Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 7
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 February 2023
Centre ID:	OSV-0005779
Fieldwork ID:	MON-0034857

About the designated centre

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

The designated centre is located within a large satellite town. The premises is a large bungalow that has been specifically adapted to meet the needs of four residents who have severe and profound intellectual disabilities, complex needs and physical disabilities. All residents are wheelchair users and have high support needs. The premises comprises of a large living room, a large dining room / kitchen, four spacious individual bedrooms, a large bathroom, a staff office, a staff changing room, a shower room and a laundry room. The designated centre is fully wheelchair accessible and has external gardens to the front and rear. All residents have direct access from their bedrooms to the gardens. There is an external shed for gardening equipment. The staff team comprises of nurses and nursing assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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
Monday 27 February 2023	08:50hrs to 16:40hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were seen to be happy in their home and were well cared for by a committed staff team. There were some issues in relation staffing that had improved in recent times.

The centre comprised of a large single story detached bungalow located in a suburb of a large city. The centre was observed to be overall clean, bright and airy and residents' bedrooms were personalised and nicely presented according to their preferences, with photographs of important people in residents' lives viewed on display in a number of bedrooms. Numerous photographs of residents were on display and the centre was furnished in a manner that was homely and inviting. Residents were supported to keep pet fish and these were seen in the sitting room of the house. Some paintwork was observed to be scuffed and marked in areas of the centre and a French door leading from a living area was observed to require possible repair, but overall the centre was seen to be well maintained. This centre catered for residents who used mobility equipment and the premises was seen to be accessible both internally and externally. There was a wheelchair swing viewed in the garden for the use of residents and the garden was seen to be well maintained. Oxygen was observed to be stored in a secure cage in the garden and also in the house, where it was appropriately secured to the wall.

There were four residents in this centre at the time of this inspection The inspector had an opportunity to meet with all four residents on the day of this inspection. The inspector adhered to infection control and prevention guidance, including the use of appropriate personal protective equipment (PPE) as required during this inspection. One resident spent some time sitting in the company of the inspector at various times during the day. During the inspection residents were observed to be content, well presented and comfortable in specialised seating equipment. The inspector was unfamiliar with the communication styles and preferences of residents in this centre and was assisted by staff to communicate with residents according to their own capacities and preferences. The inspector had an opportunity to speak with management and staff working in the centre and also had an opportunity to speak with a family member of a resident. Overall, feedback provided to the inspector indicated that residents were well supported and cared for in the centre and that staff and management were responsive to any concerns that might arise. A family member spoken to told the inspector about some concerns that they had previously raised and how these had been managed.

Residents were observed taking part in various activities throughout the day and spending time in different areas of their home, including their bedrooms, the large kitchen and living room area and the sitting room. Staff were seen to support both residents in a dignified and supportive manner that suited their assessed needs and residents were observed to be content in their home and to supported to move about their home by staff working in the centre. Residents were observed getting ready to leave the centre to go on walks and out on the bus, watching TV, listening

to music, baking, and taking part in interactive activities with staff.

The inspector observed and heard a number of positive interactions between staff and residents and throughout the day of the inspection and there was a calm and relaxed atmosphere in the centre. Staff were mindful of ensuring residents privacy and dignity, especially during times when personal care was being provided. Resident's were observed enjoying home cooked meals and refreshments and were seen to be appropriately supported by staff during mealtimes.

The general care and support of residents was observed to be very good and this inspection found there was good compliance with the regulations. This meant that residents in this centre were overall being afforded safe and person centred services that met their assessed needs. 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 on the quality and safety of the service.

Capacity and capability

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and Staff development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Residents' rights, the Chief Inspector is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the providers registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

There was a clear management structure present in this centre. Governance and management systems in place were for the most part ensuring that the services provided within the centre were person centred and safe. Staffing levels in the centre had been a challenge for a period prior to the inspection and at times this had impacted on resident activation and the oversight of documentation in the centre. This inspection found that improvements were occurring in this area and that efforts had been made to reduce the impact of this on residents.

The person in charge reported to a regional manager who was also a person participating in the management of the centre. There had been a change in the person participating in the management of the centre the previous year. The person in charge had remit over two other centres at the time of this inspection. The

person in charge was supported in the management of the centre by two clinical nurse managers. The person in charge made themselves available to attend the centre on the day of this inspection. They presented as committed to their role and were knowledgeable about the residents that lived in the centre. The inspector saw that the residents in the centre were comfortable in the presence of this individual.

An annual review had been completed in respect of the centre within the previous year and this included consultation with representatives of the residents. It was seen that this annual review did not include consultation with the residents. However, it is acknowledged that due to the communication barriers present for the individuals that lived in this centre, meaningful consultation in relation to the running of the centre would be difficult and the inclusion of this in the annual review would likely be tokenistic. The inspector saw on the day of this inspection that residents were content and well cared for in their home and were comfortable in the presence of the staff and management that supported them. The inspector also saw that residents were supported with making choices in this centre by staff that knew them well and were aware of how residents communicated their preferences.

