



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 13
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	31 October 2023
Centre ID:	OSV-0003310
Fieldwork ID:	MON-0041529

About the designated centre

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

Cork City North 13 is comprised of 4 bungalow type town houses which are located in a cul-de-sac in a large residential area on the outskirts of Cork City. The designated centre can provide full residential care for up to nine adult residents. Each bungalow comprises of individual bedrooms, some en-suite, kitchen, dining and sitting room, bathroom and laundry facilities. All the bungalows have individual front entrances with shared open plan garden area to the rear. There is a staff office and visitor room in one bungalow. The centre supports residents with varying levels of intellectual disability with many residents presenting with additional complex needs and behaviours that challenge. Residents are supported by a staff team that comprises of both nursing and social care staff by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 (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 31 October 2023	09:00hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed within Cork City North 13. The inspection was completed over one day and was completed to monitor ongoing compliance with the Health Act 2007 and to assist in the recommendation to renew the registration of the centre for a further three-year cycle. The inspection was facilitated by the residents currently residing in the centre, the person in charge and the staff members.

The inspector met and chatted with one resident when they called to the office to collect the keys to the centre vehicle. They were heading to their day hub. They told the inspector that they liked living in the centre and that the staff were always lovely to them. They told the inspector to have a great day and said goodbye.

Another resident also called the office to say hello. They were dressed in their favourite Halloween costume. They invited the inspector to call to their house. The inspector accepted the invitation and was provided with a tour of the resident's house. They sat and had a cup of tea with the staff present and chatted with the inspector about their plan for the day. They told the inspector about their goals and how excited they were for these. They said goodbye to the inspector and went about their routine.

Another resident told the inspector that they had a big birthday over the weekend and enjoyed their party. They were heading to their day service but they were being collected early by their key worker to go somewhere nice for lunch. They chatted with their keyworker about where they would go and what time they would be collected. They called to say hello to the inspector and person in charge when they returned and told them they had a lovely birthday lunch. They interacted jovially with the staff present and told the inspector they were all excellent. They said goodbye as they were getting ready for their evening activities.

The inspector called to visit one resident in their house. This person communicated through nonverbal means and was supported by their support staff. The staff member showed the inspector a new communication tool they were introducing for the resident to improve two-way communication. This was utilising pictures and photos. The inspector observed the resident interacting positively with the staff using this process. The staff member showed photographs of the activities the resident enjoys completing within the house and in the wider community. It was expressed that this resident is best supported with a clear routine in place. This can be difficult as there is one vehicle only available for the centre and if it is in use or late returning the resident can not avail of their scheduled activities. The person in charge was aware of this and it will be further discussed in the next section of the report.

As part of the walk around of the centre, it was noted that the premises required review. The flooring was to be repaired, damage to the roof was causing dampness

in areas and there was visible wear and tear throughout. Staff supported residents to make their houses homely and decorate with posters, photographs and personal possessions. The person in charge was aware of the need for premises work and was actively addressing this. This will be discussed in more detail in the next section of the report.

The inspector observed interactions to be positive in nature. Residents appeared very comfortable in the company of the staff present on the day of the inspection. One resident was unwell on the day of the inspection and support was provided to their individuals in a very dignified and respectful manner. While staff present supported resident to participate in activities of their choice, one staff present was required to assist another designated centre at times during the day. This arrangement had been highlighted during the previous HIQA inspection in February 2023 as an area requiring review to ensure this did not impact the life of residents in Cork City North 13. This continued to require review.

While improvements had been noted in the levels of compliance in the centre since the previous inspections, continued improvements were required. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three-year cycle. The registered provider had submitted an application for this renewal including the statement of purpose and prescribed information for all members of the governance team appointed to the centre. There was evidence of improvements within the centre since the previous inspection. However, further action was required to ensure adherence to the Health Act 2007, including in the areas of governance, staffing and premises.

The registered provider had appointed a governance structure to maintain oversight of the centre. The person in charge was supported by and reported directly to the person participating in management. There was evidence of communication within this governance structure through regular face to face meetings and formal regional meetings to share learning. The person in charge at the time of the inspection held remit over three centre which limited their availability and presence in the centre. This was actively being addressed by the provider and the remit to be reduced in the weeks post the inspection.

