



## Office of the Chief Inspector

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

Name of designated centre:	North County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	13 March 2019
Centre ID:	OSV-0003294
Fieldwork ID:	MON-0026260

## About the designated centre

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

North County Cork 4 is located in a large town in County Cork. It is situated in a quiet residential area within walking distance of the town centre and close to local amenities, public transport and shops. The service is based can accommodate full time residential support for up to ten adults and respite services for up to two adults with intellectual disabilities.

The centre is a detached purpose built bungalow, with mature gardens. It is comprised of nine bedrooms, three of which are designated as double occupancy bedrooms. Two bedrooms are en-suite with three shared bathrooms also available for residents. There is a living room, sitting room, kitchen and dining room along with laundry facilities, linen room, store room, utility room and staff office.

All residents have access to transport and can attend an adjacent day service regularly. Residents are supported by nursing and care staff during the day and two care staff by night. The focus of the centre is through activation and choice both physical and mental well-being are advocated, acknowledging each individuals interests, desires and aspirations. Social and community integration is an integral part of the service provided.

**The following information outlines some additional data on this centre.**

Current registration end date:	13/08/2020
Number of residents on the date of inspection:	9

## 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
13 March 2019	08:30hrs to 17:30hrs	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 during the course of the inspection. Residents greeted the inspector on arrival at the centre. Two residents guided the inspector around the communal areas of the designated centre and introduced the inspector to other residents that they met.

These residents also invited the inspector to look at their bedrooms. One of the residents spoke excitedly about their new room which they had only moved into the previous night. This was a room they did not have to share and was something they had requested themselves. This person spoke of the interests and activities that they were involved in regularly. They also spoke of plans to buy new furniture and decorate the room with more of their personal effects. The resident also had regular contact with cousins.

Another resident proudly showed their family photographs and spoke of their plans for the coming day in their day service. This person regularly spent time at the weekends at home with their family and demonstrated how they could use the adapted light switches that were located in some areas of the designated centre. Another resident outlined how they were actively involved in an advocacy committee.

One resident had commenced full time residential care in late 2018. This person was familiar with the staff and other residents in the designated centre prior to this change in circumstances. However, while speaking with this person the inspector was informed that they were sharing a bedroom with another resident. They stated that they would prefer a room of their own. This person also spoke of what activities they enjoy such as going to concerts, short hotel breaks and spending time with a sibling whenever possible.

Residents who spoke with the inspector were familiar with the fire procedure and had taken part in fire drills within the centre. Residents had also used the complaints procedure resulting in issues being resolved to their satisfaction or were being progressed by the provider. Residents described staff as being helpful and friendly. Throughout the inspection staff demonstrated good understanding of the residents' needs and requirements. Also, staff interacted and supported residents in a professional and respectful manner.

## Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe and effective service to residents. There was a clear governance structure and effective operational management systems in place. Overall, the inspector found that the centre was adequately resourced to meet the needs of the residents.

The provider had systems in place to ensure the centre was regularly monitored and reviewed. The provider had addressed some actions identified in the most recent six-monthly audit that had taken place in November 2018 and others were being progressed at the time of this inspection.

The person in charge worked full time in the role and was responsible for two other designated centres all located within a 15km area. The person in charge was regularly present in the centre and also available to staff by phone. They were knowledgeable about all the residents and this person was warmly welcomed by residents on their arrival to the centre on the morning of the inspection. The person in charge spoke confidently about their role and responsibilities. They had ensured all staff were appropriately trained to meet the needs of the current residents living in the designated centre and formal supervisions of staff had taken place in 2018. The dates for 2019 supervision of the staff team were being scheduled at the time of inspection. The person in charge regularly met with the person participating in management and their own supervision was scheduled to take place in the weeks following this inspection.

On the day of inspection, the staffing levels and skill mix were sufficient to meet the assessed needs of the residents. There was an actual and planned rota present for review. Following discussion with the person in charge, it was agreed to put an abbreviation grid on the rota and ensure the daily location of the person in charge would be included on all rotas. Staff who spoke with the inspector were knowledgeable of the residents and the supports they required. Staff were also aware of the providers procedures and policies regarding safeguarding, advocacy and complaints.

During the course of the inspection, the directory of residents was found not to contain up-to-date information regarding all residents currently living in the centre or who had transferred to another centre. Also, one resident's information reviewed in the directory did not have all the required pages present and completed. This was discussed with the staff during the inspection and had also been actioned in the providers annual review of 2018 and six-monthly audit of November 2018.