The inspector viewed documentation in the centre including the statement of purpose, annual review, audit records, staff rotas, incident reviews, team meeting records. The documentation viewed showed that any issues were being identified in a timely manner, actions to be completed were identified and the outcome of these actions was being documented.

The inspector saw that the person in charge was working in the centre providing direct support to residents on occasions when staffing levels were reduced due to vacancies and staff leave. This maintained continuity of care for residents and ensured that staffing levels were maintained at safe levels. However, this had impacted at times on the ability of the person in charge to maintain full oversight of some of their other duties, such as staff supervisions and updating relevant documentation in the centre. For example, a site specific plan for COVID-19 present in the centre contained out-of-date public health information. Recent recruitment efforts had been successful and some staff had returned from periods of leave and this had eased the staffing difficulties at the time of this inspection. On the day of this inspection, the person in charge told the inspector that this meant that they were now able to maintain full oversight of the centre.

A staff rota and attendance records were viewed in the centre. These set out the planned and actual staffing arrangements for the centre. Ideally, between three and four staff members, sometimes including a student nurse, supported residents by day, and two staff members supported residents at night. Full time nursing support was provided to residents. The staff team comprised CNM1's, staff nurses and care assistants and additional supports were provided by pre-registration student nurses on occasion. Documentation viewed showed that staffing levels in the previous months had on a number of occasions been reduced to two staff members including the person the charge, who could provide nursing support if required. While the inspector was assured that these staffing levels were adequate to keep residents safe and provide for their basic care and support needs, it was clear that when staffing was reduced to these levels that residents were curtailed in participating in

meaningful occupation and activity and leaving the centre for recreation and community access. A staff member had made a complaint on behalf of the residents of the centre about staff levels falling below minimum levels in mid-2022 and the impact this was having on residents. It was seen that this was escalated to the regional manager and that agency staff had been employed to fill vacancies. However, records showed that this did not completely alleviate staffing issues. For example, staff attendance records viewed for December 2022 and January 2023 showed that on a number of occasions residents were supported by one staff member and the person in charge. As mentioned above, the person in charge told the inspector about recent recruitment efforts and this, combined with the return of some staff from long term leave, had meant that staffing levels had recently improved in the centre and were anticipated to remain at adequate levels for the foreseeable future.

Four staff were present in the centre on the day of the inspection, including a nurse and a student nurse. The inspector met with some of these staff and saw that they were very knowledgeable about residents and their support needs, Staff were observed to provide high quality person centred supports to the residents on the day of the inspection. Staff were familiar with the documentation and the procedures in the centre and it was observed that the regular staff in the centre maintained a level of oversight of the day-to-day running of the centre in the absence of the person in charge. The centre was seen to overall be staffed by a committed staff team and there was clear evidence that efforts were made to maintain consistency of the staff team for residents and to minimise the impact of staff vacancies on residents. For example, if required, familiar agency staff provided supports to residents and if possible at least one familiar staff member was on duty at all times.

The person in charge had maintained records of the training provided to staff in the centre. The inspector saw that, on the whole, appropriate staff training was provided in this centre. Staff had received training in a number of areas such as safeguarding of vulnerable adults and hand hygiene.While formal team meetings were now occurring regularly, records viewed indicated that these had not taken place for a period between December 2021 and June 2022. The providers six monthly audit of the centre also indicated that staff appraisals were not always occurring in line with the provider's policy. However, at the time of this inspection, the inspector saw evidence that this issue was being addressed since the most recent audit had occurred. The person in charge confirmed that they themselves had not taken part in formal staff supervision since 2021 and this was not in line with the provider's policy. They reported that they were well supported in their role and they were in regular contact with their line manager.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

Documentation in the centre showed that staffing levels had not always been maintained at minimum levels as per the statement of purpose. This had impacted on occasion on residents accessing the community and taking part in activities. There was evidence that the management of the centre were committed to ensuring that staff levels in the centre were maintained at a safe level. At the time of the inspection, records showed that staffing levels had improved and management were committed to ensuring that staff levels remained at an appropriate level to provide a full range of person centred services to the residents in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, the person in charge had ensured that staff had access to appropriate training, including refresher training. Agency staff training records were available. Agency staff did not have records on file indicating that they had completed fire safety training. However, the person in charge provided assurances that regular agency staff were actively involved in fire drills and were provided with fire safety information about the centre. Some staff supervision had not always occurred in line with the provider's policy but there was evidence that was being addressed at the time of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

A clearly defined management structure was in place in the designated centre and management systems such as auditing schedules were in place. There was good evidence of the involvement of both the person in charge and the person participating in management of the centre. For example, there was evidence that both these individuals had attended team meetings, completed reviews and were responsible for ensuring that actions identified in the annual review of the centre were being completed.

