Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 8
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	14 September 2022
Centre ID:	OSV-0003307
Fieldwork ID:	MON-0028991

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 (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
Wednesday 14 September 2022	10:10hrs to 17:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents met during this inspection appeared calm and relaxed in the centre with support provided by the staff member present in an appropriate and warm manner. Family members gave positive feedback on the support provided by staff. While parts of the premises provided were seen to be clean and reasonably well-maintained, this was not the case for other parts of the premises.

At the time of this inspection, this designated centre was being used to provide respite for two residents at a time. Upon the inspector's arrival at the centre, no residents were initially present. The two residents who had been in the centre for respite the previous night having left the centre earlier in the morning. The inspector was informed though that two other residents would be coming to the centre later in the day to avail of respite. As such the inspector used the initial periods of the inspection to review documentation, assess the premises provided and to speak to the family members of some respite residents who came to the centre during the inspection.

In total the inspector met with the family members of three residents who had availed of respite in this centre. All family members spoken with gave very positive views on the centre and the care and support that was provided to their relatives by staff and the person in charge. These family members described the staff and the person in charge as "superb" and "fabulous". One family member indicated that, when availing of respite in the centre their relative was "happy here because of the people that are here". Positive views were also given about how residents were treated while in the centre with one family member emphasising the little things that were done to support their relative such as getting them out and about while on their respite stay.

All of these family members though did highlight that they would like more respite for their relative. Some family members did discuss with the inspector about their efforts over a number of years to get more respite and about their engagement with the provider around this. In doing so one family member highlighted the difficulty in getting responses to some queries they had raised about such matters with management of the provider. When reviewing the centre's most recently completed annual review, it was noted that a section in it on family feedback also contained positive feedback relating to aspects of the centre such as staffing while also highlighting that the families wanted more respite for their relatives.

This annual review also considered the premises provided for this centre which was also reviewed by the inspector during this inspection. It was seen that the centre in its current layout offered a lot of space for residents availing of respite. Efforts were made to give the premises a homelike feel and it was seen by the inspector that a number of photographs were on display throughout the centre. It was indicated to the inspector that some of these photographs were of residents who no longer lived in the centre. Parts of the premises were seen to be clean and well-furnished. For

example, a sitting room was provided for residents to relax in with couches and a large television.

However, there were areas where further maintenance and cleaning was required. These included a staff bathroom which needed additional cleaning while a grab rail there was also rusted in places. In addition. it was seen that some flooring in a hall area and the kitchen-dining room of the centre were visibly marked. The premises was provided though with some equipment, such as overhead hoists, to support residents with mobility needs but it was noted that some of these hoists had been overdue a maintenance service since December 2021.

Two residents who were availing of respite overnight on the day inspection arrived at the centre towards the end of inspection. The inspector met both of these residents but neither engaged verbally with him. It was observed though that these two residents appeared calm and content in the centre for the period while the inspector was present. Both residents were sat in the same room watching some television in the presence of staff members who were overheard and observed to interact appropriately with the residents. For example, staff spoke with residents in a pleasant and warm manner while one staff member was seen helping a resident to have a meal in an unrushed manner while sitting at eye level beside the residents.

In summary, family members spoken with commented positively on the staff working in this centre with staff present during this inspection seen to engage with residents in a manner consistent with such feedback. The two residents met during this inspection did not verbally indicate their views on the centre but appeared content while in the centre. Some parts of the premises required improvement.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

While the provider had notified the Chief Inspector of their intention to close this centre in February 2023 in a timely manner, this inspection did find that some improvement was needed regarding aspects of staffing and the annual reviews conducted.

This designated centre was based on a campus setting and had been previously registered to provide a full-time residential service for up to 23 residents. At times since the centre was first inspected in 2015, the centre had been the subject of significant regulatory engagement from Health Information and Quality Authority (HIQA). However, over time the provider had followed a process of de-congregation which had resulted in previous full-time residents moving to community based settings which was indicated as having benefitted these residents. This resulted in

the provider reducing the size of the centre and reducing the overall capacity of residents who could use the centre. As a result, this contributed to improved compliance levels within the centre during previous HIQA inspections in September 2019 and April 2021.

At the time of the current HIQA inspection the centre was registered until February 2023 for a maximum capacity of the four with the provider previously communicating to HIQA that all full-time residents had moved out and that the centre would only be used to provide respite for two residents at any one time. Given the length of time since the previous inspection, it was decided to carry out the current inspection with this inspection announced four weeks in advance. After the inspection was announced though, the provider notified the Chief Inspector in writing in advance of their intention to close the centre in February 2023 and so therefore did not submit an application to renew the registration of the centre. As this inspection was already announced it was decided to proceed with it to assess compliance with relevant regulations in more recent times.

