



## Office of the Chief Inspector

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

Name of designated centre:	Cork City South 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	06 August 2019
Centre ID:	OSV-0003695
Fieldwork ID:	MON-0021359

## About the designated centre

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

The centre provided residential accommodation, on a seven-day basis or five-day basis, to adults diagnosed with a mild or moderate intellectual disability. This centre offered a residential service to 22 residents and a respite service that could accommodate three residents. The centre consisted of three residences which were based on the outskirts of a city, two of which were located side by side. All residents attended day services and occupation and many went home at weekends and holidays to their families. The first residence was situated in a quiet housing estate. This house opened on a Monday to Friday basis and the house accommodated eight male and female adult residents. The premises consisted of eight single bedrooms, two of the bedrooms were for regular respite residents. The living area had two large sitting rooms and a large communal kitchen and dining area. There was one staff bedroom / office and a large laundry utility room. There were two bathrooms and one separate toilet facility. The second residence provided residential and respite accommodation to seven adult males. It was one of two detached residences which was situated in the city environs adjacent to a day service. The residence consisted of eight individual bedrooms and a separate staff bedroom. Seven residents lived at this residence and the eighth bedroom was used for respite purposes. The living area had a sitting room and a large communal dining area off a modern kitchen with a separate utility room. A small visitors and music room was situated at the back of the house. The third residence provided residential accommodation to nine female adults. It was the second of two detached residences, situated in the city environs. The residence consisted of eight individual bedrooms upstairs and one bedroom downstairs. The living area had a sitting room and a large communal dining area off a modern kitchen with a separate utility room and an office, downstairs. All houses had gardens to the front and all rear gardens were well maintained and secured.

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

Number of residents on the date of inspection:

22

## 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
06 August 2019	08:30hrs to 17:00hrs	Michael O'Sullivan	Lead
06 August 2019	08:30hrs to 16:00hrs	Margaret O'Regan	Support

## Views of people who use the service

The inspectors spoke with sixteen residents on the day of inspection. Six residents were on leave in their family homes and attending day services at the time of inspection. Many residents indicated that they enjoyed living in the centre and the activities and skills training opportunities available to them Monday to Friday. Residents stated they liked the staff and appeared very comfortable with staff. Residents enjoyed the outings and social activities they took part in, and they were proud of the work they engaged in during the week. They spoke positively regarding their friends at work. Some residents had been assessed in relation to their changing needs and the challenges of attending day services on a full-time basis. As a result of these assessments, some residents were taking part in an active retirement programme. Residents indicated pride in sporting and educational achievements and showed the inspectors certificates and photographs in relation to these. A resident who was attending a third level institution acknowledged the help and support of staff in completing the course.

## Capacity and capability

Overall, the governance of this centre was good. On the day of inspection the person in charge was on leave and the person deputising was familiar and competent in the role of locum person in charge. Importantly, the person deputising was familiar with the needs of the residents. The inspector observed the deputising person taking a phone call from a resident and noting the respectful and supportive tone of the conversation. While the systems in place clearly worked, the deputising arrangements were not formalised or incorporated into the documented organisational structure.

An annual review had been completed, the most recent was on 9th November 2018. Six monthly unannounced visits took place. The conducting of an annual review and six monthly unannounced visits, where issues identified on the previous inspection as needing attention were addressed. However, it was not clear that consultation with the residents were part of the most recent annual review.

There was evidence from speaking with staff and reviewing records, that regular staff meetings were held. The minutes indicated staff attendance levels at meetings was high. Supervision had improved and volunteers were now part of an organised supervision system. This included the support of a volunteer coordinator.

Availability of training to staff had improved since the last inspection. The inspectors reviewed records which demonstrated the provider had facilitated staff refresher

training. Staff training included the administration of emergency medicine by non nursing staff.

Following a review of the roster and speaking with members of staff and the management team, inspectors were satisfied that the staffing arrangements accommodated the assessed needs of residents. For example, some residents wished to attend day services early in the morning while others preferred a later start. This was facilitated. In times of sickness, residents did not attend day services and were supported by staff to remain at home. These staffing arrangements were detailed in the centre's statement of purpose. There was also evidence of good continuity of care, by a regular cohort of staff. Relief staff came from a staff pool that were familiar with residents and their needs. Residents were kept informed of staffing arrangements with staff photographs and other pictorial aids.

There was a general recognition by staff and management that some premises would need adaptations in the future if they were to meet with residents changing needs. Limited plans were in place for this inevitability. Residents views were gathered through a residents forum which met monthly. Minutes of these meetings showed that they were good forums for supporting residents to identify areas for improvement and opportunities for residents to be informed of their rights and safety.

There was good liaison between residential and day services, in particular in relation to the provision of respite accommodation.

While overall documentation was good and issues identified on the last inspection had, by and large been addressed, some matters remained outstanding with the statement of purpose. It was not clear that the statement of purpose was reviewed annually and the statement of purpose did not contain information on the arrangements made for residents to attend religious services of their choice. In addition, there was a lack of clarity in the statement of purpose with regards to the age range of residents for whom accommodation was provided.

