



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 16
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2020
Centre ID:	OSV-0003292
Fieldwork ID:	MON-0031117

About the designated centre

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

Cork City North 16 is located in a residential setting on the outskirts of the city and consists of two adjoining bungalows which provide a home for up to four adults. The centre is comprised of four single bedrooms, two bathrooms, kitchen-dining room, sitting room, multi-sensory room, utility room, staff toilet and office. There is a secure garden area to the rear of the property and small grassed area at the front with parking facilities. The centre provides full residential care for residents. Weekend short breaks are also provided to a number of adults when a resident goes home for the weekend. The centre caters for adults with an intellectual disability who may also have additional multiple and complex needs. The centre aims to provide a high quality service in partnership with families and carers, with each resident being valued for their own uniqueness.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 26 November 2020	11:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the evening of the inspection, the inspector had the opportunity to meet three residents who lived in the designated centre. The residents were non-verbal communicators, and used facial expressions, body language and vocalisations to communicate their needs to the staff that supported them in their home.

Two of the residents were relaxing in the sitting room, with one resident watching television while the second resident was sitting on the couch looking at a book. It was evident that one resident communicated through body language that they did not want to interact with the inspector and this choice was respected.

It was one resident's birthday and staff members told the inspector that they had planned to get a takeaway to celebrate. The kitchen had been decorated with balloons and banners and a birthday cake had been purchased for the resident. The kitchen had recently been renovated to include more space to allow all residents to eat together, if they so wished.

One resident was observed walking freely around the designated centre with support provided by one staff member. Staff members spoken with told the inspector that the resident required supervision at all times for safety reasons. However, an activity room had been provided in a manner that allowed for the resident to have some time with reduced supervision in a safe environment. The resident was observed walking into the room indicating that they would like to relax in the activity room. Although this room did use a restrictive practice, it was evident from observing the resident and discussions with staff that when the resident indicated that they wanted to leave the room that this request was facilitated. Staff members told the inspector that they had put a recording system in place to monitor the time the resident spent in the activity room with reduced supervision, and that this was reviewed by the person in charge.

It was evident that staff members knew the residents well, and were aware of their individually assessed needs, likes and preferences. One staff member showed the inspector a number of picture cards that they used to communicate activities and the complaints procedure to residents. There was also evidence that a visual roster had been put in place so that resident's knew the staff members on duty.

Window visits had continued to take place during the COVID-19 pandemic. As the inspector was leaving the designated centre, one resident was due to have a window visit with family members. Staff spoken with told the inspector that the residents had coped well with the COVID-19 restrictions that had been put in place.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that it was of a good standard.

An annual review of the quality and safety of care and supports provided in the designated centre had been completed. However, the annual review did not provide for consultation with residents or their representatives, in line with regulatory requirements. The provider had also completed unannounced visits to the designated centre every six months.

Residents living in the designated centre were supported by a consistent team of staff nurses and care assistants, with oversight provided by the person in charge who was a registered nurse. Following a review of the designated centre's rota and residents' personal plans, it was evident that the staffing levels in place were in line with the assessed needs of residents and the designated centre's statement of purpose. A review of the designated centre's training matrix demonstrated that staff members had received mandatory training to support them in their role. Where face to face training had been cancelled due to COVID-19, online training had been provided or, training had been rescheduled with social distancing measures being put in place.

On review of the annual review and the six monthly visit reports, it was noted that issues had been identified under a number of the regulations assessed by the registered provider. However, a number of these regulations had been judged as compliant by the registered provider. For example, it was identified that the annual review had not provided for consultation with residents and their representatives, and that one resident did not have a signed contract outlining the care and supports they receive. As these regulations had been deemed complaint by the provider, there was no subsequent action plan developed to ensure compliance with these regulations, or to put measures in place to improve service provision. Where an action plan had been developed following the review, it did not identify a timeline for when the improvements were to be made.