The regulations require the provider to ensure that there are appropriate staffing arrangements to support residents. While it was seen that the centre had been regularly used in recent months to provide respite, it was noted that there had been times in the months leading up to this inspection where no staff had been allocated specifically to support the respite services provided. As a result, staff were obtained from other designated centres operated by the provider. While it was acknowledged that such measures helped ensure that the centre was able to provide a respite service, this did impact the continuity of staff support in the centre. For example, there was a use of agency staff (staff obtained by the provider from an external agency) while one staff member met during this inspection said that it was their second time working in the centre.

It was indicated to the inspector that since this HIQA inspection was announced, some staff had been allocated to the centre. Such staff were indicated in the staff rosters that were maintained for the centre. When reviewing these though the inspector noted that some rosters did not consistently reflect the staff actually working in the centre. For example, on one date it was noted that the rosters did not accurately reflect the staff working in the centre that night. Staff files were also maintained containing all of the documents required under the regulations such as evidence of Garda Síochána (police) vetting and written references. It was noted though that one staff member's photo identification had expired. Records were also provided to the inspector outlining the training that staff had completed but it was noted that some staff were overdue refresher training in some areas. Some other staff training gaps were also indicated which will be discussed elsewhere in this report.

Staffing was an area that was considered by the provider's monitoring systems in operation. These included unannounced visits to the centre by a representative of the provider every six months. Annual reviews were also being carried out which are required by the regulations. It was noted though that, while the most recent annual review did focus on areas affecting the services provided, it did not assess if the care and support provided to residents was in keeping with relevant national

standards. Using the annual review in this way is a requirement of the regulations. Aside from this the provider had put in place a schedule of audits for the centre and while it was seen that some of these audits had been conducted as scheduled, others had not which was acknowledged by the person in charge. During this inspection it was indicated that person in charge would be changing shortly after this inspection. In the feedback session for this inspection, a representative of the provider was advised to ensure that HIQA were notified of this change in a timely manner.

Regulation 15: Staffing

There had been times in the months leading up to this inspection where no staff had been allocated specifically to support the respite services provided. While staff were sourced from other designated centres this did impact the continuity of staff support in the centre. Some rosters did not consistently reflect the staff actually working in the centre. One staff member's photo identification had expired.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some staff were overdue refresher training in areas such as manual handling, safeguarding and the administration of an emergency rescue medicine.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some audits had not been completed as scheduled. An annual review had not been completed that assessed if the care and support provided in the centre was in accordance with national standards.

Judgment: Substantially compliant

Quality and safety

Information was available to support residents' stay while they availed of respite in this centre. Improvements were required in areas such as infection prevention and control (IPC), fire safety and risk management.

As highlighted earlier, at the time of this inspection this designated centre was being used to provide a respite service only rather than a full-residential service that it had previously provided. It was indicated to the inspector that up to 19 residents had availed of respite in this centre for varying lengths of stay and that these residents had their own personal plans that came with the residents when they arrived for respite in this centre. This was seen to happen with the two residents met during this inspection and it was noted that these personal plans contained relevant information related to the residents' care and support. Aside from these personal plans though, there was also specific folders maintained in this centre which contained key information relating to residents to ensure that their respite stay was a safe and pleasant one. Such information included residents' likes and dislikes, any health needs that they had and details of any risks related to individual residents.

Aside from risks related to individual residents, it was seen that a risk register was in place for this centre which contained various risk assessments that were relevant to the centre generally. It was noted though that that the risk related to legionnaires disease was not reflected in a risk assessment although it was indicated to the inspector that some weekly checks were being done to reduce the potential risk related to this. However, when the inspector reviewed records of such checks it was seen that they were not consistently recorded as having been done. Risk assessments that were contained with the centre's risk register described the identified risks while also outlining control measures to reduce the potential likelihood of a risk having a negative impact. Such risk assessments were in place related to personal protective equipment (PPE) and IPC.

During this inspection it was seen that some measures were in operation to promote IPC practices. For example, staff were observed to wear appropriate PPE during the inspection, while hand sanitisers were also available throughout. However, as part of effective IPC practices it is important that there are clear cleaning schedules in place to ensure that appropriate cleaning is consistently carried out. While the inspector did see some cleaning done on the day of the inspection and also found that such cleaning schedules were provided for; it was noted that that there were gaps in some cleaning records provided. In addition, given the ongoing pandemic, relevant national guidance highlights the importance of cleaning regularly touched items. The inspector was informed that such cleaning was being done consistently but no records before 25 August 2022 were present to confirm this. It was indicated to the inspector that records of such cleaning were being maintained before then but that on the day before this announced HIQA inspection such records were disposed of for shredding and could not be retrieved for the inspector's review. Aside from this it was noted that the centre had a contingency plan related to COVID-19 but this was found to lack detail in certain areas such as how staff levels would be maintained in the event of a COVID-19 outbreak.

