



Office of the Chief Inspector

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

Name of designated centre:	Cork City North 14
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	07 March 2019
Centre ID:	OSV-0003293
Fieldwork ID:	MON-0023357

About the designated centre

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

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

The following information outlines some additional data on this centre.

Current registration end date:	30/11/2020
Number of residents on the date of inspection:	10

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 March 2019	08:15hrs to 14:15hrs	Elaine McKeown	Lead

Views of people who use the service

The inspector had the opportunity to meet with seven of the residents currently living in the designated centre. The inspector was warmly greeted by a resident on arrival. This resident invited the inspector to look at their room of which they were very proud. It was a bright room, decorated with personal effects that reflected the resident's hobbies, interests and family photographs. The en-suite had been decorated with aids to meet the assessed needs of this resident.

Other residents also invited the inspector to view their bedrooms which were personalised and decorated by the residents themselves. During the course of the inspection residents spoke of the activities that they were participating in both within the designated centre, in the local community and in college.

One resident proudly spoke of how they travel independently on public transport to visit family members and to attend their day service. Another resident had recently celebrated a milestone birthday with friends and family and told the inspector about all the preparations for the party that the staff had supported her with. One resident spoke of an upcoming family event that they were going to attend and the responsibilities she had with household chores of the designated centre. Another resident was being supported to participate in the cork city marathon.

All residents indicated they were very happy with the service they were receiving and told the inspector that issues are dealt with in a timely manner by the staff team. Residents who spoke with the inspector were aware of the fire procedure and had taken part in fire drills within the centre. They were also aware of how to raise a concern and a complaint if required, the person in charge was known to all of the residents.

During the course of the inspection, residents were observed to be supported in a dignified and respectful manner by staff who were familiar with each resident and their assessed needs. There was effective communication between the residents and staff. The inspector noted how one resident required support from staff during the initial part of the inspection. The support provided was consistent, clear and delivered in a manner that assisted the resident to become more relaxed in the presence of the inspector. This resident was happy to speak with the inspector during the day & also showed the inspector their bedroom which was personalised to reflect their hobbies and interests.

Staff also showed the inspector memory cushions that had been made for each of the residents and staff to remember a resident that had passed away. These cushions had messages sewn onto them to help individuals remember their friend.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity to deliver a safe and effective services to residents. The provider's governance and management arrangements ensured that residents were supported to develop greater independence and receive a good quality service which complimented their assessed needs. However, the reliance on relief staff and the vacancy of a clinical nurse manger's post did impact on the service.

The person in charge works full time in the role and is responsible for two designated centres located close to each other. The person in charge is available to staff by phone and visits the centre regularly. They work closely with staff and are known to all the residents in the centre. They were very familiar with the residents' up-to-date care and support needs. The person in charge had been required to provide frontline support in recent months due to staff shortages which has had an impact on their ability to provide formal supervision and appraisals to staff. This does not reflect on the person in charge meeting their regulatory requirement, it has been actioned under regulation 13: Governance and Management.

The person in charge had ensured that staffing requirements at the centre were maintained with the assistance of regular relief staff known to the residents and available at key times during the day to meet residents' assessed needs. The inspector saw evidence of a flexible staff team to facilitate the residents attending different activities. The person in charge and staff team acknowledged this had been difficult to maintain to ensure consistency of care provided for the residents. While there had been a reliance on agency staff in recent months, the person in charge informed the inspector that two new part time staff were scheduled to commence working in the designated centre in the coming weeks. This will have positive impact for the residents and staff team, however, the vacancy of the clinical nurse manager has not been filled.

While this centre has it's own transport available at all times, during the course of the inspection, the inspector was informed of fund raising by the staff which has led to the team successfully raising sufficient funds for an additional vehicle being purchased for this centre. This is due to be available for use in the designated centre in the coming weeks. This will have a positive impact for the residents and their ability to access more activities. This is a good example of a committed staff team working together ensuring residents are supported.

Findings in the previous inspection found gaps in staff training, this continues to be an issue. While the person in charge demonstrated that staff were scheduled for training in the coming weeks, at the time of inspection there were training requirements in the areas of fire safety and managing behaviours that challenge. As previously mentioned staff had not had formal supervision or appraisals since July 2018.

The staff who spoke with the inspector were aware of their training requirements. The staff were also very knowledgeable of residents' assessed needs. Staff had scheduled handover/weekly team meetings which ensured there was effective communication between the staff team and they were updated on issues pertaining to the residents, changes to the centre's operations and provider's policies. The person in charge attended some of these meetings. The most recent formal staff meeting took place in November 2018.