The registered provider had ensured that a statement of purpose which contained the information set out in Schedule 1, was available in the designated centre. The statement of purpose outlined that residents received full time residential care, with some respite also being provided. The person in charge told the inspector that before the COVID-19 pandemic, one resident had regular overnight visits at home. Respite was then provided to three other residents on alternating occasions in the resident's bedroom. The resident's contract of care did identify that their bedroom could be used for respite when they were not in the designated centre. However, it did not state if the resident was being provided with residential or respite services, and if these were to be provided on a full-time or part-time basis.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed in the designated centre. This individual held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualification and skill mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. Residents were supported by a consistent staff team that knew them well.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The annual review of the care and support provided in the designated centre, did not provide for consultation with residents or their representatives. It was also identified in the six monthly unannounced visits to the designated centre and the annual review, that an action plan to improve and address areas of concern had not always been completed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that on admission to the designated centre, an agreement in writing had been completed. This agreement did not include details on the care and support they received in the designated centre. For example, one

resident's contract of care, did not state if they were to be provided with residential or respite services, and if these were to be provided on a full-time or part-time basis.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured that a statement of purpose which contained the information set out in Schedule 1, was available in the designated centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the designated centre at the time of the inspection.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care and support provided in the designated centre and found that although overall it was of a good standard, some improvements were required.

The inspector reviewed a sample of residents' personal plans, where there was evidence that residents had been subject to an assessment of their health needs. Where there were identified health needs, these were supported by a plan of care. One resident's health care plan required update to reflect changes to how one aspect of their health care needs were met, following review from an allied health professional.

It was not evident in the residents' files if they had been subject to a comprehensive assessment of their personal and social care needs. The person in charge told the inspector that the comprehensive assessment was completed during the person centred planning meetings. However, this documentation was not available for the inspector to review on the day of the inspection.

Residents had been supported by staff members to choose a number of goals that

they would like to achieve over the year. It was noted that residents' goals were to continue to engage in a number of community activities that they had previously completed. For example, one resident's goals were to continue going to the cinema and the pub. The inspector discussed this with the person in charge. It was identified that residents' goals required review to ensure that they were more specific, and included a clear plan on how to achieve the goal. It was also noted that residents' goals had not been updated to reflect the impact of COVID-19 restrictions on the achievement of goals.

The registered provider had implemented a range of measures in response to COVID-19, to ensure that residents were safe and protected against potential sources of infection. A COVID-19 folder had been put in place with updated information and guidance. Cleaning checklists had been put in place to ensure that regular touch points were cleaned on a regular basis. Due to the size and layout of the designated centre staff members wore face masks at all times. There was evidence of regular temperature checks being taken for both staff and residents.

A contingency plan for COVID-19 had also been developed by the person in charge. The contingency plan included areas such as residents' next of kin details, and guidance for staff on how to self-isolate and arrange a COVID-19 test for residents. It also highlighted that all resident's hospital passports had been updated to include accurate health information, in the event that they required hospitalisation.

Residents had been supported to have visitors in line with guidance provided by the Health Protection and Surveillance Centre (HPSC) during the COVID-19 pandemic. Prior to this, residents had regularly been supported to visit their family homes. At the time of the inspection, residents were being supported to have window visits. The person in charge was aware of the criteria for compassionate visiting in the event that this was required for residents in the future. It was identified that due to the size and layout of the designated centre, that there was no suitable private area for residents to receive a visitor, if they wished.

Emergency lighting, fire resistant doors and a fire alarm panel were provided in the designated centre. There was evidence of regular fire evacuation drills being completed, with evacuation sheets readily available as required. It was noted in residents' personal evacuation plans that two residents required emergency medication to manage their epilepsy, while two other residents required constant supervision due to the potential that they could go missing on evacuation of the designated centre. Guidance for staff on how to support the risk of residents going missing while other residents were evacuated, or to ensure that emergency medication was available on evacuation of residents, had not been included in the personal evacuation plans for these residents.

A risk register had been put in place by the person in charge. The inspector reviewed a number of risk assessments in the risk register. It was noted that a number of risk assessments required review to ensure the risk rating was appropriate to the risk identified. A number of risk assessments did not include the details of the individual responsible to ensure that control measures were put in

place.

