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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 19
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	12 March 2020
Centre ID:	OSV-0005629
Fieldwork ID:	MON-0023057

About the designated centre

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

The designated centre is a bungalow located on the outskirts of a large city. The bungalow is part of a shared campus with six other houses. Adult male and female residents have varying levels of intellectual disability, high support requirements and complex healthcare needs. The house is fully wheelchair accessible with free access to communal areas. The accommodation comprises of two day rooms, a kitchen and utility room, a dining room, a therapy room, two bathrooms, a shower room, a laundry, a staff office and four single bedrooms - one of which is en-suite. There are three shared bedrooms. The staff team is nurse led and comprises of nursing staff and care assistants. There are internal and external garden areas that are well maintained.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 March 2020	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with all ten residents on the day of inspection. Three residents attended a day service within the campus and stated that they enjoyed the activities that they participated in. Many residents were non verbal communicators but were observed by the inspector to be happy and comfortable through their use of facial and hand gestures. Staff were observed to be ever present and engaged with residents. Six residents had been supported by relatives or staff to complete questionnaires. Some residents indicated activities that they enjoyed the most e.g. zumba dancing, disco, going for walks or calling to other friends on campus for a cup of tea. Residents also stated they liked swimming which was facilitated off site. Most residents wished for more activities and excursions to be facilitated off the campus. They also expressed a wish to stay overnight in hotels, this wish was also recorded as part of their person centred planning. Families acknowledged the activities that residents enjoyed, the families also requested additional occupational, creative and musical therapies for residents who were non verbal communicators.

Capacity and capability

Significant improvement had been made to the services provided since the last inspection. The designated centre was well organised and was suitably staffed on the day of inspection. The service was well managed and supported to meet residents needs. All residents had complex physical disabilities as well as an intellectual disability. There was evidence that there was an effective governance and management structure in place, ensuring a good quality of care and support to resident's as well as the provision of a safe service. It was however noted that staff on duty, on occasions, were less than the required numbers of staff stated in the statement of purpose.

The person in charge had suitably qualified staff to deliver person centre care based on residents assessed needs. The skill mix of nursing staff and care assistants provided a good standard care. There was evidence that the residents received care in an environment that promoted independence and three residents attended the campus based day service with the support of staff. There was a strong emphasis on resident's clinical care needs. It was evident that the staff roster was supported by staff members reallocation from other designated centres on the campus. The whole time equivalent of staff stated in the registered providers statement of purpose only allowed for agreed minimum staffing levels by day and night. Short notice absenteeism, particularly at night time, resulted in the designated centre operating with staffing levels that did not meet the assessed needs of residents. This was compounded when the nurse on night duty left each evening to administer medicines in another designated centre on campus. This meant that one staff

member was lone working for the period of that time. This had happened on eight separate occasions in January 2020. It was evident that the staff roster was supported by staff members reallocation from other designated centres on the campus.

All staff had undertaken mandatory training and training relating to the specific healthcare needs of residents. Some staff required refresher training for manual handling. This training was planned and the relevant staff had dates allocated to them.

The staff team was well supported by the person participating in management. The person in charge and the clinical nurse manager 1 visited the designated centre on a daily basis. The person in charge was employed on a full-time basis and also had responsibility for another designated centre on campus. The person in charge met with nursing staff for a formal staff meeting each month. This meeting was used to discuss supervision and practice issues. Nursing staff provided formal supervision to care staff. A six monthly unannounced audit of the service in August 2019 had scoped a substantial number of areas to be addressed in relation to regulatory compliance. Action plans and work undertaken were well documented and evidenced. Staff had actively addressed issues to improve residents' rights through improving privacy, facilitating advocacy meetings and assisting residents with complaints. The most recent annual review in January 2020 identified person centred planning, risk assessments and restrictive practices as priority areas for review and improvement by staff. The meetings and actions taken to address these areas were well documented and records reflected significant improvement. At night times, on a number of occasions, continuity of care was not guaranteed by the whole time equivalent staffing numbers stated in the statement of purpose.

The complaints policy was in a clear and easy to read format on display in the designated centre. Residents were advised on how to make a complaint and how to avail of advocacy and the confidential recipient service. All complaints were recorded in a complaints log and the procedure to appeal a decision was evident. Since the previous inspection, the registered provider had taken action to ensure that all complainants had their views recorded in relation to their level of satisfaction relating to how their complaint was dealt with.

All prescribed details were recorded in the directory of residents. These included the details for a resident who had only recently transferred into the designated centre.

