



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 22
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	31 August 2021
Centre ID:	OSV-0007986
Fieldwork ID:	MON-0032647

About the designated centre

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

This designated centre is located on the north side of a large city. It is home to two female residents. The services provided is full-time residential care for people with intellectual disability and autism. Each resident has a single bedroom and separate living room. The centre also comprises of a hallway, bathroom, kitchen dining area, a staff office and staff water closet. There is a front and rear garden with a ramp to assist access. The staff team comprises of a clinical nurse manager 2 as the person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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
Tuesday 31 August 2021	10:00 am to 3:00 pm	Lucia Power	Lead
Tuesday 31 August 2021	10:00 am to 3:00 pm	Aonghus Hourihane	Support

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider, in line with the requirement of the regulations. The residents had only moved to this centre in April 2021. It was highlighted by staff that the residents are much happier in their new home and this was also evidenced by the reduction in reported incidents. Overall the quality of care and support been provided to the residents was very good, however there were some improvements required by the provider to ensure compliance with regulations is met.

The inspectors adhered to infection control protocol and it was also observed that all staff adhered to good infection protocol. There was ample supplies of hand sanitisation and personal protective equipment in place to mitigate the risk of infection.

On arrival at the centre one of the residents was waiting to show the inspectors around. This resident was very keen to be involved in this role and took pride in showing the inspectors their home. The resident's room was bright and decorated in line with their preferences, they were proud of the photographs in their room which was a display of family and friends. One of the photographs was of a trip to Disneyland in Paris with friends. The resident expressed a wish to go back there again. The resident continued to maintain a friendship with the other people who had been on this trip. The resident was also proud of their family photographs and it was evident that family were very important in their life. There was a separate sitting room for each of the residents and these rooms stored their personal effects. One of the residents had a DVD collection and spoke to the inspectors about their favourite movies. They also took great pride in the furniture and fittings they had picked for their sitting area. The resident had access to their own television and it was noted in previous placements that the television could be damaged and would have had a perspex screen to protect it. However, in the new home, there was no perspex screen and the resident had not caused any damage - this demonstrated the resident's happiness with having access and control within their new home.

The other residents sitting room had an electronic keyboard and a television. The resident enjoyed spending their time in this room been supported by staff. During the day, the inspectors used this room to carry out a review of documentation and the resident was very tolerant of others using their room. Permission had been given to use this room, however the inspectors were conscious that it was the resident's space and the resident had full autonomy of their living environment. The resident did enter the space intermittently during the inspection but did not demonstrate any difficulties with the inspectors using the space. The inspectors appreciated and acknowledged the residents assistance.

There were two staff present with the residents affording each direct one to one support. The staff were observed to engage very well with the residents and were respectful in the supports they offered, ensuring the residents were been consulted at all times. The residents were observed to be very happy in the company of staff and were seen to be at ease. Both staff had a very good knowledge of resident's assessed needs.

One of the residents had been away on a staycation the week previously and had really enjoyed it.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how the governance and management effected the quality and safety of the service delivered.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to the residents living there. Local management systems in place ensured that the services provided within the centre were safe, consistent, and appropriate to residents' needs, however there was some improvements required in relation to oversight and processes.

The registered provider is required to have a person in charge that is full-time with the necessary skills and qualifications to manage the designated centre. The person in charge in Cork City North 22 met this criteria and demonstrated a good understanding of the centre and the residents needs. It was observed on the day of inspection that the residents engaged well with the person in charge and that there was mutual respect. From speaking with staff and observing interactions, the person in charge ensured effective governance and operational oversight. However, there were some gaps in the processes and the person in charge committed to resolving these after the inspection.

The inspector reviewed the actual and planned rotas from April 2021 and noted that direct staffing to residents was in line with the statement of purpose. There was an gap in relation to a clinical nurse manager role of 0.2 of a wholetime equivalent. This did not have an adverse impact on the quality of the residents day. Where agency staff were required to fill staffing gaps, the person in charge aimed to have continuity of support with familiar staff. The two staff met with on the day of inspection had a good knowledge of the centre, understood residents needs, gave examples of training attended, highlighted good knowledge of safeguarding processes and what to do in the event of a fire. They also spoke about the impact of the new house on the residents life compared to the residents previous placement. Staff demonstrated that the residents were gaining more independence and self

awareness.