The registered provider did have a system in place for reviewing policies and procedures. The policies were well laid out, easy to retrieve and all but one of the policies referred to in Schedule 5 of the care and support of residents regulations, were reviewed at intervals not exceeding three years.

## Regulation 15: Staffing

The provider ensured staffing levels and skill mix were adequate and appropriate for residents needs.

Judgment: Compliant

## Regulation 16: Training and staff development

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

Judgment: Compliant

## Regulation 19: Directory of residents

The directory was reviewed for nine residents. The inspector was satisfied that the issue, in relation to the directory containing the required information, arising on the previous inspection, had been addressed.

Judgment: Compliant

## Regulation 21: Records

The actions from the previous inspection had been addressed. These included ;

(i) the retaining of records in relation to the personal planning arrangements and assessments of need of respite residents.

(ii) the records of fire drills and the time of day when drills took place.

Judgment: Compliant

## Regulation 23: Governance and management

Operationally, the governance systems for this centre were working well, including the deputising arrangements for the person in charge. However, these deputising arrangements were not formalised or incorporated into the documented organisational structure.

The provider had conducted an annual review; however, it was not clear that consultation with the residents was part of this review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider prepared in writing a statement of purpose; however,

(i) it did not contain information on the arrangements made for residents to attend religious services of their choice.

(ii) there was a lack of clarity in the statement of purpose with regards to the age range of residents for whom accommodation was provided

While the statement of purpose was reviewed on a three yearly basis, it was not documented that it was reviewed at least once a year, as required by regulation.

Judgment: Substantially compliant

### Regulation 30: Volunteers

The action from the previous inspection had been addressed and supervision was provided to volunteers. This supervision and support was provided by the person in charge and the volunteer coordinator.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications which had been submitted to the Health Information and Quality Authority, were followed up with on inspection. The matters identified on these notifications had been attended to by the provider.

Judgment: Compliant

### Regulation 34: Complaints procedure

An effective complaints process was in place. This was outlined in the statement of

purpose and residents guide. It was also clear that the making of complaints was discussed at residents meetings and that residents were supported to make a complaint, where and as support was required.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider did have a system in place for reviewing policies and procedures. All but one of the policies referred to in Schedule 5 of the care and support of residents regulations, were reviewed at intervals not exceeding three years. The Schedule 5 policy which had not been reviewed within this three year time frame, was the policy on access to education, training and development.

Judgment: Substantially compliant

#### Quality and safety

Overall, the inspectors found the designated centre to be clean, homely and bright. The evidence available demonstrated a service of good quality where residents appeared happy and stated they were happy. Verbal feedback from some residents indicated that they enjoyed living in the centre, liked having their own bedroom and the recreational activities and occupational training they were engaged in. Staff demonstrated detailed and expert knowledge of each resident and all interactions were observed to be gentle, respectful and unhurried.

Residents' individual care plans demonstrated a good standard of review and attention to detail. All plans were signed by family members, key workers and residents where possible. The detail recorded was comprehensive, easily understood and information was easy to access and retrieve. Significant multidisciplinary input to residents identified needs were well recorded. Detailed risk assessments supported the care planning process as well as the impact that such practices might have on residents. All community based activities undertaken by residents were recorded and tracked which focused on residents having a meaningful day. Residents accessed occupation and activation training in a day service located near their residence. Staff supported residents to travel to the day service and some residents travelled independently. Many residents spent periods of leave at home with their families for weekends and holiday. There was photographic evidence of residents attending social events and outings which were also recorded accurately within individual care plans and aligned to agreed goals. Friends who were former residents visited the centre and there was evidence that residents maintained meaningful contact with residents who had transitioned to other

services. Residents were actively encouraged and supported by staff to maintain friendships. Each resident had a comprehensive healthcare plan in place where all necessary multidisciplinary input was well recorded and presented. Healthcare reflected a high level of quality nursing and care input.

Residents that required a positive behavioural support plan had a current plan in place that was subject to regular multidisciplinary review. The goal of maintaining the least restrictive condition and movement to normalising intervention was clearly demonstrated. Staff had all undertaken training to support residents in the provision of positive behavioural support. The person in charge had also ensured that each resident had in place an intimate care plan. Staff also ensured that residents had received training regarding protection against peer abuse.

All residents were observed to be actively engaged in meaningful activities of their choosing. Some residents spoke proudly of the work they were engaged in. All residents had been assessed in relation to their suitability to continue in active training and employment, respectful of their current needs. Some residents were in active retirement which afforded them additional time in the morning before attending activities.

Residents main meal of the day was provided in their day service. Breakfast, evening meals and snacks were prepared within the kitchen of the designated centre. Food was observed to be prepared and stored in hygienic conditions. Food available was both nutritious and wholesome. Staff assisted residents to attend for meals, assisted residents with eating and provided supervision to ensure resident safety. The inspector observed staff supporting residents in regard to options and food preferences. Many items were sourced through a central supply service but residents were also encouraged to shop locally for perishable produce. Staff demonstrated good practices and standards of hygiene through proper hand washing technique and food preparation awareness.