The statement of purpose reflected the services and facilities provided at the designated centre and the current floor plans and drawings were correct. The person in charge undertook to resubmit an updated statement of purpose to reflect the specific fire evacuation procedure in the designated centre, to support the registered providers application to renew registration. The certificate of registration for the centre was clearly displayed and the registered provider had evidence of public liability and indemnity insurance in place. All notifiable incidents had been made to the Chief Inspector within the prescribed time frames.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had provided to the Health Information and Quality Authority (HIQA) all the necessary documentation to support the renewal of registration application, in the specified time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge and the person in charge met the requirements of the regulation.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and qualifications of staff was appropriate to the number and assessed needs of residents. However, at times, staff resources were dependent on other designated centres which did not always guarantee staff continuity, especially at night time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were appropriately supervised at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider ensured that a directory of residents was well maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents as well as damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were effective in ensuring that the service provided was safe, consistent and effectively monitored. However, staff resources were required from other designated centres to maintain staffing numbers to meet the assessed needs of residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a contract in place that clearly defined the terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did include all of the information set out in Schedule 1 of the regulations. However, factual accuracy was required to include the fire evacuation procedure. Whole time equivalent staff numbers are referred to in Regulation 23.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had given the Chief Inspector notice of all adverse incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective complaints procedure for residents.

Judgment: Compliant

Quality and safety

The inspector found that the management and staff of the designated centre had initiated and undertaken work to address areas of non compliance that had been evident on the previous inspection. It was evident that all staff had made significant efforts to address areas of non compliance to improve the quality of the service delivered. The designated centre was warm, clean, homely and bright. The premises was designed and adapted to meet the residents assessed complex physical and mobility needs. Refurbishment of a staff room into a sensory room for residents was advancing. The evidence available demonstrated a service of good quality where residents appeared very happy. Residents indicated that they liked living in the designated centre. Residents also liked the activities they did within the day service as well as those with the activities coordinator who was allocated to the designated centre five days a week. On the day of inspection, the inspector observed all staff interaction with residents to be respectful. The focus of care was person centred and unhurried.

Residents individual care plans demonstrated a good standard of review and attention to detail. Records were comprehensive, easily understood and information was easily retrievable. Detailed risk assessments supported the care planning process as well as the impact that such practices might have on the resident. Each resident and their family had been consulted in relation to restrictive practices and there was a comprehensive assessment of potential infringement on the residents' rights due to the restrictive practices in place. This process was evident as a full multidisciplinary team approach across the staff team and in conjunction with specialist teams in other hospitals e.g. staffs training and interaction with a specialist vascular surgical team to promote a residents recovery post amputation also included rehabilitative positioning as a restrictive practice. This was also true for many residents who required restrictive supports and aids in place to assist their mobility. Each individual care plan was subject to a full multidisciplinary review and

all short and long term goals were revised by the resident with the assistance of their key worker.

Residents health care plans were clear and well documented. Each resident had a current OK Health check in place as well as a health support plan. Residents physical and mental health reviews were current and involved all multidisciplinary team members. Specialist interventions were up to date and residents with a diagnosis of epilepsy had clear protocols in place in relation to the administration of rescue medicines. These protocols were agreed and signed off by a consultant neurologist. Healthcare reflected a high standard of care implemented by all staff members.

Each resident had a communication passport and hospital passport that reflected their current assessed needs. Many residents were non verbal communicators and staff had utilised a Disability Distress Assessment Tool (DisDat) to create and share better understanding of residents behaviours and what the behaviours meant. There were three separate areas in the designated centre that residents could watch television. Residents also had a television set in their bedroom by choice. Residents indicated that they enjoyed listening to radio and watching films. Some residents had short term goals to learn how to use an electronic tablet as part of the fitness for life programme while other residents had music or radio systems dependent on their preference. The residents guide was clear, up to date and contained details of the terms and conditions of residency.

Residents who required a safeguarding plan, in line with notified adverse incidents to the Health Information and Quality Authority (HIQA), had a current plan in place that was subject to review and supported by a current risk assessment. Each resident had a suite of current assessments in place, some of which determined the residents ability to manage their own finances, medicines, road safety and mobility. One resident who spoke with the inspector indicated that they liked having someone share their bedroom. The inspector noted that a portable privacy screen was available in each of the three shared bedrooms and that all six residents had a risk assessment in place to determine the impact on the residents' rights while sharing a bedroom.