The registered provider must ensure that staff have access to appropriate training, including refresher training as cited in the regulation. There were gaps in training in relation to fire safety, safeguarding and specific focus training that was highlighted in the providers statement of purpose. The person in charge had identified this on the day of inspection and had in place a programme of future training for staff. It was noted that fire training for staff had not taken place since the move to the new centre. However, staff had received training in other centres and there was an overall check list that was demonstrated to staff when the centre opened. The provider followed up after the inspection and provided assurance that all staff were competent in fire and safety.

As this centre only opened in April 2021, there was no annual report or six monthly unannounced inspection carried out by the provider. However, there was evidence of cleaning audits, mealtime audits and medication audits. It was also evident that the centre was resourced to ensure the effective delivery of care in accordance with the statement of purpose.

The residents contracts for the provision of services was reviewed by the inspectors. There were noted to be not specific to the current centre and related to a previous residence that the residents lived in. These contracts has not been updated to reflect residents current placement and were dated 2014.

There were no open complaints on the day of inspection, however, the provider did have an effective complaints procedure in place and it was an agenda topic at the residents monthly meetings.

Regulation 14: Persons in charge

The registered provider had a person in charge that had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured staff had access to appropriate training and had a training schedule in place. However, not all training was up to date. The person in charge had scheduled dates to facilitate the required training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents which included the specific information as cited under schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider is to agree in writing with each resident or their representative the terms in which the resident will reside in the designated centre. The contracts reviewed on the day referred to terms in another centre and were dated back in 2014.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given in writing to the chief inspector notice of adverse incidents that occurred in the designated centre within the identified timescale.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in the centre. There were no open complaints and this topic was a standing item at the resident's monthly meetings.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing and adopted policies and procedures on matters as set out under schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the quality of service to residents was person centred and it was evident that residents were involved in their day to day activities and had access to community facilities. It was also observed on the day of inspection that residents lived a good life supported by staff who had a good knowledge of the resident's

individual needs. Residents had a role within their own home. However, there were some areas that required improvement and these are discussed below.

The inspectors reviewed the residents folders and found residents documentation to be respectfully written which included information relevant to the resident's social story and individual support needs. There was a personal plan in place for the residents, however, one referred to a previous placement and was not updated to reflect the residents new home. Where long term and short term goals were identified, they were noted to be task focused as opposed to meaningful and there was no evidence of meaningful review with the resident. For example, a short term goal was to "get to know neighbours" and a long term goal was "to resume going home" and to "go to day services". There was one goal for a resident to go on staycation and this had been realised with a very good outcome for the resident, but there was no evidence to highlight how the resident was involved in achieving this goal or their involvement in the process.

An OK health check was in place for the residents and where there was an identified health care need, a healthcare plan was in place to support the diagnosis and supports required. However, for one resident the information was not updated since their last placement and there was evidence that some appointments still required follow up.

From observation it was evident that the rights of residents were respected by staff, however, the inspectors noted that information of a personal nature to residents was not stored in a safe manner. This information was kept in an unlocked press in the kitchen area. The provider did have plans to develop a storage area, where these files could be stored. It was also noted that resident's personal hygiene products were stored in a container on the ground of the main bathroom. There was no individual space for residents to store these personal items.

The provider had in place a centre specific risk register which did include risk management and emergency planning. However, some risks identified in relation to specific residents needs were not updated to reflect the current living environment and referred to a previous centre the resident lived in, therefore not specific to their current situation.

The registered provider had effective fire management systems in place, there was evidence that fire drills had taken place at suitable intervals. Staff, through discussion with the inspectors, demonstrated a good knowledge of fire prevention. There was a personal evacuation plan in place for each resident which identified the individual supports that would be required in the event of a fire.