Staffing challenges meant that on occasion the person in charge was providing direct support to residents in lieu of administration duties on occasion and there was some evidence that this had impacted on their overall oversight of, for example, documentation, in the centre. An annual review had been completed in respect of the centre and this included consultation with representatives of the residents. Six monthly unannounced audits had also been completed by the provider and these were identifying issues that arose.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents was overall maintained by a good standard of evidence-based care and support. On the day of this inspection it was seen that safe and good quality supports were provided to the residents that lived in this centre by a committed staff team.

Overall residents were seen to be supported in line with their assessed needs and there was an evident person centred culture present in the centre. It was seen that residents were supported to maintain and develop links to their families and their community. For example, recently an event had been held in the centre for residents and their families involving a local choir. The inspector also viewed a goal in a residents plan to have a traditional music session in the centre with some family members and saw that another resident had recently visited a family member in their home for a meal.

The inspector had sight of a sample of residents' personal files, including their personal plans. This documentation showed that residents were provided with health and social care supports as required. A family member had recently raised concerns about the timely access to an allied health professional and at the time of the inspection, this concern had been acted upon. Support plans were in place based on the assessed needs of residents and there was evidence of regular multidisciplinary review. A sample of person centred plans viewed by the inspector were seen to be subject to recent review and residents had been supported to make and achieve goals that were meaningful to them and in line with their assessed needs. There was evidence of ongoing progression and review of these goals.

Overall, this documentation was up-to-date and provided good guidance for staff on how to support residents in this centre. However, the inspector did view some 'activation plans' in running files that contained some information that was out-of-date and not in line with the information provided in other documentation in the centre.

Incident and accident records viewed showed that the person in charge was responsive to any incidents that occurred and there was evidence that learning from incidents was occurring and that this learning was shared with the staff team. A 'Do not attempt resuscitation' (DNAR) directive was in place for one resident in this centre. This was seen to be in place in line with the providers' policy, which outlined that they would adhere to the HSE 'National Consent Policy'. There was evidence of careful and ongoing consideration of this and consultation with appropriate healthcare professionals and family members in relation to this.

Activity records viewed indicated that residents had access to ordinary community based activities. For example records indicated resident activities such as shopping,

swimming, walks in the local area and visits to the hairdresser. One resident had not accessed the community regularly for a period due to ill health and there was a plan in place to reintroduce some activities such as going out to a café for this resident following an improvement in their health. Another resident was reported to dislike travelling on the bus and this was clearly documented with efforts to take this resident out locally documented. There was evidence that residents preferences and choices were taken into account. For example, one resident had been offered a foot and hand massage and it was documented that this had been refused.

The inspector spoke to staff about how residents were offered choices and was told choices were offered about things such as food, clothing and activities and that some residents would indicate choices verbally, while others would use visual prompts or gestures. Some residents would indicate choice by refusal and this was respected. Staff reported that working with residents over a period of time was an important way to determine their preferences and how these were communicated and from what the inspector observed and heard in the centre, staff were mindful of residents‘ rights, choice and preferences.

The management of residents' money was discussed during this inspection. The person in charge told the inspector that residents were supported to manage their money by family members or by the provider. None of the residents in this centre had bank accounts in their own name. The inspector saw that residents did have access to their monies on request and that their needs were provided for.

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and were regularly reviewed to take into account changing circumstances and new developments. A sample of personal plans viewed had been recently reviewed through scheduled person centred planning meetings. Residents were supported through the personal planning system in place to set and achieve meaningful goals.

Judgment: Compliant

Regulation 9: Residents' rights

Staff and family members were seen to advocate for residents and their rights. For example, a staff member had made a complaint to the provider on behalf of residents about the staffing levels in the centre. Staff were observed to speak to and interact respectfully with residents and the spoke about residents in a manner that was rights focused. Residents were seen to have choice in this centre. Although residents had on occasion been restricted from accessing the community due to

staffing levels in the centre, improvements had occurred and at the time of the inspection, this was no longer impacting significantly on residents. One resident was in the process of obtaining a passport to facilitate travel abroad. Some improvements were required to the procedures for managing residents' finances to ensure that residents were supported to maintain control and had full access to their own personal monies. For example, residents did not have their own bank accounts and some residents did not have full access to their own money.
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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City South 7 OSV-0005779

Inspection ID: MON-0034857

Date of inspection: 27/02/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • Recruitment is ongoing to fill 1 WTE vacancy. A staff has been selected and is going through the recruitment process. PPIM will continue to escalate any issues in relation to staffing with HR department and plan for the recruitment to fill vacancies / request relief cover for maternity and other types of leave should they arise	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Recruitment is ongoing to fill 1 WTE vacancy. A staff has been selected and is going through the recruitment process. • As per regional governance protocol and maximum leave allocations the PIC will ensure that there is appropriate staff nurse cover in the centre on a weekly basis so that the PIC is not obliged to engage in frontline duties. • The PPIM will liaise with HR department in the event of staff nurse vacancies arising due to maternity leave or other types of leave.	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • As part of the service improvement plan the organization is working towards ensuring that each resident has access to their own finances	

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.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
Regulation 09(2)(a)	The registered provider shall ensure that each	Substantially Compliant	Yellow	31/01/2024

	resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			