



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

Issued by the Chief Inspector

Name of designated centre:	East County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0003305
Fieldwork ID:	MON-0032762

About the designated centre

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

The designated centre provides full-time and shared residential care and support for up to 18 adult males and females with intellectual disability and / or autism. The centre is located within a large town. The centre is a single storey building, with residents having access to communal facilities such as a large sitting room, dining room, relaxation area and kitchen. Residents have their own bedroom, with some bedrooms having access to en-suite bathroom facilities. The centre further provides residents with bathroom and laundry facilities, visitors / quiet room and garden areas that were well maintained. In addition, the centre has a staff office and staff toilets. Residents are supported by both nursing and care staff at the centre. At night-time, residents are supported by two waking staff on duty. A day service is adjacent to the designated centre, however residents activities were currently provided within the designated centre to reduce the risk of infection.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Wednesday 26 May 2021	09:00hrs to 17:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met and spoke with the eight residents, five family members by telephone and six members of staff. In line with current public health guidelines, all areas were well ventilated and the inspector and staff members wore face masks. The majority of documents reviewed had been requested in advance and were available to the inspector as requested. Hand hygiene was practiced and direct interactions were limited to periods of time less than 15 minutes. All residents and staff had been in receipt of one dose of the COVID-19 vaccine and all were well on the day of inspection.

The inspector was welcomed by residents who were aware that the inspection was planned and told the inspector that they had remembered the previous inspection. Residents were attending the dining room for breakfast at times that suited them. The atmosphere in the house was peaceful and residents determined the pace and place of activities. All residents had a good understanding of spoken words and many used words to communicate. Two residents spoke of the benefits of not having to transfer to another designated centre at weekends. One resident stated that they felt safer because of this new arrangement and they felt that the designated centre was definitely their home. As a result, this resident did not have to pack up their personal belonging each week and did not have to share a bedroom with service users that they did not know. Additionally, another resident said that they were a lot less stressed and anxious and felt happier remaining in one home. Residents acknowledged that they missed their friends and family during the lockdown. Residents were making direct contact with families on mobile phones and through video calls.

Two residents had recently lost a parent who was their primary care giver. This greatly saddened residents and their families described the difficulties they faced trying to secure full-time residential services for their relative. Some siblings spoken with also described in great detail the care pressures they were under due to the reduction in services due to the pandemic. The registered provider had detailed documentary evidence to show that the needs of residents and their families had been identified and advanced through the services management structures and executive board to the Health Services Executive as the primary funder. A response was awaited. The registered provider did have a proposal to secure a small house in the community to facilitate community living for four residents. This proposal was in line with the express wish of a number of residents to live in a smaller setting. While some families spoke of the need for greater support to be provided to residents that were living at home with them, all families spoke very highly of the staff who cared and supported their family member when they were in the designated centre. Some residents who were cocooning at home were anxious to receive their second vaccine and return to live in the designated centre. Concerns raised by families did not always elicit a response from the member of the management team that their correspondence had been directed to, however, families spoken with were kept informed and updated and by other managers within the service. Concerns

registered as complaints were also directed to the registered providers complaints officer to address.

Residents were happy to show the inspector their bedrooms which were personalised, homely and in good decorative condition. Many activities that the residents had engaged in during lockdown were on display in the house and photographic records were also included in the residents care plans. Photographs demonstrated participation and satisfaction with activities that were aligned to goals that residents had previously set with the direct support of their allocated keyworker. The registered provider had allocated staff from their closed day services to the direct support of residents in the designated centre. Residents were observed to be happily engaged in individual activities in the presence of their peers. Some residents were supported by staff to attend a local coffee shop. All residents were seen to be very comfortable in the presence of other residents and staff. Staff interactions were observed to be gentle and respectful.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a visible person-centred focus within the designated centre. The designated centre was well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support where choice was offered and residents rights respected.

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 to each resident living in the centre.

Capacity and capability

The inspector found there had been further improvement with regulatory compliance since the previous inspection. The inspector found that the registered provider had secured additional resources to increase the levels of service provision to residents who had a full-time residential service. Some resident's and families had greatly benefited from not having to transfer between designated centres at weekends. The inspector found that the focus of support to residents was person centred in a homely environment. Residents had purposeful engagement with their families and access to meaningful activities in place of day services that were impacted by current public health restrictions. The designated centre was well managed to meet the assessed needs of residents. The person in charge and staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. Additional staff resources had been applied to the designated centre which changed the services from 5 days a week to 7 days a week.

