



## Office of the Chief Inspector

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

Name of designated centre:	East County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	20 February 2019
Centre ID:	OSV-0003305
Fieldwork ID:	MON-0022514

## About the designated centre

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

East County Cork 1 provides part-time and respite residential care and support for up to 20 adults with intellectual disability and / or autism. The centre is located within a town in east cork. The centre is a single storey building, with residents having access to communal facilities such as a large sitting room, dining room, relaxation area and kitchen. Residents have either their own bedroom or share with a peer at the centre, with twin bedrooms having access to en suite bathroom facilities. The centre further provides residents with bathroom and laundry facilities, visitors / quiet room and garden area. In addition, the centre has a staff office, staff toilets and a staff sleeper room. Residents are supported by both nursing and care staff at the centre. At night-time, residents are supported by both a waking night and sleep over staff on duty.

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

Current registration end date:	11/09/2019
Number of residents on the date of inspection:	20

## 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
20 February 2019	09:00hrs to 18:00hrs	Lucia Power	Lead
20 February 2019	09:00hrs to 18:00hrs	Michael O'Sullivan	Support

## Views of people who use the service

The inspectors saw all 20 residents on the day of inspection and spoke to many of the residents. Residents presented as very happy and comfortable with the service and staff who they interacted with. All interactions were observed to be respectful and unhurried. Residents spoke with fondness in relation to staff and the activities staff supported them with. Some residents elected to bring their laundry home with them and they said to inspectors that sometimes their clothes shrink in the washing machine. Some residents requested that they might have a laundry basket in their bedroom. Many residents liked taking part in yoga, cinema and bocce and all indicated that they would like to take part in more activities, especially in the evening times. This was reflected in conversations with the inspectors as well as the questionnaires that residents had completed. Residents who had to relocate to other designated centres at weekends expressed the wish to remain in the designated centre and questioned why this could not be facilitated.

## Capacity and capability

This designated centre was effectively managed, ensuring a good quality and safe service. Effective leadership and governance arrangements were in place to ensure proper management and oversight of the service which ensured that residents were in receipt of a person centred and meaningful service. Overall, there was evidence of a competent service and workforce that responded to the identified needs of residents. However, inspectors found that night-time staffing arrangements did not at all times meet residents' assessed needs and promote freedom of choice.

The person in charge had over 30 years' experience of caring for residents with an intellectual disability and was a qualified nurse. The person in charge was actively involved in the governance and management of the centre, undertaking both the induction and training of staff. The person in charge had responsibility for another designated centre and was supported in the day-to-day management of the centre by a designated team leader. This team leader had a daily presence at the centre during the week. The team leader had access to the person in charge through telephone contact and arranged meetings on the days that the person in charge attended the centre. The provider ensured that the person in charge received formal supervision from the person participating in management. The centre's team of care assistants were supervised by the centre's team leader. There were no formal supervision arrangements in place to support the team leader, although a pilot peer supervision project was being implemented by the provider at the time of

inspection.

Residents were supported by both nursing and care staff, and staff arrangements ensured that residents assessed needs were met during the day, when they were not attending their day services. The provider further supported residents' assessed needs through the introduction of a volunteer service to assist one resident who benefited from additional social engagement. Following the centre's last inspection, the provider had changed night-time staffing arrangements at the centre; however, inspectors found that these arrangements did not meet residents' assessed needs and also impacted on their freedom of choice in relation to areas such as personal care.

There was evidence that the provider had a comprehensive training program in place for staff working in the designated centre. All staff had undertaken training in fire safety, safeguarding and managing behaviours that challenge. Staff working within the designated centre had been allocated the role of key worker to named residents, however, it was not evident that training in person centred care planning had been provided to enable staff to effectively undertake this role.

There was evidence that the designated centre was resourced to ensure delivery of care and support to residents in accordance with the statement of purpose provided to the inspectors. It was apparent through conversations with residents and from completed questionnaires from residents and family members, that the changing needs and expressed wishes of residents were not been met. As a consequence, five residents continued to require relocation to other designated centres from Friday through to Monday, when the residential service closed. This upheaval was a source of unhappiness to both the residents impacted and the staff providing support. The registered provider had undertaken both six monthly unannounced visits and an annual review report which were made available to the inspectors. The provider had identified they had inadequate resources to open for seven days a week through their own provider visits/ annual review. The other issues identified in the reviews were addressed or in the process of being addressed by the person in charge and the team leader.