The registered provider had ensured the completion of the regulatory required monitoring systems including the annual review of service provision in January 2023

and six monthly unannounced visits to the centre by a delegated person. The person in charge completed a range of measures to monitor the day-to-day operations of the centre. This included a monthly review of incidents, fire checks and review of cleaning schedules. An audit schedule was in place to monitor such areas as medication management and infection control. A number of audits had been delegated to the staff team with oversight and monitoring by the person in charge.

Through the use of the monitoring systems in the centre two escalated risks were identified. This included premises and staffing. These had been escalated to the senior management through the correct provider pathway by the person in charge and person participating in management. Despite this escalation no time bound action plans were in place to ensure these areas were addressed in a time manner by the provider. This did not evidence that the centre was adequately resourced to ensure effective delivery of care and support as per the residents assessed needs.

The registered provider had ensured the allocation of appropriate staffing levels to the centre. An actual and planned roster was in place which evidenced the attempts by the provider to ensure the continuity of care provided to residents by core staff and regular agency staff who had provided supports within the centre for an extended period of time. However, this also evidenced that the arrangement of staff within the centre providing support to another designated centre remained in place. This resulted in a risk of resident activities being postponed or delayed to facilitate another designated centre.

The person in charge implemented effective measures for the appropriate supervision of the staff team. This incorporated both face-to-face formal performance management appraisal and staff meetings. A protocol for each house had been introduced to highlight tasks to be completed and important information to work within the house such as emergency contacts, governance arrangements and evacuation procedures. It was noted that the person in charge had requested all staff including agency to record that they had read and were aware of the folder and its contents. This had not consistently been completed. It was noted that some agency staff who had provided supports within the centre did not receive performance appraisals, there was no direction for this within the provider policy.

Staff were supported and facilitated to attend training which was deemed mandatory to support the resident's assessed needs. This included in such areas as human rights, safeguarding vulnerable adults from abuse and behaviour support. However, records evidenced that ten staff required training in the area of manual handling.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an appropriate application for this renewal.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced individual to the role of person in charge. While at the time of the inspection they held remit over three centres, this was actively being addressed by the provider.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents current assessed needs. However, it was evident that on occasions within the centre, that the arrangement to provide staff support to another designated centre could ensure access to preferred activities for all residents.

There was an actual and planned roster in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had overall ensured the staff team were supported to completed the mandatory required training to meet the assessed needs of residents. However, records evidenced that ten staff required training in the area of manual handling.

The person in charge had also ensured the effective measures were in place for the appropriate supervision of staff. Improvements were required with respect to the formal supervision of agency staff working within the centre for extended periods of time.

Judgment: Substantially compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appointed a clear governance structure to the centre. There was evidence of clear lines of accountability within the centre with regular management meetings to share learning throughout the organisation. The person in charge had implemented numerous systems to ensure the day-to-day oversight of the service provided within the centre. This included audits in such areas as safeguarding, medication and infection control.

There was not clear evidence on the day of the inspection that the centre was adequately resourced to ensure effective delivery of care and support in accordance with the statement of purpose. The person in charge and person participating in management had identified and escalated areas which required attention in the centre. This included the requirement of additional vehicles, the requirement of premises works and staffing needs to ensure continuity of care. These had been escalated through the risk management system. Despite this escalation no time bound action plans were in place to ensure these areas were addressed in a time manner by the provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. this document incorporated the information as required under Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This included the resolution of the complaint and the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, practices within the centre ensured residents' rights were supported and promoted. There was evidence of resident consultation in such areas as personal plan and goal setting, annual review of service provision and health-care decisions. While resident meetings were held regularly the documentation of these was very comprehensive and not accessible to residents. This was an action which had been identified as part of the previous inspection of the centre in 2023.

Each resident had been supported to develop an individualised personal plan. These included a comprehensive annual review of support needs, multi-disciplinary recommendations and personal goals. The inspector reviewed a sample of plans and it was evident that these incorporated the health, social and emotional needs of residents. Plans were updated regularly updated to reflect any change in the support needs, such as changes to healthcare recommendations, progression of goals and multi-disciplinary input.