Following a review of the actual staff rota, the inspector noted that it did not contain the details of relief staff. Following discussion during the inspection it was agreed by the person in charge that the actual rota in the centre would reflect the number and names of staff working in the designated centre at all times and an abbreviation grid is to be added to the rota template to improve the interpretation of the rota .

The provider had systems in place to ensure the centre was regularly monitored and reviewed. The annual review and six-monthly provider led audits were in line with the requirements of the regulations. The actions identified were being progressed. However, it was also evident from the findings in these audits that the vacancy of the clinical nurse manager was having an impact on the staff team and their ability to meet the regulatory requirements regarding the governance of the person in charge along with staff training and development.

Regulation 14: Persons in charge

The person in charge worked full time between two centres located close to each other. The person had the required qualifications and experience. They were knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of the residents at the time of inspection. However, there is a reliance on regular relief staff which was not evident in the actual rota reviewed during the inspection. A clinical nurse manager post remained vacant at the time of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were gaps in staff training, this was also actioned in the previous inspection. Formal supervision of the staff team had not taken place since July 2018

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents included all the required information relating to residents who lived at the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good monitoring systems in place to ensure the provision of good quality of care to residents. There were arrangements in place, such as auditing systems, to ensure that the service provided was safe and in-line with the residents' needs. However, due to on-going staff vacancies the person in charge was unable to conduct formal supervision and appraisals in the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all appropriate notifications had been submitted to the Chief Inspector as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in this centre. The registered provider had an effective complaints procedure for residents in an accessible and age-appropriate

format.

Judgment: Compliant

Quality and safety

During the course of the inspection, the inspector found that residents were happy with the support they received and were supported in-line with their needs. Residents were supported to enjoy activities which related to their personal interests and accessed activities in the local community. Family contact for residents was documented and evident to the inspector as staff spoke of individual planning around family schedules and ensuring residents were supported and facilitated to maintain good relationships with their families and friends.

Residents received person-centred care and support which assisted them to access a range of activities. They were supported to be involved in the decision making in the centre and planned activities. Residents were supported to make choices for their menu in the evenings and at weekends. Regular house meetings were held in the centre which provided residents with the opportunity to express their views and preferences. However, the staff team have planned to also have regular meetings with residents living on each of the floors of the centre to facilitate more involvement with the residents in a smaller group format. This will assist more focused meetings to be held for the benefit of those attending.

The provider has reviewed the format of the personal plan for residents and a change to a more comprehensive format was under way at the time of inspection. One plan had been completed on the day of inspection and it guided staff on how to support residents' assessed needs. All plans were subject to regular review both annually and more frequently if required. There were no restrictive practices in place in the centre, however residents were provided with a fob for them to gain entry into the designated centre as a security measure. One resident has been provided with one to one support since May 2018 which has had a positive impact for both this resident and their peers.

The provider had measures in place to ensure the safeguarding of residents from being harmed from abuse. There was a policy in place and all staff had received safeguarding training. This ensured they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

The provider is currently reviewing the risk register following actions identified in the annual review. However, not all risks specific to the centre were identified on the day of inspection, by the inspector. The provider identified that the risk of oxygen in the designated centre had been identified under the storage of chemicals on the risk register subsequent to the inspection.

The provider had ensured that effective measures were in place to protect residents

and staff from the risk of fire. Fire doors were in place and the person in charge had requested magnetic door locks for some communal areas, however these doors were closed during the inspection. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the centre. However, as previously mentioned not all staff had received up-to-date training in fire safety at the time of inspection. Staff and residents participated in regular fire drills. Both residents and staff who spoke with the inspector knew how to respond in the event of a fire. Personal emergency egress plans were available in the centre but there was no documented review of the plans since April 2017. The details of fire drills completed were contained in two different log books resulting in a difficulty for the inspector to locate all the required information. During discussion on the day with the person in charge and staff present it was agreed one log book containing all the required information would improve the consistency of information provided for each fire drill in one document.

Of note, this centre is part of a housing complex with a shared monitored alarm system. The alarm currently is activated in all buildings of the complex in the event of an activation in any of the buildings. This results in the residents evacuating as per protocol. However, staff must wait for a representative from the company to respond and ensure it is safe for residents to return to the designated centre. This issue is not a safety issue for the residents but it does require them to remain out of the centre for a longer period as a representative is not always on site to respond immediately to check the building. The inspector was shown evidence that the staff team and the provider have raised concerns with the housing authority on this matter. The response stated that a clear protocol in relation to responding and re-entering the building following evacuation remains outstanding. The provider continues to seek a suitable resolution to this matter.