There was evidence that a comprehensive complaints policy was in place, with residents informed on how to exercise their right to make a complaint. This was regularly discussed at residents' meetings. Documentation was in an easy to read format and available to residents at the centre through the centre's residents' guide and communal notice boards. The provider further ensured that received complaints were recorded, investigated and resolved in-line with their organisational policy.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider in seeking to renew the registration of the designated centre, had made an application to the Chief Inspector as prescribed by the

regulations.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The registered provider had appointed a person in charge in a full-time capacity who had the necessary skills, experience and qualifications to manage the designated centre.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The registered provider had in place suitably qualified staff and the necessary skill mix appropriate to the assessed needs of the residents during the day. However, staffing arrangements at night did not meet residents' needs at all times and facilitate choice.
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
The person in charge ensured that staff had access to and had availed of appropriate training and all training was in date, however, the team leader was not in receipt of a formal supervision process.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
The registered provider had established and maintained a directory of residents in the designated centre which contained accurate information and residents details, as well as recording when residents were not at the centre.
Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that the residents were in receipt of a service as described in the statement of purpose, however, as noted in the annual review and unannounced visit reports undertaken by the provider, adequate resources were not in place to prevent some residents having to relocate to other designated centres every Friday through to Monday. The registered provider did not have adequate staffing resources available at night to meet the assessed needs of the residents. There were gaps in the training and supervision of staff.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had an admission policy in place and each resident had a contract for the provision of services. However there were information gaps in relation to support, care and welfare in the contracts for residents who availed of respite services.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that was subject to regular review, reflected the services and facilities provided at the centre and was made available to residents.

Judgment: Compliant

### Regulation 30: Volunteers

The person in charge ensured that volunteers had a vetting disclosure in place and received supervision and support. Each volunteer had their role and responsibilities set out in writing.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had an effective complaints policy in place for residents that was in an easy to read format.

Judgment: Compliant

## Quality and safety

Overall the inspectors found evidence of a good quality service. The provider ensured that the focus of care was person centred and specific to the identified needs of the residents. The team leader and person in charge had worked effectively and were committed to continuous improvements in the delivery of service.

The premise was clean, bright and homely. There were good communal spaces to accommodate all of the residents. Each room was furnished and residents had their own storage facilities. Wet rooms had been introduced to assist with personal care and privacy screens had been installed in bedrooms for residents who had requested them. The boiler plant room was congested and untidy and this was immediately addressed by the provider's maintenance staff. The premises overall was in a very good state of repair and the external gardens were well maintained. Raised planting beds had recently been introduced and some residents enjoyed tending to plants. Inspectors noted that the ambient temperature in bedrooms was quite cold once the zoned heating was turned off in resident's absence. The staff on duty were requested to review this matter and to be mindful of it should residents have to return to utilise their bedroom during the day.

Personal care plans were in place and captured good information about the residents. Some goals identified in the plans were not meaningful and had been carried forward from previous years. This demonstrated that the personal care plans did not maximise the residents' personal development, goals and wishes. There were deficits in personal care planning relating to ongoing review and staff responsibility in supporting the resident with their goals.

Health care plans were reviewed by the inspectors and were noted to require updating. Not all information was captured in the residents' hospital passports. The provider had a document called the 'OK health check' which provided good information and this assessment captured the health care needs of the residents.

Positive behavioural support plans were reviewed for residents who were impacted by behaviours that challenge. One of the files reviewed had an updated behavioural support plan but there was no evidence of how this was implemented by staff and

no evidence of reviews in relation to the strategies recommended.

The registered provider ensured there was access for residents to avail of occupation and recreation. There was evidence of inclusion with the wider community and residents spoke about these activities and their engagement with the community.

The inspectors reviewed the contracts of care in place for residents. The contracts for the provision of services for residents availing of shared care were comprehensive; however the inspector questioned exclusion criteria pertaining to responsibilities which related to residents off site and in the community. The provider undertook to address this. The contracts for the provision of services for residents availing of respite were not in-line with regulation 24. The terms and conditions of residency were stated, however, the agreement did not reference the support, care and welfare details of service to the resident.

The provider had up-to-date risk assessments and a risk register. The assessments related to all areas highlighted in regulation 26 and ensured that residents were protected from harm. The registered provider had undertaken a fire safety specialist report since the last inspection. All items of physical works identified within the report had been addressed by the provider. Furthermore, effective fire safety arrangements were in place at the centre with all equipment being regularly serviced to ensure it was in full working order. Residents were involved in regular fire drills which ensured they could be effectively evacuated from the centre in circumstances such as minimum staffing levels. In addition, fire safety arrangements were weekly at resident meetings and the centre's evacuation procedure was clear to both residents and staff.