The inspector reviewed the complaints log for this centre. There was evidence of complaints been made, responded to in a timely manner and managed within the centre resulting in a satisfactory outcome for the complainants in most cases. However, there was one complaint from October 2018 which related to a resident's behaviour impacting on others in the centre. While the provider had put an action plan in place to help resolve part of the issue in November 2018 that had a good outcome for residents, there was no documented evidence that a planned meeting regarding the possible transition of a resident had taken place in November 2018. An open complaint made by a resident in March 2019 also refers to this same issue.

The status of this complaint was ongoing, with no actions for resolution documented on the day of inspection.

#### Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the assessed needs of the residents. There was continuity of care and a planned and actual roster was in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had effective procedures in place to ensure all staff had access to appropriate training including refresher training. All staff in the designated centre were appropriately supervised.

Judgment: Compliant

#### Regulation 19: Directory of residents

Not all the required information relating to residents currently living in the designated centre or who had transferred to another designated centre was documented in the directory of residents.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had systems in place to ensure the centre was regularly monitored and reviewed. A clearly defined management structure was in place. Arrangements were in place to performance manage all staff, including the person in charge. The management of some issues have been actioned under the specific regulation to which they specifically refer to.

Judgment: Compliant

## Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations. A review of incidents indicated that one follow up report was not submitted as requested by the authority. The person in charge had agreed to ensure this was submitted retrospectively.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure was in place for all residents and was in an accessible format. There was one open complaint at the time of inspection.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the registered provider and the person in charge ensured that a good quality and safe service was provided to the residents in this centre. However, some aspects of residents' rights, personal possessions and healthcare assessments required improvement.

The centre was warm clean and well maintained. There was ample communal space for residents both inside and outside the designated centre. However, at the time of

inspection two residents were sharing a bedroom and another bedroom had two single beds allocated for respite services. While this was in line with the statement of purpose the impact on residents will be outlined under other regulations in this report.

Personal planning arrangements of the files reviewed were comprehensive and guided staff on how to support residents' assessed needs. The person in charge had delegated the responsibility of care plan co-ordinator to one staff member to ensure the plans were consistent and reviewed in a timely manner. In response to the needs of residents' with behaviours that challenge, the provider had implemented additional measures to support these residents which included increased staffing support. This has had a positive impact for the resident. However, the provider is looking at the possibility of sourcing a more suitable environment which will enhance both the resident's and their peers quality of life.

The provider had ensured that residents had access to medical and allied health professionals. Healthcare plans were comprehensive. Residents also attended appointments as part of the national health screening programme as appropriate. However, staff were unable to explain why some residents were prescribed oxygen. There was no evidence in the healthcare plans or known medical condition to warrant this being prescribed for all of the residents whose files were reviewed during the inspection.

The provider ensured that residents were supported and facilitated to maintain good relationships with their families and friends including extended family members. The provider documented family contacts and it was evident as staff spoke of individual planning around family schedules.

While residents had opportunities to exercise choice in their daily activities and participated in decisions about their care and support, not all residents' privacy and dignity was respected in relation to their personal space. As mentioned previously the provider had assisted a resident to move into a room of their own the day before this inspection. This resulted in two residents' no longer having to share a bedroom. This was a positive outcome for both individuals. Both residents appeared very happy with their new personal space with one individual detailing their plans for personalising the space even more in the coming weeks with staff support.

However, another resident who required full time residential support since October 2018 was sharing a bedroom. This room contained only one wardrobe and did not have enough space for personal belongings. A portable screen was put in place between the two beds to provide limited privacy for the residents when required. It was then removed when the residents were asleep during the night. However, the resident told the inspector that they were unable to watch TV or spend any time in the bedroom; instead they went to the sitting room or visitor's room to listen to their music. This resident also stated that the other person snored during the night. This matter was discussed with staff during the inspection.

The inspector noted that not all residents in the designated centre had access to or were supported to manage their own financial affairs. The person in charge reported

that this matter was a cause of concern for the staff and resident involved. However, the provider had not sought the services of an independent advocate for this resident to help resolve this matter.

The provider ensured all staff had all received up-to-date training and regular fire drills were completed. All staff and residents who spoke with the inspector were aware of the evacuation procedure to be followed in the event of a fire. At the time of inspection, the person in charge had requested magnetic self-closing locks for some doors in the designated centre, however, all doors were observed to be kept closed during the inspection. While reviewing the provider's checklists, not all daily checks had been documented as per the provider's guidelines at the time of inspection. Also, while staff were conducting daily and weekly checks the correct log was not always completed. This was discussed during the inspection and it was established that this was a documentation issue rather than failure to comply with the providers guidelines.