Activities were recorded separately to demonstrate whether residents had an activity at the day service, within the designated centre or in the community. Staff also recorded the residents level of participation in an activity and whether the resident stated or appeared to have enjoyed it. Residents did go on bus outings and social trips to parks and shopping centres, restaurants, swimming pools and health groups. An activities coordinator / facilitator had been allocated to the designated centre since the previous inspection. There was a comprehensive timetable of activities in place that was supported by photographic evidence. It was clear that residents enjoyed the activities. However, the greater proportion of activities remained based in the designated centre or within the grounds of the campus. Residents community integration and involvement remained limited.

Fire drill evacuation times were within acceptable time frames. Visual checks by staff were performed on fire exits and the fire alarm panel and recorded on a daily basis. All fire equipment, fire doors and emergency lighting was checked on a weekly

basis. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor. The registered provider and person in charge ensured all fire precautions in place were appropriate to safeguard all residents. Each resident had a fire risk assessment in place and a current personal emergency evacuation plan dated February 2020. Staff training records for fire safety were current and in date. On site oxygen was appropriately stored and secured.

Standard precautions were in place to minimise the risk of healthcare infections and hand sanitisers and hand wash stations were available throughout the designated centre. Staff demonstrated good practices and standards of hygiene through proper hand washing technique and sepsis awareness. There were clear signs mounted at all hand wash stations demonstrating good hand hygiene techniques as well as highlighting the current corona virus pandemic. Personal protective equipment was worn by staff when engaged in physical contact or in close proximity to residents.

Medicines were properly secured and stored. Maximum doses were clearly recorded and adhered to. Staff undertook medicines management training in response to identified training needs. The standard of medicines management within the designated centre was good. All entries were clear, legible and accurate.

Food was observed to be prepared and stored in hygienic conditions. Food available was both nutritious and wholesome. Staff assisted residents to attend for meals, assisted residents to eat and provided supervision to ensure resident safety.

The provider had in place a clear admission process. All residents had undergone or were subject to a graduated transition process which was directly linked to their individual care plan. Each resident had a contract for services in place that was signed by themselves or their family member. Emergency admissions to the designated centre had ceased as all beds were occupied.

Residents were encouraged and assisted to receive visitors to the designated centre as well as maintain relationships with family members. Staff facilitated visits to residents' family homes. The designated centres internal and external environment was welcoming and promoted an open visitors policy. There were three separate living rooms within the designated centre which afforded residents and their visitors privacy.
Each resident had sufficient space to store their personal possessions.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents' wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control of personal property and possessions and were supported to manage their personal affairs, where practicable.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided each resident with appropriate care and support, having regard to the nature and extent of the resident's disability and assessed needs. However, the greater proportion of residents activities were confined to the designated centre or campus.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed and laid out to meet the assessed needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with adequate quantities of food and drink which were wholesome and nutritious.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a guide for residents that was available to all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a comprehensive risk management policy in place and risk control measures were proportionate to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents at risk of healthcare associated infections were protected and staff practices were observed to be of the standards set out in the registered providers policies.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had in place suitable practices relating to medicines in the

designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each personal plan was subject to review, carried out annually or more frequently if circumstances changed.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate healthcare for each resident, having regard to that resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up-to-date knowledge and skills to respond to behaviours that challenge. Positive behavior support plans were reviewed and updated as part of the personal planning process.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop the knowledge and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that residents privacy and dignity were respected.
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	Substantially 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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

Compliance Plan for Cork City North 19 OSV-0005629

Inspection ID: MON-0023057

Date of inspection: 12/03/2020

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
The existing relief panel was strengthened due to an increased availability of relief staff. Additionally, the centre has access to agency staff when required in cases of short notice absenteeism to maintain staffing numbers to meet the assessed needs of residents.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
The existing relief panel was strengthened due to an increased availability of relief staff. Additionally, the centre has access to agency staff when required in cases of short notice absenteeism to maintain staffing numbers to meet the assessed needs of residents.</td></tr>
<tr><td>Regulation 3: Statement of purpose</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose for Cork City North 19 was updated (version 9 March 2020) to reflect the specific fire evacuation procedure in the designated centre.</td></tr>
<tr><td>Regulation 13: General welfare and development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Person Centred Plans have been reviewed with regard to goals being more realistic and with regard to the residents having a more active schedule of activities within the wider community. A more community based timetable has been scheduled for residents to participate in. Due to the on-going social distancing and protective measures in place</td></tr>
</table>

resulting from the COVID-19 Pandemic, all activities are currently campus-based following organisational guidelines and protocols. This will remain in place until restrictions are lifted and residents can again actively participate in the community.

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)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/07/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	23/04/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	23/04/2020

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	30/03/2020