Regulation 11: Visits

Residents had been supported to have visitors in line with guidance provided by the Health Protection and Surveillance Centre (HPSC) during the COVID-19 pandemic. It was identified that due to the size and layout of the designated centre, that there was no suitable private area for residents to receive a visitor, if they wished.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Improvements were required to ensure that there were appropriate systems in place for the assessment, management and ongoing review of risk. It was noted that a number of risk assessments required review to ensure the risk rating was appropriate to the risk identified. A number of risk assessments did not include the details of the individual responsible to ensure that control measures were put in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had systems in place to ensure that residents were protected against infection.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to ensure that residents were evacuated safely from the designated centre. There was a lack of clear guidance for staff on how to support the risk of residents going missing while other residents were evacuated, or to ensure that emergency medication was available on evacuation of the resident in the event that this was required.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had suitable practices relating to the prescribing and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was no evidence that the person in charge had ensured that a comprehensive assessment, by an appropriate healthcare professional of the personal and social care needs of the resident had been carried out on an annual basis. One resident's health care plan required update to reflect changes to how one aspect of their health care needs were met, following review from an allied health professional.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that restrictive practices were applied in accordance with national policy and evidence based practice.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put systems in place to ensure that residents were protected from all forms of abuse.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cork City North 16 OSV-0003292

Inspection ID: MON-0031117

Date of inspection: 26/11/2020

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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The topic of outstanding issues within the centre not being included on the action plans will be brought to the attention of the internal auditors at the next monthly HIQA Quality and Safety Forum.</p> <p>The annual review was carried out 02/12/2020 and report received 19/12/2020. PIC has reviewed most recent report and a detailed action plan from this audit has been devised and identified issues are currently being actioned. PIC will ensure that action plans are completed after each inspection and that actions are completed and documented within an identified timeline.</p> <p>Family consultation was sought for most recent Annual Review and PIC is currently awaiting survey to be returned from family representatives. Feedback will be incorporated into the review once received. PIC has contacted families requesting same be returned.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contract of care for the resident in question will be reviewed with the admissions office and necessary changes made to reflect the service provided. The specificity of</p>	

contracts of care will be brought forward as a meeting agenda item to the Admissions, Transitions and Discharge committee for discussion.

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
The provider will investigate alternative solutions for residents to accommodate visitors in a private space outside of their bedroom. Alternatives that will be looked at will be; use of another location within the locality or a designated stand-alone visitors' space/room in the garden. Consultation with facilities Manager and other relevant professionals will commence shortly and a plan will be developed. In the interim, the small activity room in the centre can be made available for visits once these are planned in advance to ensure that the room is not otherwise in use at that time.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Site Specific Risk Register has been reviewed and risk ratings have been reassessed and in some cases amended to a rating appropriate to the risk identified. Details of the individual responsible to ensure that any existing and/or additional control measures are carried out has also been included on each entry.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An updated evacuation plan has been completed to include clear guidance regarding adequate arrangements for evacuating residents in the event of a fire. This includes removing vehicle keys and emergency medication for residents to ensure that residents may be evacuated from the designated centre and brought to a safe location.

Residents PEEPS have been updated to reflect review of evacuation plan.

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: Personal plans have been reviewed since inspection and identified areas of improvement and review of health care action plans have taken place.</p> <p>Person centred plans to assess health, personal and social care needs of the residents have commenced and will be reviewed on an annual basis or as required. Specific goals will be identified during this process. Goals will be SMART and conducive to COVID – 19 restrictions and public health guidelines. Person centred plan documents that were not available on date of inspection are now in the residents file and are a component of the overall assessment process mentioned above.</p> <p>PIC is attending Personal Plan training day within the Organisation on 20/01/21 and will disseminate learning form this to staff in the designated centre.</p> <p>Personal plans will continue to be reviewed.</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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	28/02/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	11/01/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	31/01/2021

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	28/02/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/12/2020
Regulation 28(3)(d)	The registered provider shall	Substantially Compliant	Yellow	18/12/2020

	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	28/02/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/02/2021