



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

Name of designated centre:	Cork City North 9
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	18 September 2018
Centre ID:	OSV-0003304
Fieldwork ID:	MON-0024692

## About the designated centre

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

Cork City North 9 comprises of Le Cheile - No's 1 and 4, a two-storey building and Casa Mia a bungalow in close proximity. Primary service provision in Le Cheile is to 48 children with intellectual disability and / or autism with an overnight short break / respite service. Additionally, day care is provided to 10 children as well as after school care to 2 children. Le Cheile No. 1 ground floor comprises of 3 single bedrooms, a kitchen / dining room, a sitting room, a playroom, an assisted bathroom, a staff office, toilet and shower room. A small secure outdoor garden space is also available. The first floor comprises of 3 single bedrooms, a living room, a kitchen / dining room, a bathroom and a staff toilet. Le Cheile No. 4 ground floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. A secure outdoor garden space is also available. The first floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. Casa Mia comprises of a living room, activity room, kitchen, 4 bedrooms, a toilet / shower room, a toilet and storage room with a small secure outside garden space to the rear. One resident is over the age of 18 and in full-time care, is due to transition to an adult service in October 2018. One resident who will turn 18 in November 2018 avails of a shared care service and will also transition from the service in August 2019. In Casa Mia, one resident with complex needs is accommodated until 4th January 2019.

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

Current registration end date:	09/08/2021
Number of residents on the date of inspection:	5

## How we inspect

To prepare for this inspection the inspector or 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
18 September 2018	08:30hrs to 17:00hrs	Michael O'Sullivan	Lead

## Views of people who use the service

The inspector met with three residents prior to their departure to school. The inspector also met with one adult resident who lived in a separate apartment. The residents did not engage with the inspector. Two residents were non verbal. All residents appeared comfortable and happy in the presence of staff who were in the process of preparing them for school and daily activities. The inspector noted that the staff engagement with residents was respectful, kind and unhurried.

## Capacity and capability

There was evidence that the provider had addressed some areas of non compliance since the last inspection. Significant improvement had been made within the centre in relation to staffing. There was a substantial decrease in the reliance on agency staff in favour of appointing permanent and temporary staff. A clinical nurse manager 1 position had recently been created and filled to assist the operational day to day running of the designated centre. One resident was not in receipt of behavioural support from the provider and a therapist was being provided and funded by the residents' family.

While the staffing levels employed within the designated centre were appropriate to the residents' needs, the inspector noted that two residents required a ratio of 2:1 staffing at all times. This created a severe pressure on the rostering of staff resources. It was also documented that there were a significant level of physical assaults on staff resulting in injury and absenteeism. The inspector found that the provider did not have the capacity to deliver a safe service to all residents of the designated centre.

The inspector observed that the statement of purpose did not reflect the diversity and complexity of service provision in place on the day of inspection. The service in place covered a range of respite / short breaks for children, day care services for children, complex emergency residential services for children and residential services to adults. The capability of the provider to deliver such a broad service impacted significantly on the overall delivery and standard of service in relation to residents in receipt of respite and short breaks.

The person in charge had over twenty years experience as a nurse in intellectual disability services. The person in charge had previously been the team leader before taking on the role and had post graduate qualifications in intellectual

disability and a health services management course.

The registered provider facilitated and recorded staff training in relation to fire safety, safeguarding and managing behaviour that challenges. Staff training had also been provided in courses specific to the identified needs of residents.

All resident details were accurately reflected on the directory of residents, which also recorded residents' time spent in the centre as well as time spent at home.

The designated centre made provision for the placement of volunteers. A student placed in the centre on the day of inspection had appropriate vetting in place, through the national vetting bureau. The volunteer had a specific job description outlining their role and responsibilities and were supervised and supported directly by staff.

The person in charge had provided the chief inspector with written notice of all adverse incidents within the prescribed times.