Residents were encouraged and assisted to receive visitors to the designated centre as well as maintain relationships with family members. Each resident had the privacy of a personalised bedroom and works undertaken since the last inspection provided a secure and private back garden which residents and their families could enjoy. Each resident had adequate space to store private possessions and all residents had undertaken an assessment to determine what level of assistance they required with personal finances.

Residents were facilitated to communicate through the use of posters, sign language, a communications passport and a choice's picture board specific to their ability. Residents had access to a communal television as well as individual television sets in their bedrooms, if they wished. Some residents had their own mobile phone devices while others used the designated centres land line. Residents had internet access through the registered providers computer. Some residences attending third level education programmes were also assisted by staff to complete assignments which involved the use of information technology.

The resident's guide contained information for residents in relation to rights, a

summary of services available, terms and conditions of residency and how to access HIQA reports. Advocacy contacts, details of advocacy meetings and the contact details for a confidential recipient were well displayed throughout the designated centre. Advocacy meetings were conducted every two months and residents in attendance signed the minutes of the meeting.

The provider had a safety statement and risk register that was up-to-date. The risk control measures were proportional to the risks identified and the impact on each resident was considered and reflected in personal care plans, healthcare plans and intimate care plans. All restrictive practices in place within the designated centre had been notified to HIQA, however, some restrictive practices were not included in the registered providers restrictive practices log.

The premises were well maintained and were subject to regular, ongoing maintenance works. Some areas required repainting after completion of fire works. Some bathroom areas required maintenance to window boards and tiling on the kitchen wall of one residence was bulging. The person participating in management spoke of plans and discussions within the provider organisation to future proof two of the residence's in relation to residents who were advancing in age and may not in time have the physical ability to negotiate stairs and bedrooms on the first floor.

The standard of medicines management within the designated centre was good. All entries were clear, legible and accurate. Medicines were properly secured and stored. Maximum doses were clearly recorded and adhered to. Staff undertook medicines management training in response to identified training needs. Significant risk assessment and positive risk taking was in place for a resident who attended a third level institution unsupported. All relevant information pertaining to a medical condition, the response in the event of an emergency, the medical alert system in place and the input of the residents' clinicians were all clearly recorded. This level of support afforded the resident greater autonomy and independence. While residents had been assessed for the safe, self administration of medicines, no resident was self administering at the time of inspection.

The provider and person in charge ensured all fire precautions in place were appropriate to safeguard all residents. Significant upgrade of fire and safety works committed to and undertaken by the registered provider, since the last inspection, were complete. Each resident had a current personal emergency evacuation plan. Visual checks by staff were performed on fire exits and the fire alarm panel and recorded on a daily basis. All fire equipment, fire doors and emergency lighting was checked on a weekly basis. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor. Staff training records for fire safety were current and in date. Fire drill evacuation times were within acceptable time limits at periods of minimum staffing levels. Staff made some minor amendments to generic fire evacuation notices before the inspectors completed the inspection, to offer clearer instructions to residents.

## Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with their wishes.

Judgment: Compliant

### Regulation 11: Visits

The registered provider facilitated each resident to receive visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and controlled their own personal property.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that residents had access to facilities for occupation, recreation and opportunities to pursue personal interests.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the designated centre was designed and laid out to meet the residents needs, however some areas required repainting after fire works and the replacement of some window boards and tiling was also required.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that each resident is provided with adequate quantities of food and drink which were properly cooked, wholesome and nutritious.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had a current risk management policy in place and all identifiable risks were assessed.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had in place effective fire safety management systems.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had in place suitable practices for ordering, receiving, prescribing, storing and administering medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal care plan in place that was subject to an annual review which included the resident, their family and the multidisciplinary team.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that each resident had access to appropriate healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that restrictive procedures were applied as reported to HIQA, however, some restrictions in place were not recorded in the designated centres restrictive practices log.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider ensured that each resident was supported to develop knowledge, self awareness and understanding needed for self care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that each resident participated and consented to where necessary, decisions about their care and support.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cork City South 1 OSV-0003695

Inspection ID: MON-0021359

Date of inspection: 06/08/2019

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Deputising arrangements have been formalised in the absence of the Person in Charge and incorporated into the documented organisational structure.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: (I) The Statement of Purpose has been amended to incorporate information on the arrangements for residents to attend religious services of their choice. (II) The Statement of Purpose has been amended to reflect the age group of all residents who live in residence in Cork City South 1. (III) It will be documented that the Statement of Purpose is reviewed annually	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

The policy on access to education , training and development shall be reviewed

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
A schedule of maintenance works has been put in place for identified works in the premises

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
All restrictions have now been reviewed and are recorded in the designated centres restrictive log.

## 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 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.	Substantially Compliant	Yellow	31/10/2019
23 (1) (b)	Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	05/09/2019
23 (1) (e)	Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with	Substantially Compliant	Yellow	24/09/2019

	residents and their representatives.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/09/2019
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/11/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	13/09/2019