While the residents' medications were securely stored and there were safe medication management practices in place, the inspector noted that some medication storage pods for residents did not have photographic identification while others did. However, all storage pods did have a resident's name on them.

Overall, the residents are well supported by a consistent core staff team. However, the impact of the provision of respite services within the designated centre can impact on the activities available to the residents at times. Also, the provision of the two respite beds in this designated centre requires individual adults, both full time residential and respite service users to share bedrooms.

## Regulation 10: Communication

The provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs.

Judgment: Compliant

## Regulation 11: Visits

The provider had ensured that residents were supported to receive visitors as per their wishes and they were also supported to visit family members and other relations.

Judgment: Compliant

### Regulation 12: Personal possessions

At the time of inspection not all residents had access and control over their financial affairs. Also, not all individuals had adequate space to store their clothing and personal possessions in their own bedroom.

Judgment: Not compliant

### Regulation 13: General welfare and development

The person in charge ensured that residents were supported to access opportunities for education and training. Opportunities to participate in activities were done in accordance with residents' interests and assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises of the designated centre were of sound construction and kept in a good state of repair internally and externally. The centre was clean and suitably decorated.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk register was available for review at the time of inspection. However, not all risks in the centre had been identified and some risks did not have a date of assessment and review documented.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

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, detection systems and all staff had up-to-date fire safety training.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents' medications were securely stored and all staff administering medications at the time of inspection had received training in the safe administration of medications. However, some residents were prescribed oxygen where there was no documented reason for the requirement of the administration of oxygen. This has been actioned under regulation 6: Healthcare

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a comprehensive personal plan and reflected residents' needs and staff knowledge. The plans were subject to regular review and residents' personal goals were being progressed.

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. However, some residents had been prescribed oxygen without the

reason for this being known by staff or documented in the healthcare plans.
Judgment: Substantially compliant
<b>Regulation 7: Positive behavioural support</b>
The person in charge ensured that staff had up-to-date knowledge, skills to respond to behaviours that challenge and to support residents to manage their behaviour.
Judgment: Compliant
<b>Regulation 8: Protection</b>
All staff were facilitated with training in relation to safeguarding. The registered provider ensured that residents were assisted and supported to develop skills necessary for self-care and protection.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
While the provider had ensured residents were aware of their personal rights and information was available on how to make a complaint and access advocacy services not all residents' privacy and dignity was respected in relation to their personal living space.
Judgment: Not 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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for North County Cork 4 OSV-0003294

Inspection ID: MON-0026260

Date of inspection: 13/03/2019

## 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.

**This compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.**

**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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The PIC has put a system in place whereby she will review the Directory of residents on a monthly basis to ensure this document reflects the required information for each resident.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC has submitted to the authority a retrospective follow up report in relation to NF06.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints	

<p>procedure:  The PIC has addressed the open item on the compliant log. This matter has now been resolved and the PIC has completed the relevant paper work in relation to same. The PIC has reiterated with all staff the process to follow when dealing with a compliant.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  The PIC has scheduled PCP meetings with residents and their family representatives during this meeting the PIC will address current financial situation. The PIC is currently completing "Money recognition support assessment" to assess resident capabilities in relation to managing their own finances. This assessment will be completed by 31 May 2019. In relation to the residents who are sharing a bedroom the PIC in consultation with other residents have moved the shared bedroom to a larger bedroom within the centre. This move facilitated more space to enable the resident to store and display their personal possessions in a neat and tidy manner.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The PIC shall ensure that the risk register is reviewed regularly and updated to reflect any changes identified. The PIC has put a system in place to review the risk register on a quarterly basis.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  The PIC has reviewed all medication records in the event that a resident has been prescribed oxygen the PIC has completed a health action plan in relation to rational for use and protocol for administration of oxygen</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC met with the residents whom share a bedroom with their key workers. During this consultation residents were offered to change bedroom to a larger spacious room to enable them to have more scope and room for their personal belongings. The residents choose to accept this offer the bedroom was redecorated to mirror their current bedroom colour system. Currently there is a free standing privacy screen available in the room however the PIC has ordered a fixed privacy screen to ensure resident's rights to privacy are protected.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/06/2019
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Not Compliant	Orange	25/03/2019
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the	Substantially Compliant	Yellow	19/03/2019

	designated centre.			
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	31/05/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	31/03/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	22/03/2019
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	31/03/2019

	appropriate health care for each resident, having regard to that resident's personal plan.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	25/03/2019