



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 14
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	20 April 2021
Centre ID:	OSV-0003293
Fieldwork ID:	MON-0032374

About the designated centre

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

Cork City North 14 is part of a purpose-built housing development located in an urban setting. It is located within walking distance of local shops and facilities. The service provides full time residential support to eleven female adults with a diagnosis of intellectual disability or autism. The centre is comprised of three floors which are interconnected by stairs. Each resident has their own en-suite bedroom located throughout the designated centre on all floors. Each floor has a kitchen, dining area and living room. Laundry facilities, visiting rooms and staff office are also available. Cork City North 14 can accommodate individuals with a range of medical and physical needs. All residents regularly attend day services outside the designated centre. Residents are supported by nursing and care staff during the day and there are two staff on duty by night in the centre. The multi-disciplinary team are also available to further support residents when required. Residents are supported to access other services such as GP and chiropody as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Tuesday 20 April 2021	10:30hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

From what residents told us and the inspector observed, it was clear that residents were happy in their home, and that they were supported to engage in activities that they enjoyed. However, improvements were required to ensure that the designated centre was adequately resourced to meet the needs of the residents, and that a plan was put in place to find one resident a home that met their individual needs.

On the day of the inspection, the inspector met with six of the nine residents that lived in the designated centre. The inspector also spoke with three of the residents' representatives on the telephone.

A staff nurse showed the inspector around the designated centre and introduced the inspector to the residents. Residents were very welcoming to the inspector, with a number of them kindly offering the inspector a cup of coffee. The premises of the designated centre was located in an apartment style complex, where the designated centre comprised of three floors with an internal stairs to access the floors of the designated centre. Each floor had its own kitchen and living area. All residents' bedrooms had a private en-suite bathroom. A number of residents showed the inspector their bedrooms. It was evident that these were decorated with personal items and belongings that were important to each resident.

It was noted that two of the residents' bedroom doors were wedged, one with a locker and a second door with a small storage basket. As these doors were fire doors, it was evident that this action would impact on the containment of smoke or fire, in the event of an emergency. Staff members removed these items when noted by the inspector. Staff members told the inspector that a number of residents had requested door closures as they would like to be able to leave their bedroom doors open. This had been notified to maintenance in June 2020, where seven door closures had been requested to be fitted. Although this had been escalated as an action by a staff nurse, there were no plans in place to fit the door closures at the time of the inspection.

The inspection of the designated centre was completed after the centre had experienced an outbreak of COVID-19, which had an impact on the residents that lived there, and the staff members that supported them. Staff members told the inspector about the measures they had taken to support residents during this time. Residents told the inspector that they looked forward to the lifting of COVID-19 restrictions, and visiting of family and friends. It was evident that a number of residents had received visits on compassionate grounds, following a review by an allied health professional. One resident's representative told the inspector that staff members provided them with advice on the management of COVID-19, while another resident's representative told the inspector that they completed a COVID-19 questionnaire with staff members 48 hours before the resident received a visit.

Although residents spoke about their hopes that the COVID-19 restrictions would be

lifted soon, they noted that they had completed a wide variety of activities in their home throughout the pandemic. These included dancing, exercise and fitness classes, and arts and crafts. One resident was observed coloring pictures when they met the inspector. They told the inspector that they enjoyed making things, and brought the inspector to their bedroom where they showed them a variety of rugs and a colourful cushion that they had made. Another resident had started a cross-stitch pattern. Residents were looking forward to going to the hairdressers, out for coffee and shopping when the restrictions allowed. One resident smiled and told the inspector that the staff members were now their hairdressers.

Throughout the inspection residents were observed smiling and laughing. Residents told the inspector that they liked their home, that they felt safe and that they were very happy there. Residents also told the inspector that the staff were great and that they helped them out. It was evident that one resident did not want to engage with the inspector and this choice was respected. Another resident decided to visit the inspector alone in the room that they were conducting the inspection in. It was evident that the resident was unsure of the reason for the inspectors visit and appeared happier when the inspector explained the purpose of the inspection. The resident told the inspector that they liked living in their home and that they wanted to continue living there.

It was evident that staff members had supported residents throughout the COVID-19 pandemic to ensure their health and wellbeing. However improvements were required in a number of areas to ensure there was a consistent staff team. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

It was evident that improvements were required to ensure that the designated centre was adequately resourced to meet the needs of the residents that lived there. It was also noted that the designated centre had put systems in place to respond to an outbreak of COVID-19, and that when an outbreak occurred, staff members responded in an appropriate manner.

The designated centre had a staff team which comprised of care assistants and staff nurses. There were also two clinical nurse managers who worked in the designated centre, and a second designated centre. The person in charge had a remit of two designated centres, at the time of the inspection.

It was noted that the staffing levels stated in the designated centre's statement of purpose were not in place at the time of the inspection. A 5pm -10pm shift which was outlined in the designated centre's statement of purpose was not scheduled on dates reviewed by the inspector. The person in charge told the inspector that they

did not have staff available to roster this shift. It was noted that there were a number of staff absences in the designated centre, and that these shifts were being covered by the clinical nurse managers on a regular basis. The person in charge also noted that they were re-deploying staff from another designated centre to provide staffing cover. An activity co-ordinator role was also vacant at the time of the inspection.