Other records provided indicated that most staff had completed relevant training related to IPC and PPE but some staff had not. In addition, it was also indicated to

the inspector that some agency staff working in the centre had not completed relevant fire training although it was acknowledged that some instruction was given to such staff when working in this centre with fire drills done regularly. Internal fire safety checks were also being completed generally but the inspector did note some recent gaps in some daily checks. The centre was also provided with fire safety systems including a fire alarm, emergency lighting, fire doors, fire extinguishers and multiple exit points. Despite these during the inspection, it was observed that the current designated centre was part of a larger building which contained an area which was not operating as a designated centre. The inspector queried as to what the fire containment measures were in the attic areas between the designated centre and the non-designated part of the building. It was indicated to the inspector that there was unlikely to be any fire containment there. The inspector requested confirmation of this to be submitted the day following this inspection but no such correspondence was received.

Regulation 17: Premises

There were areas of the premises where further maintenance and cleaning was required including a staff bathroom which needed additional cleaning while flooring in a hall area and the kitchen-dining room were visibly marked. Some hoists were overdue a maintenance service since December 2021.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk assessment was not in place for the centre related to legionnaires disease.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Some staff were not indicated as having completed training in IPC and PPE. There was gaps in the cleaning records that were available for the inspector on the day of inspection. Checks for legionnaires disease were not consistently recorded as being done. The centre's COVID-19 contingency plan lacked detail.

Judgment: Not compliant

Regulation 28: Fire precautions

It was indicated to the inspector that some agency staff had not undergone relevant fire safety training. Some gaps were noted in some daily fire safety checks. During the inspection it was indicated to the inspector that there was unlikely to be fire containment measures in the attic space between the designated centre and adjoining area located in the same building.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were provided with personal plans that outlined the residents' needs and contained relevant information in how to support the residents.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cork City North 8

Inspection ID: MON-0028991

Date of inspection: 14/09/2022

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:

- There is now a set roster in place for Ashville staff who will be working in the centre supporting the residents who avail of respite there until the planned closure in February 2023
- Staff rosters will be planned in advance of respite allocations to ensure consistency of staff and appropriate skill mix to suit the needs of the residents in the centre

Aim for completion: 31st October 2022

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:

- A training matrix has been compiled in order for the PIC to have a consistent overview of staff training and future training required
- The PIC has made out a training plan to ensure that staff reach full compliance in training by the end of January 2023

Aim for completion: 31st January 2023

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:

- A new audit schedule will be put in place for October – January 2023 (centre closing in February 2023)

- PIC will ensure that all audits are completed and actions identified as per schedule
- Internal auditors will ensure that annual reviews carried out will assess that the care and support provided in the centre is in line with national standards

Aim for completion: 31st October 2022

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Hoists will be serviced – PIC has contacted MMS medical for a service engineer to come onsite to assess the hoists
- The PIC will ensure that a deep clean is carried out in all areas and a cleaning schedule is put in place with regular review of same

Aim for completion: 31st October 2022

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

A risk assessment will be completed for prevention of Legionnaires disease and included in the risk register

Aim for completion: 31st October 2022

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The PIC will ensure that all staff complete online training in donning and doffing of PPE and IPC by the end of October 2022
- The PIC will ensure that daily legionella checks are carried out and documented
- The PIC will review the centre's covid 19 contingency plan to include information around staffing contingencies in the event of an outbreak

Aim for completion: 31st October 2022

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire training is now available online for all staff
- The PIC will ensure that all staff in the centre have completed mandatory fire training by the end of October 2022

- The PIC will ensure that staff are completing daily fire checks and documenting same in fire register in the centre
- PPIM discussed with facilities manager re fire containment in attic space between the centre and the adjoining area – facilities manager has assured there is no attic space it is a flat concrete roof therefore not a fire risk

Aim for completion: 31st October 2022

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31st October 2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31st October 2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31st October 2022

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	31st January 2023
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	31st October 2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31st October 2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible	Substantially Compliant	Yellow	31st October 2022

	so as to minimise disruption and inconvenience to residents.			
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.	Substantially Compliant	Yellow	31st October 2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31st October 2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31st October 2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Not Compliant	Orange	31st October 2022

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31st October 2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31st October 2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	31st October 2022