout the inspection; residents' were offered choice in their food preferences and in their activities in the evening. While the inspector was informed that communication between staff and next- of-kin has progressed in a positive way since the residents have moved into this centre there is still some further improvements required. Staff were not consistently supporting one resident to maintain daily contact with their family. The staff team also reflected that better communication was required between themselves and the provider's respite team to ensure compatibility of residents being supported for short breaks with the current residents in the designated centre.

The person in charge had ensured personal plans were comprehensive and reflected residents' needs and staff knowledge. However, the inspector reviewed a psychology report for one resident, an issue noted as being required regarding healthcare for the resident was questioned by the inspector and staff advised the issue did not pertain to the individual to which the report was written. There was also documented evidence that other reports completed by the psychology department for other residents in the designated centre were not reflective of the resident for which they were compiled for. The provider had facilitated psychology reports to be conducted for all the residents after they had transitioned into this designated centre; however, while these reports had been reviewed by staff and some family members, the inspector outlined during the inspection that a further review was required to ensure all the reports are correct and reflective of the individual to which they were written.

The inspector was informed that one resident had recently transitioned into the designated centre and this person was known to the staff team and was being supported to meet their individual needs. This transition had been planned with the knowledge and consent of the resident's next-of-kin. However, the person in charge informed the inspector that the staff team had begun another transition plan for this resident to move into a new smaller designated centre where some of the resident's friends will also be living. All staff spoken to during the inspection confirmed that while this resident was happy in this designated centre the benefits for the resident to live in the new centre with peers with whom they are friends with would have a more positive benefit for the resident. The inspector was shown the current transition plan which is being progressed with the approval of the resident's next-of-kin and the resident has visited their new home a number of times in recent weeks

which have been reported as positive experiences for the resident.

The provider did conduct medication audits and actions had been progressed. On the day of inspection not all liquid medication bottles had the date of opening written on them. On review of some prescriptions not all medicines had been given as prescribed. Also instructions given by a doctor regarding discontinuing a medication had not been carried out. Following a review of the current policy and procedure for the administration of medicines, the provider had not addressed an action from the previous inspection. The policy did not allow for residents with epilepsy requiring rescue medications to access the community without the consent of their next-of-kin.

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

### Regulation 10: Communication

Residents were supported to communicate in accordance with their needs and wishes. However, one resident was not consistently supported to communicate with their family as per agreement with the staff team.

Judgment: Substantially compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their wishes and were also supported by staff to visit their families.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of activities which reflected their assessed needs, capabilities and interests. The staff team ensured that residents had opportunities to increase their independence by being involved in household activities, accessing activities in the community and attending training.

Judgment: Compliant

<b>Regulation 17: Premises</b>
The design and layout of the centre was suitable for it's stated purpose and met residents' individual and collective needs.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
Residents' nutritional needs were well met. Special dietary requirements were supported by knowledgeable staff and clear guidelines were available to ensure consistency in support given to residents.
Judgment: Compliant
<b>Regulation 25: Temporary absence, transition and discharge of residents</b>
The provider had arrangements in place to support a resident transition to a new designated centre in the near future in a safe and planned manner.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The provider ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk. The risk register had recently being updated to include the new water feature that had been installed in the outdoor garden area.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety

equipment, fire containment doors, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills and individualised emergency evacuation plans for all residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had reviews of medication management within the centre. However, not all liquid medication bottles had the date of opening written on them and not all medications were given as prescribed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was completed. However, the assessed needs outlined in a psychology report did not reflect the assessed needs of the resident.

Judgment: Substantially compliant

### Regulation 6: Health care

The health 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. Where applicable, residents were also supported to avail of the National Health Screening programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to supporting and management of behaviours that challenge. Restrictive practices were in place to ensure the safety of residents and were regularly reviewed.

Judgment: Compliant

### Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding and knew how to respond to a safeguarding concern.

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 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	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 North 17 OSV-0005518

Inspection ID: MON-0022639

Date of inspection: 07/08/2019

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider has a schedule in place to review and update policies as per regulatory requirements.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC has reviewed and revised the SOP. The updated copy has been resubmitted to authority.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The PIC has liaised with HR Department to ensure all staff files are compliant with Schedule 2.	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:  The PIC has discussed the issue with relative involved. The PIC has agreed with the residents family a system of regular communication with the resident and her family via mode of technology. An agreement on how often, with whom and when this communication takes place is documented within the residents support plan.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The PIC has reminded all nursing staff that all liquid medication bottles need to be labeled with opening date and discarded per manufacture recommendations. The management team will ensure compliance of this action via auditing of medication practices within the centre.</p>	
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:  The PIC has arranged for the review of the resident psychology reports by psychologist in consultation with the nursing staff.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	12/08/2019
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	12/08/2019
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are	Substantially Compliant	Yellow	09/08/2019

	available for inspection by the chief inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	09/08/2019
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	31/08/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that	Substantially Compliant	Yellow	30/09/2019

	arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
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