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre in a full time capacity. The person in charge had the required qualifications, experience and skills necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of some residents. However, one residents' family had to source and fund behavioural support from outside the service.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and all staff were subject to appropriate supervision.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents that included information specified in schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had a clearly defined management structure in the designated centre. However, management systems in place did not ensure that the service provided was safe, appropriate to all residents' needs and effectively monitored.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place containing the information set out in schedule 1. However, the nature of the service and the complexity of needs of some child and adult residents were not accurately reflected.

Judgment: Not compliant

### Regulation 30: Volunteers

The person in charge ensured that volunteers within the designated centre had their roles and responsibilities set out in writing, received supervision and support. Vetting disclosure was received through the National Vetting bureau prior to volunteers commencing.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had provided the chief inspector notice in writing of all adverse incidents occurring in the designated centre.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that following the last inspection of this centre in April 2017, the provider had made marginal improvements to the quality and safety of care received by residents.

Significant damage to property that awaited repair was observed in Le Cheile on the day of inspection. There was evidence that the person in charge had requested the repair of one upstairs apartment through the maintenance department. A request had also been made to provide painting and repairs to some parts of the designated centre that showed signs of normal wear and tear due to the volume of children attending the services.

Casa Mia, the bungalow that accommodated one resident was not suitable to meet the needs of a child resident. The property was old, dark, oppressive and uninviting. The premises was poorly furnished. The majority of the rooms were not available to the resident and had to be locked due to risks associated with the fabric or glazing. The property was located on a busy main road which posed significant risk to a child with a history of attempting to run away from staff. Vehicular and pedestrian access to the property were challenging. The premises had to be locked at all times with keys kept on the persons of two staff members.

Casa Mia has only one final fire escape exit which is the main front door. Internal doors require replacement with fully certified half hour fire doors. All windows in the property require replacement to provide appropriate escape and rescue in the event of a fire, as well as the necessary security to residents with behaviours that challenge. Emergency and general lighting throughout the property require upgrading. Electrical installations of wiring, sockets, switches and distribution boards require replacement to meet current national rules for electrical installation. The heating facilities within the property require replacement. Of concern to the inspector was the suspended timber flooring, the timber ceilings and the level of fire separation between walls, ceilings and floors. The registered provider had good and effective fire safety management evacuation plans in place. The inspector found that providers arrangements to complete fire drills with appropriate staffing levels and the resident's ability to evacuate in the event of a fire were acceptable, given the providers written undertaking to source alternative accommodation and services

before 4th January 2019.

Staff that met with the inspector had very good knowledge and practices in relation to the ordering, prescribing, storage and administration of medication. Each resident had a medicines record that was kept by the resident and followed them home as well as to their general practitioner.

Individual care plans for residents did not outline the supports required to maximise their personal development. Not all care plans were subject to annual review and goals were not reflected within the care plan for residents within the short breaks / respite service. Information and records pertaining to residents were held in a variety of files and difficult to retrieve. The inspector observed that the care plans for the adult residents were subject to a higher level of review and clear transitional plans were in place.

The person in charge had an up-to-date risk register and policy in place. Both were reviewed and updated. Behaviour that challenges and assaults on staff were well documented and reported through the national incident management system. However, risk assessments for individual residents attending the short break / respite service were not being reviewed and updated.

Positive behavioural support was available to some residents. Residents with assessed behavioural support needs were not in receipt of regular review and one residents' family had to source and fund behavioural support provision. There was evidence of informed consent in relation to restrictive practices in Le Cheile; however, the restrictive practice log for the service did not include records pertaining to Casa Mia.

### Regulation 17: Premises

The registered provider did not ensure that the designated centre design met the needs of some residents, were of sound construction and in a good state of repair, clean and suitably decorated.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk control measures; however, residents' risk reviews were out of date.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider failed to make adequate arrangements for maintaining the means of escape, building fabric and containing fires in Casa Mia.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Some personal plans for residents did not outline the supports required to maximise the resident's personal development. Not all plans were subject to annual review. The provider had not fully implemented the actions as outlined in their compliance plan from the last inspection.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

The registered provider ensured in some instances that restrictive procedures were applied in accordance with national policy and evidence based practice; however, some restrictive practices were not recorded in the service's restrictive practice log.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Cork City North 9 OSV-0003304