There were safe medication management processes in place to protect residents from the risk of medication errors. Regular medication audits were carried out. However, only one resident was self-medicating in the centre. There was no documented evidence provided on the day of inspection that the other residents had been consulted regarding their wish to self-medicate. Following the inspection, the provider subsequently informed the inspector that assessments had been completed for all residents but were located in another location on site. Also, the date of opening was not written on bottles of medication, this was discussed with the person in charge during the inspection

Overall, there was a good level of compliance with the regulations relating to quality and safety of resident care, and residents' social integration and development was being prioritised.

Regulation 10: Communication

Residents' communication needs were supported by an effective staff team.

Residents had access to television and radio. Internet access was available if residents chose to access it.

Judgment: Compliant

Regulation 11: Visits

There was ample space for residents to receive visitors in accordance with their wishes and they were supported by staff to visit their families regularly.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider ensured residents' were supported to manage their personal belongings and financial affairs. Residents had a key to their bedroom door if they chose to use one. All residents were supported to manage their own laundry in accordance with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in social and community activities. The registered provider had also ensured that the residents received appropriate care and support having regard to their assessed needs and abilities.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises was well maintained. It reflected the residents' personal choices and interests. The design and the layout of the centre ensured that areas were accessible to the residents and met their assessed needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose and were involved in the preparation of their own food when in the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

Information was available for all residents throughout the centre in easy-to-read format such as the complaints and fire evacuation procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk. Actions identified in the most recent six monthly audit were in progress. The provider was actively supporting residents in positive risk taking.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected by adopting procedures consistent with the standards of the prevention and control of healthcare associated infections. Pictorial aids were visible throughout the centre to remind residents and staff of good hygiene practices.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective fire safety management systems were in place which included regular fire drills, fire equipment safety checks, containment measures and detection systems. However, not all staff had up-to-date fire safety training; this will be actioned under regulation 16; Training and Development. Individualised emergency evacuation plans were in place but there was no evidence documented that these had been reviewed since April 2017. Staff were documenting in two different log books details of the fire drills; while all the information was documented it was not in a concise format for review during the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medications were securely stored at the centre and staff who administered medication received training in the safe administration of medication and emergency medications. There was an up-to-date policy to guide staff. A recent medication audit had been conducted with no actions arising from it. However, there was no documented evidence that all the residents had been given the opportunity to take responsibility for their own medicines if they wished to do so. The provider has subsequently provided information that these assessments were completed prior to the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. The provider is in the process of improving the personal plans for all residents to ensure they are more comprehensive. The inspector reviewed a completed plan in the new format which was based on the resident's assessed needs. Personal goals were agreed which reflected the personal interests of the resident and actions were in place to support the resident achieve their goals.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals

and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to support and manage behaviours that challenge. One resident has had increased supervision provided to them which has had a positive impact.

Judgment: Compliant

Regulation 8: Protection

Safeguarding plans were in place to guide staff on specific safeguarding measures in place for residents. All staff had received up-to-date training and the provider had procedures in place to guide staff and ensure that residents were safe from harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents' rights and dignity were respected and the services were in accordance with the residents' wishes.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 14 OSV-0003293

Inspection ID: MON-0023357

Date of inspection: 07/03/2019

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: One care staff who was on long ill returned on 1st May 2019. Staff nurse Maternity leave position was cover by RNID which commenced on 18th March 2019. PPIM is liaising with the HR dept. regarding CNM1 as part of governance structure in CCN14. The PIC has updated the coding on the rota to account for the meaning to the abbreviations on the off duty. Only those staff that are rostered to work in the center, will be named on the roster for actual hours worked.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC and CNM1 have developed a schedule to meet with staff to complete performance management plan. Staff training matrix is being updated in line with prioritizing staff who are due training and same is being facilitated to cover FIRE, MAPA & Safeguarding and Manual Handling. Specific staff will be informed to attend dates for training as they arise.</p>	

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>PPIM is liaising with the HR dept. regarding CNM1 as part of governance structure in CCN14.</p> <p>The PIC and CNM1 have put together a schedule in place to commence staff appraisals. This schedule will commence the first Monday in June 3rd and due to complete same by the 2nd September 2019 to meet all staff in CNN14.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All Staff fire training have being completed except for one staff who has returned from long term sick. A date 6th June has being arranged for her to attend training.</p> <p>All residents have updated PEEPS in line with fire regulation. Same are displayed on the back of each residents bedroom door along with evacuation route map to nearest exit.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All residents have a self-medication assessment completed. From these assessments, not all residents were deemed to have the capacity to be able to self-administer. On the day of the inspection one resident was in the process of being reassessed by the Psychiatrist. This resident is now deemed able to self-medicate while at home.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	11/03/2019
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.	Not Compliant	Yellow	30/09/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	02/09/2019
Regulation 23(1)(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	02/09/2019

	designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	19/03/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	07/03/2019