The person in charge had escalated the staffing issues in the designated centre to their line manager, who acted as a person participating in management in the designated centre. The issues with staffing were also noted in the designated centre's most recent annual review in December 2020. On the day of the inspection, the person in charge met with the allocations officer to discuss the staffing issues in the designated centre. However, at the time of the inspection it was evident that the designated centre was not effectively resourced to meet the needs of the service.

As stated previously, the inspection of the designated centre was completed after an outbreak of COVID-19 in the designated centre. It was evident that the outbreak had an impact on the residents that lived there, and the staff and management team that supported them. It was noted that before the outbreak, a COVID-19 contingency plan had been developed. This document supported the staff team to respond to the outbreak in an appropriate manner. However, it was noted that the person in charge had not ensured that the outbreak had been notified to the chief inspector in 3 working days.

Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The number of staff members was not appropriate to the numbers and assessed needs of the residents. The number of staff members on duty was not in line with the designated centre's statement of purpose.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that an outbreak of COVID-19 had been notified to the chief inspector in 3 working days.

Judgment: Not compliant

Quality and safety

Although residents received a good quality of care, improvements were required to ensure that there were arrangements in place to meet the needs of one resident, as assessed by the registered provider.

Residents had been subject to an annual review of their health needs by an allied health professional. It was noted that residents' person centred planning meetings had not been completed due to COVID-19. However, goals had been developed in line with the residents' wishes. It was identified that one resident was living in the designated centre on a temporary basis, as they awaited a new home that would meet their individual needs. On review, it was noted that this resident had been living in the designated centre on a temporary basis since 2016. At the time of the inspection, there was no evidence of a plan to support the resident to transition to a new home. Therefore, it was not evident that there were arrangements in place to meet the needs of this resident, as assessed by the registered provider.

Residents' medicines were stored in a locked cupboard in the designated centre's office. All medicines were clearly labelled in a blister-pack system. It was evident that when medicines were received from the pharmacy, they were checked by nursing staff. Residents' medicines prescription charts were signed by a general practitioner (G.P), and included the route and dosage of each medicine. An assessment to self-medicate had been completed for each resident, to ensure that they were encouraged to take responsibility for their own medicines in line with their preferences.

The inspector observed that some residents' furniture and kitchen cupboards had become chipped and damaged. Flooring in communal areas was also damaged and in need of repair. The person in charge had listed these items and notified them to the maintenance department, for review when COVID-19 restrictions allowed. It was

also noted that there was also little ventilation in the laundry area. The person in charge committed to reviewing the ventilation in the laundry area after the inspection.

It was noted that the fire alarm panel in the designated centre was managed by an external company, as the designated centre was located in an apartment complex. The designated centre had access to a fire panel which would identify if the activation was caused in the area of the designated centre. However, it was noted that if the activation was caused in another area of the apartment complex, the external company would need to investigate the fire alarm activation. Residents then had to wait outside until the external company arrived, investigated the issue and declared that the building was safe to re-enter. The registered provider had lodged a complaint regarding the fire protocol in the apartment complex, however there had been no response to the complaint at the time of the inspection.

Regulation 13: General welfare and development

It was evident from what residents told the inspector that they were provided with opportunities to participate in activities in line with their interests.

Judgment: Compliant

Regulation 17: Premises

A number of maintenance issues were due to be completed when the level 5 COVID-19 restrictions were no longer in place.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that measures had been put in place to protect residents from infection. It was noted that before the outbreak, a COVID-19 contingency plan had been developed. This documented supported the staff team to respond to the outbreak in an appropriate manner.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured that effective arrangements had been put in place to ensure the containment of the designated centre in the event of a fire. Two fire doors were wedged open at the time of the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were appropriate practices relating to the storage, prescribing and administration of medicines. An assessment to self-medicate had been completed for each resident, to ensure that they were encouraged to take responsibility for their own medicines in line with their preferences.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was noted that this resident had been living in the designated centre on a temporary basis since 2016. At the time of the inspection, there was no evidence of a plan to support the resident to transition to a new home. Therefore, it was not evident that there were arrangements in place to meet the needs of the resident, as assessed by the registered provider.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging. Residents were supported by the positive behaviour support team in the organisation.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Cork City North 14 OSV-0003293

Inspection ID: MON-0032374

Date of inspection: 20/04/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment process is underway to fill vacancies as outlined. Agency and relief staff will be utilised to fill any temporary gaps due to sick leave and annual leave.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A Governance schedule fulfilled by the CNM1's and CNM2 has been put into operation to ensure that adequate oversight of the designated centre is maintained across the week.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A system is now in place since February to ensure that all incidents are reported within the allocated timeframes by the management team.	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Automatic door closers will be fitted to 7 internal doors to ensure that the doors can be kept open when required but will close when the fire alarm is activated to ensure fire compliance. The ventilation issue identified in the laundry room is being addressed by the maintenance team. Further correspondence has been issued to the Chief Fire Officer regarding the evacuation plan.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Future planning for the resident in question has commenced and this will be a standing agenda item at monthly governance meetings to ensure that progress is ongoing. The process flow for procurement of a property has been discussed with the facility manager and a timeline for transition identified. The community transition co-ordinator will commence engagement with the resident and her circle of support in the coming weeks.</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 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.	Not Compliant	Orange	12/08/2021
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	24/05/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management	Substantially Compliant	Yellow	25/06/2021

	systems are in place.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25/06/2021
Regulation 31(1)(b)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.	Not Compliant	Orange	10/02/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/11/2021