Inspection ID: MON-0024692

Date of inspection: 18/09/2018

## 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:</p> <p>The provider has recruited 13/16 available WTE staff with appropriate skill mix to meet the needs of the residents. The PIC held Interviews on 16<sup>th</sup> October 2018 to fill the remaining 4 care assistant positions. Awaiting recruitment process. In the event that agency staff are required to fill gaps within the centre the provider will ensure the allocated agency person will meet the requirements pertaining to schedule 2.  </p> <p>One child who's family has sourced and funded own behavioural support will now be linking in with the MDT team at the child's new school. On 23<sup>rd</sup> October 2018, a review process commenced in school for this child involving staff from the residence with school staff and the Psychology dept.  </p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: </p> <p>Currently a CNM1 has been employed in the centre to assist with all management systems.  </p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Cork City North 9 SOP was reviewed by the PIC and updated. The SOP now reflects the current service delivery.  </p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The centre is designed and laid out to meet the aims and objectives of the short breaks service and the number and needs of residents;</p> <p>One resident awaits to transition to adult services within the organisation to enable the shortbreak centre to return to its main aim of providing short breaks to more families. One resident awaits transition to another service on the 4<sup>th</sup> January 2019.</p> <p>The maintenance of the upstairs apartment has commenced to enable this space to be utilised by other children.</p> <p>The centre is of sound construction and kept in a good state of repair externally and internally; and (c) clean and suitably decorated;</p> <p>Painting has commenced on Monday 7th November 2018 of the downstairs living areas of the main building. This will be completed by Wednesday 14/11/2018.</p> <p>The PIC shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.</p> <p>Staff are aware that each child must access outdoor recreational areas.</p> <p>The children are offered daily choices of places to visit whilst on their shortbreak to parks, family farms ,wildlife parks, playgrounds, indoor play zones, cinema, shopping centres, restaurants.</p> <p>The staff have developed activation for one child resident reflecting his interests. This resident child is offered daily activation following school where visits to favourite large outdoor spaces i.e. the beach, woods are carried out. The PIC has liaised with the resident's school to request more access to outside space for this resident. There is a secure outside activation space available and used daily at this school and given as part of the daily activity plan from assessed needs for this child during the time spent here.  </p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The CNM1 and key workers review all residents' individual risks to ensure they are captured and documented within the residents support plan. The CNM1 has commenced individual risk assessment training with staff. Keyworkers have commenced updating individual risk assessments of their own key children.</p> <p> </p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC will ensure the recording of all information required when they participate in fire drills within the centre. The PIC has revised personal emergency plans to take into consideration emergency events.</p> <p>Resident at Casa Mia is fully mobile and has excellent understanding. The resident also complies with staff to meet at the front door of the building at present due to high risk of absconding. Staff and resident at Casa Mia carry out weekly fire evacuations with resident as a safety protocol and these are documented.</p> <p>An alternative Service provider is currently being sought for the individual through the HSE to provide an alternative premises which adheres to Regulation 28. A transition plan will be created by the PIC in collaboration with other stakeholders involved – the resident, the HSE, the child’s Family.  </p>	
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:</p> <p>Audits of personal plans commenced by CNM1 - 6 completed.  Plan for 10 care plans to be audited each month by CNM1.  All personal plans audits to be completed by 31<sup>st</sup> March 2019.  </p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Schools hold the primary care responsibility around managing behaviours through an internal referral system within the children and families division.  </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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	04/01/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	04/01/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	04/01/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Not Compliant	Orange	14/11/2018

	designated centre are clean and suitably decorated.			
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Not Compliant	Orange	6/11/2018 Children now access outside play/recreational areas on a daily basis.
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	30/11/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Not Compliant	Orange	Completed 23/07/2018

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	31/03/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	04/01/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	04/01/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	Completed 07/11/2018
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Not Compliant	Orange	31/03/2019

	frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	31/03/2019
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.	Not Compliant	Orange	31/03/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for	Not Compliant	Orange	31/03/2019

	pursuing objectives in the plan within agreed timescales.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/03/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	04/01/2019