While a full review of all personal plans was being implemented personal plans were being incorporated into an accessible version. These incorporated photographs of residents enjoying activities of their choice and participating in personal goals such as activities to promote independence. However, as stated under Regulation 15, at times staffing arrangements in the centre could impact the resident's access to activities when support was required in another designed centre.

The person in charge had ensured the development and review of a risk register. Each resident's individualised risks were documented within their plan. Risk ratings applied to the identified risk consistently corresponded to the actual likelihood and impact in place. The person in charge utilised the risk review process to escalate areas of concern with the designated centre to the registered provider. This process included the identified current control measures and the additional measures required to be implemented to reduce the impact and likelihood of the risk.

One of the identified escalated risks in the centre was the requirement of attention to the premises. As part of the walk around of the centre, it was identified that the centre was not in a good state of repair and required attention in such areas as leaking of the roof, damage to flooring and painting. In several areas in the centre, furnishings required replacing. For example, in one living area there was visible damage to the curtains and couch. While a review by the relevant department had been completed no plan was in place to ensure this was addressed in a timely manner.

The registered provider had ensured fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place throughout the centre. Each

resident had a personal emergency evacuation plan to ensure awareness of safe evacuation procedures used in conjunction with regular fire drills. The provider had implemented measures to ensure the residents were protected from abuse. This included staff training and adherence to organisational policy.

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. The residents' choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre required attention to ensure it was of sound construction and kept in a state of good repair. Such areas requiring attention included:

- Roofing due to recurrent leaks
- Flooring, as areas of damage were evident throughout the centre
- Carpentry,
- Painting.

As discussed under Regulation 23, this had been escalated to the provider with no time bound plan in place to address this.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments

for residents. There were control measures to reduce the risk and all risks were routinely reviewed. Risk ratings applied to the identified risk corresponded to the actual likelihood and impact in place.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place through the centre. Each resident had a personal emergency evacuation plan to ensure awareness of safe evacuation procedures used in conjunction with regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' individual personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs. These were currently under review by the person in charge to ensure each plan was reflective of the individual resident.

A new accessible version of the personal plan had been developed with five of the seven residents currently residing in the centre. These utilised photographs to show participating and progression of goals.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting the residents' with their health needs.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured residents in centre were protected from abuse. The provider proactively addressed any concern through staffing review, staff training, easy read information for residents and regular review of risk.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, practices within the centre ensured residents' rights were supported and promoted. There was evidence of residents' consultation in such areas as personal plan and goal setting, annual review of service provision and health care decisions. However, records of resident meetings remained comprehensive and inaccessible to residents.

Judgment: Substantially 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 (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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 13 OSV-0003310

Inspection ID: MON-0041529

Date of inspection: 31/10/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A system in place to facilitate familiar staff support within CCN 13 and linked centers as per local link centers protocol. CCN 13's residents assessed needs will be prioritized when allocating staff to planned roster.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training dates have been sought for mandatory training for 2024 and PIC has actioned planned for staff to attend.</p> <p>PPIM to discuss with Leadership team how to navigate the PM of agency staff that work over a long period within the center.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

Under the organisation's restructuring in Q4 2023, the number of centers under the PIC's remit has reduced, the return of 2 staff members from leave has commenced and the request for SCW through internal skill mix review has been submitted to COO for review & sanctioning to replace the .33 CNM1 vacancy held in the center.

Additional vehicle being sourced to support the routine and daily living for one resident.

Schedule of works outlined for completion in Quarter one with funding secured through the provider, outline of works detailed under Regulation 17.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Schedule of works outlined for completion in Quarter one with funding secured. Schedule of works includes, roof repair, painting, flooring and carpentry works. Internal painting commenced in December 2023 and completed 08/01/2024, Flooring works to commence 17/01/2024, carpentry works has commenced internally, roof repairs date to be confirmed.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new format to capture residents' meetings has been rolled out to ensure it was accessible for the residents. This will be reviewed in March 2024 to ensure that the new format is meeting the needs of the residents.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2024
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	31/03/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(1)(b)	The registered provider shall ensure the	Not Compliant	Orange	30/09/2024

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
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.	Not Compliant	Orange	31/07/2024
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	30/09/2024
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of	Substantially Compliant	Yellow	30/04/2024

	each resident.			
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