Staff had also been allocated to provide activities to residents in the absence of structured day services. The person in charge had recently been transferred to another designated centre but had remained as a support to both the staff and the person participating in management while a new person in charge was recruited. The new person in charge had been appointed and employed in a full-time capacity and due to commence the following week. This person had previously been employed in the designated centre and was familiar with residents and their needs. The person in charge facilitated frequent staff meetings and provided direct staff supervision and supported staff through performance review.

The registered provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 15 staff were reviewed. Regulatory training relating to safeguarding, fire safety and managing behaviours that challenge had been completed and all records were in date. One new member of staff was awaiting access to the Health Services Executive information technology platform to complete some refresher training. All staff had undertaken hand hygiene training and infection prevention and control. Staff had also undertaken additional training to meet the assessed needs of the residents with courses relating to manual handling, communication and fire and safety.

There was evidence that team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. The registered provider had commissioned two unannounced audits of the service in 2020 and 2021. The annual review of the quality and safety of the service took place in October 2020. Actions arising in relation to the compliance of nine regulatory areas were highlighted by the auditors. The person in charge was the named designated person with responsibility to address the issues and the inspector reviewed an action plan that had been signed off to completion. Areas identified for improvement were seen to be addressed in residents healthcare notes and plans, person centred plans, positive behaviour support plans and residents records in how they were involved in running the designated centre. Learning from accidents and incidents arising were discussed at meetings and disseminated to staff. Resident meetings were facilitated and recorded. Records reflected that social events, residents rights and the COVID-19 pandemic were all regularly discussed with residents.

Each resident had a current contract of care signed by themselves or their representative. The contracts of three residents were reviewed. The information in these contracts was out of date and did not reflect the fact that residents had moved to care provision over a 7 day week. The terms and conditions of tenancy were unclear and the person participating in management undertook to address the matter.

All notifications had been made to the Chief Inspector within the required three day period. All reported incidents to the Health Information and Quality Authority (HIQA) were consistent with the registered provider's records on their incident management system. The registered provider had in place a directory of residents that contained the required information as specified by Schedule 3 for all eighteen

residents availing of the service.

The inspector reviewed a number of complaints that the registered provider had recorded and addressed since the previous inspection. The records reflected that complaints were adequately dealt with to the satisfaction of the complainant.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centres hallway.

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in a full-time role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge ensured that an accurate directory of residents was maintained and in date.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a contract of admission, however revision was required to outline the terms and conditions of their residency and the changed nature of the service provided.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for

the residents.

Judgment: Compliant

Quality and safety

The inspector found that the overall care and support for residents was properly resourced. A significant development from the previous inspection had been the resourcing of the service to expand from a 5 day week to a 7 day week service which greatly improved residents lives. Individual care plans and person centred planning were further enhanced to improve residents lived experience. Management of the designated centre were focused on providing smaller community based dwellings for residents that respected the rights and wishes of residents. The findings on the day of inspection were based on conversations with residents, family members and staff, documentary evidence provided by the registered provider and general observations as residents went about their daily routine with staff supports.

The designated centre was observed to be maintained to a good standard. All residents had an individual bedroom and the practice of sharing bedrooms had ceased since the start of the pandemic. The service as previously mentioned was now resourced to provide residents with a 7 day residential service which eliminated the need for residents to transfer to other designated centres at weekends. The designated centre was observed to be very clean. Staff had organised cleaning schedules to include the increased rate of cleaning of frequently touched areas. Contract cleaners were also engaged to provide environmental cleaning. There was sufficient storage units in each bedroom to store residents clothing and private possessions.

Staff had undertaken training in infection prevention controls, as well as hand hygiene. Staff practices and the use of personal protective equipment on the day of inspection was noted to be good. Staff supported and reminded residents of the risk of infection. The risk assessment process was proactive and reflected at the time current public health guidelines and advice. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 and had also completed a self assessment of preparedness to deal with an outbreak of COVID-19. The registered provider had appointed a lead worker representative and also had a staff contingency plan in place. Current advice from the Health Protection and Surveillance Centre was available on site and implemented. It was evident that the person in charge implemented the guidelines to reintroduce shared services to support residents and their families in the best way possible. All movements of residents between their times spent at home with families and their return to the designated centre was meticulously risk assessed, minimising the impact on residents and reducing the need for isolation and quarantine. Strict registered provider protocols were adhered to by all staff members where information given to and received from families directed decisions made. Residents had been in receipt of

their first dose of a coronavirus vaccine and no outbreak had occurred within the designated centre.

Each house had external and internal areas that afforded residents privacy when able to facilitate visitors. One sitting room with a conservatory front afforded residents window visits during lockdown. The kitchen / dining and sitting room were areas that residents gravitated to spending direct contact time with peers and staff and residents were engaged in activities of choice. Residents engaged in solitary activities of their choosing benefited from the atmosphere generated by other residents engaged in group activities. Residents were observed to move throughout the designated centre without restriction.