Overall the findings in relation to the quality and safety of the residents was good and it was evident that staff had a good understanding of the individual needs of residents. However, as noted, there was a number of improvements required by the provider to bring the centre into compliance.

Regulation 10: Communication
The registered provider had ensured that each resident was assisted with and supported at all times to communicate in accordance with their needs and wishes.
Judgment: Compliant
Regulation 12: Personal possessions
The provider had ensured that residents had space to maintain their clothes, however it was evident on the day of inspection that there was limited space for some personal property that was stored in a unit on the bathroom floor.
Judgment: Substantially compliant
Regulation 13: General welfare and development
The registered provider ensured that residents had access to occupation and recreation, supports to develop links with the wider community and had opportunities for one to one activities of choice.
Judgment: Compliant
Regulation 17: Premises
The registered provider ensured that the designated centre was laid out to meet the aims and objectives of the residents, was of sound construction, clean and suitably decorated.
Judgment: Compliant
Regulation 18: Food and nutrition
The person in charge ensured there was adequate quantities of food and drink, residents were involved in the menu planning and were offered choice in line with

their dietary needs and requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a centre specific risk register and arrangements were in place to record and review risks. However, some individual risks identified were completed in another centre and not specific to the residents current living environment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured adherence to infection control measures. There was a contingency plan in place in relation to COVID-19. There were ongoing audits in relation to cleaning and it was observed that all staff adhered to good infection control practices.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured there was effective fire management systems in place, there was evidence of fire drills and residents had personal evacuation plans identifying specific support needs.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured there was appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured there was an assessment of need for each resident and that a personal plan was available, however the plan did not demonstrate the maximum participation of the resident, and there was lack of evidence to support that the plan was effectively reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had in place a healthcare plan for each resident, this included an assessment of health needs using the OK health check template. However, it was noted on the day of inspection that a residents plan was not updated to reflect their new home and there was an absence of follow up in relation to a medical appointment.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider ensured that where a restrictive practice was in place in the centre, that these were reviewed in line with the providers policy. The least restrictive measures were used and every measure had been taken to support the individual needs of residents.

Judgment: Compliant

Regulation 8: Protection

There were no open safeguarding plans or report on the day of inspection. Staff demonstrated a good knowledge of how to support residents and gave an example of the process followed in the event of an alleged incident.

Judgment: Compliant

Regulation 9: Residents' rights

It was observed that residents were treated well by staff and were involved in decisions relating to residents lives and their home. However, the resident's personal information was stored in a press in the kitchen area which was not locked.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 22 OSV-0007986

Inspection ID: MON-0032647

Date of inspection: 31/08/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed Safeguarding training at this time. Fire Safety training has been scheduled for all staff over the coming months. A training plan is in place for completion of all mandatory training by the staff team.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The admissions office was contacted to reissue new contracts of care in relation to the new residence. These contracts have been discussed and agreed with the residents and/or their representatives and signed copies kept on file.	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A bathroom press has been installed to ensure that the residents have a suitable space to store their personal items.</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>All individual risk assessments and personal plans will be reviewed and updated to ensure that they are site specific.</p>	
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> <p>A keyworker system will be implemented and training in relation to person centred planning and goals will be provided to staff. Staff will ensure maximum participation by the residents is achieved by logging meetings /conversations with the resident in relation to goals and progress re: same. Planning booklets will be implemented for any long term goals to ensure that progress towards same is documented and acknowledged. All documentation is currently being reviewed to ensure that it is reflective of the residents' current placement.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>On follow up post inspection the medical appointment referenced in the report had occurred but had not been documented. All staff were reminded of the importance of documenting same. All health care action plans have been reviewed and updated to</p>	

reflect the resident's current placement.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The fit out of the office space has been completed and all files in relation to the residents are securely stored in a locked press which the residents can access if they so choose.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	01/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/11/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which	Not Compliant	Orange	10/10/2021

	that resident shall reside in the designated centre.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	25/10/2021
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or	Substantially Compliant	Yellow	04/12/2021

	her disability.			
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	04/12/2021
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	04/10/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	01/10/2021