All medications within the designated centre were clearly labelled and contained dates of opening. All storage facilities were appropriately locked and the key kept on the person of the team leader. All residents medication charts were in good order and residents were identified by current photographs. Medication that required refrigeration was in a locked fridge in the staff office, at the appropriate temperature. All residents had undergone an assessment for self medicating. Seven residents who self medicated at home also continued to self medicate in the designated centre. The team leader was working with six additional residents to promote self medicating and medication safes for bedrooms were on order.

Residents had adequate storage for their personal possessions and residents were encouraged to use the laundry facilities on site. All bed linen was individualised. Some residents had a television set in their bedroom by choice. Some residents articulated that they had chosen the colour for their bedroom.

Residents had both choice and variety in the food they ate, which was all freshly prepared within the centre and included a wide range of fruit and vegetables. Families noted that there was no restriction on food and residents had access to the kitchen and dining area with staff supervision.

<b>Regulation 12: Personal possessions</b>
The person in charge ensured that residents had access to and control of their property and possessions.
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
Residents had access to facilities for occupation and recreation. Each resident had opportunities to participate in activities in accordance with their interests, capacities and developmental needs, and were supported to maintain links in the wider community.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The registered provider ensured that the premises were designed and laid out to meet the aims and objectives of the service and the number and needs of the residents.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
The person in charge ensured that each resident was provided with properly and safely prepared food that was wholesome and nutritious as well as offering variety and choice.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>

The registered provider ensured there were systems in place for the assessment, management and ongoing review of risk at the centre, which ensured residents were protected from harm.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had policies and procedures in place for residents who may be at risk of a healthcare associated infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider ensured that effective fire safety management systems were in place, which ensured that residents could safely evacuate from the centre in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place for the safe management of medications and the facility for residents to self medicate with the support of staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured an assessment was in place for the residents and that each resident had a personal plan. However, residents' personal plans did not document whether residents' goals had been achieved, and review whether supports provided were effective in nature. In addition, the names of staff responsible for supporting residents to achieve their goals were not documented.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider ensured there was a health care plan in place for each resident. However, residents' hospital passports were not up-to-date and recommended follow up actions had not been completed.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The person in charge ensured there was a behaviour support plan in place for residents who had behaviours that challenge. The behavioural support plan was comprehensive but there was a lack of evidence in implementing the plans and how staff were supported with same. There was also gaps in relation to periodic reviews.

Judgment: Substantially compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant



**Inspection ID: MON-0022514**

**Date of inspection: 20/02/2019**

### **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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Approval for 2 wake staff each night will operate 4 nights every week, Monday to Thursday as from 30/6/19. This will enhance supervision of residents during the night.</li> <li>• Clinical Nurse Manager 2 on duty at night will call and allocate additional resources as/if required to meet residents' needs in the event that it may occur at night.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The Person in Charge who has governance over another centre will be based on site two days a week ensuring Team Leader and staff are supported and supervised in their practices.</li> <li>• Person in Charge and Team Leader will meet monthly, in addition to Performance Management meetings.</li> </ul>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>Proposals on two previous occasions have been submitted to HSE for funding to provide 24/7 service without success. PPIM will re-submit the proposal for funding to HSE.</li> <li>02/04/2019 all staff attended training in support planning and goal setting in their role as key workers.</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>The current Contract of Care is currently been reviewed by leadership team who are awaiting legal update to address gaps identified during HIQA visit.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>The PIC and Team Leader have developed a schedule to review all residents' current goals in their personal plans to ensure staff responsible for implementation, monthly review, and supports required to achieve goals are clearly documented.</li> <li>There is a schedule in place where personal plans are reviewed annually and as required</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>All residents' hospital passports have been reviewed to ensure information is accurate and any recommended follow up actions completed (8/4/19).</li> </ul>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• On the 08/4/2019 Behaviour Therapist visited onsite to review resident's Positive Behaviour plan to address gaps identified in documentation as per HIQA visit.</li> <li>• Person in Charge and Team Leader will support staff in the implementation of resident's Positive Behaviour plan these will also be part of the scheduling of care plan reviews.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of	Not Compliant	Orange	31/12/2019

	purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/12/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/12/2019

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.	Substantially Compliant	Yellow	31/12/2019
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 pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/12/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	08/04/2019
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	Substantially Compliant	Yellow	30/04/2019

	behaviour.			
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