The designated centre had adequate supplies of fresh and nutritious foods and all meals were prepared daily on site. Residents had a choice of foods taking into account their dietary needs. One designated staff member had sole responsibility of overseeing and meeting the dietary needs of residents. The kitchen and food storage areas were very well maintained.

Most information available to residents was in an easy to read format. Notice boards were uncluttered and many notices had pictures and photographs to aid understanding. How residents could access their care plan or keyworker was clearly outlined in notices. Residents were seen to use their own mobile phones to communication with family. Contact was also maintained through social media platforms. Families acknowledged receipt of updates through photographs and video calls. Some staff were trained in LAMH to assist resident communication.

The inspector reviewed a sample of four residents person centred plans. All plans were subject to review each quarter. A multidisciplinary review took place annually and family members were invited to take part. All residents had defined goals and achievement of these goals were recorded. Records did reflect residents taking part in meaningful activities pre pandemic, during lockdown and presently, as restrictions to accessing the community were easing. Residents had the direct support of a named keyworker that was known to them. Keyworker allocations had been revised on foot of the registered providers annual review of services to improve the care planning process for residents. Staff resources had been increased significantly since the previous inspection and this afforded residents greater staff supports to take part in one to one activities as well as having additional group activities put in place. Residents attended a residents forum that was facilitated on a monthly basis and the agenda was educational. Residents could discuss planned activities and were supported to raise issues that were important to them. Each resident had attended a human rights presentation where they had signed their attendance.

Residents had positive behaviour support plans in place that staff adhered to and were knowledgeable of. Staff adhered to positive approaches to reduce behaviours that challenge and demonstrated the skills necessary to the early identification of issues through familiarity of residents. One residents records reflected a substantial reduction in behaviours that challenge and this was attributed to the regularisation of the residents tenancy eliminating the need to transfer to other designated centres at weekends. This resident had a multi-element behaviour support plan in place that

was subject to regular review and it was also amended to reflect the impact that COVID-19 restrictions was having on the resident.

Two residents had in place safeguarding plans on foot of reported adverse incidents. These plans were put in place to protect the residents concerned and were subject to regular review, amended as required and closed appropriately when the issues of concern were resolved.

Each resident had a current healthcare plan in place and had access to a named general practitioner. Records reflected that residents had been in receipt of an annual medical check up and each resident had in place an OK Healthcheck and current hospital passport. Residents were in receipt of nursing care on weekdays and nursing supports were available outside of these hours through the registered providers on call system. The management of complex medical issues had clear documented protocols in place that staff adhered to. These protocols were agreed and signed off by the residents medical practitioner or specialist.

The registered provider had a restrictive practices log in place. Residents who were the subject of restrictive practices had easy to read documentation provided to them. The person in charge also provided residents with photographs of the restriction in place to aid understanding of the practice employed. Restrictive practices were as reported to HIQA. Restrictive practices were risk assessed and were employed for the shortest duration possible.

Each house had an individual risk register that was maintained by the person in charge. The risk register was up-to-date and included specific assessments in relation to COVID-19 and also risk assessments specific to each resident. Risks determined by regulation were included on the risk register.

The house had a fire alarm and detection system in place and all fire exits and fire escape routes were clearly labelled and illuminated with running man signs. All systems and equipment had been examined and certified by a fire competent contractor in 2021. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear, fire doors were in good working order and fire extinguishers and fire blankets were in place. Fire drill records demonstrated the safe evacuation of residents within acceptable time frames and at times of minimum staffing levels. Each resident had a current personal emergency evacuation plan in place. Residents confirmed the actions they would take in the event of a fire and identified the fire evacuation meeting point to the inspector.

Regulation 10: Communication

The registered provider had good staff supports in place to assist residents with communication.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the resident's wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing through structured day services.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and

cook food.
Judgment: Compliant
Regulation 20: Information for residents
The registered provider had available to residents a guide of services that outlined a summary of services and terms and conditions of residency.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had in place an effective fire and safety management system.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The residents had a comprehensive individual care plan that they were involved in.

This care plan was subject to regular review.
Judgment: Compliant
Regulation 6: Health care
The registered provider ensured that the residents had an appropriate healthcare plan in place.
Judgment: Compliant
Regulation 7: Positive behavioural support
The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.
Judgment: Compliant
Regulation 8: Protection
The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.
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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for East County Cork 1 OSV-0003305

Inspection ID: MON-0032762

Date of inspection: 26/05/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered provider will ensure that each residents contract of admission will be revised to reflect changes to individuals residency who now receive a seven day residency.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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 that resident shall reside in the designated centre.	Substantially Compliant	Yellow	15/08/2021