



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 26
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	23 and 24 July 2024
Centre ID:	OSV-0008698
Fieldwork ID:	MON-0042188

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:	3
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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
Tuesday 23 July 2024	14:00hrs to 18:00hrs	Laura Meehan	Lead
Wednesday 24 July 2024	11:00hrs to 14:30hrs	Laura Meehan	Lead

What residents told us and what inspectors observed

This was a short term announced inspection completed in designated centre Cork City North 26. This centre was operated by the registered provider Cope Foundation and had become operational in late December 2023. Three residents had transitioned to the centre since the centre opened and all reported being extremely happy in their new home. Residents in the centre had transitioned from another centre operated by the provider and had chosen to live together. They had decided upon the furnishings in the centre down to the position of their favourite chairs in the living room.

The inspection was completed over two days to afford the inspector the opportunity to meet with all residents and observed their life in the centre. Two residents were not present on the first day of the inspection as they were on a short break in Dublin. The inspector had the opportunity on the first day to sit and chat with one resident over a cup of tea, they chatted about the centre and how life was. They expressed being really happy with everything and that they had very nice staff. If they had any concern they could chat with the person in charge. They were observed to engage positively with staff present.

The resident spoke of the links they had made in the local community. On the day of the inspection they had visited the local pub for lunch. The resident told the inspector they had a lovely bowl of soup. They enjoyed sitting out the front of the house and showed the inspector their favourite spot and the flowers staff had supported them to plant. They enjoyed chatting to their new neighbours and going to the local supermarket. Residents told the inspector they could get the bus if they needed to go get around but if they were too tired staff would either drive them where they needed to go, or get a taxi. They expressed that the staff always offered a choice of what activities they could do and always respected their choice. In the house, they said always had a chat about things to do. This included what to watch on the TV or listen to on the record player.

The second day the inspector had the opportunity to meet with the other two residents currently living in the house. They told the inspector they were tired as they had been in Dublin for a few days before the inspection. They told the inspector they had a great time and enjoyed shopping in the big city. One resident showed the inspector the new CD's they bought and asked the inspector to turn the music on for all to listen to. They were observed asking their friends if this was okay with them. All agreed. Residents were supported to participate in activities of their choice. They could relax in the centre and watch TV if they chose or attend their chosen day service.

Residents chatted about keeping in contact with staff and residents from their previous centre and they continued to meet up with them since they all moved out. They were happy that they still got to see their friends and maintained these relationships. They expressed that they were happy living with each other. For a

period of time when the centre opened first another resident lived in the house. At times this could be difficult but since the now third resident moved in they are now very happy. All resident spoke of their awareness of the complaints procedure with all chatting they would be comfortable to make a complaint if they needed but they had none at the moment.

Residents spoke of how happy they were in their new home. They enjoyed the quietness and the space they had. They had enjoyed decorating their rooms and staff had made sure to put up the Christmas tree even though they had only just moved in. They all loved to visit a particular shop to buy nice things for the house and their room such as cushions and throws, as one resident said "to make it home". Residents had decided to take it easy for the day and relax as they were tired from their trip. The other resident decided to join them and have an easy.

The inspector thanked the residents for taking time to speak with them. They also requested their consent to review their personal plans. All agreed to this. They thanked the inspector for calling and told them they were welcome anytime. The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a short term announced inspection completed within the designated centre of Cork City North 26. This was a newly designated centre which had become operational in late December 2023. The purpose of the inspection was to monitor compliance with the Health Act 2007. Over the course of the course of inspection, it was evidenced through documentation review and conversations that the provider was self-identifying areas of concern

The registered provider had appointed a clear governance structure to oversee the management of the centre. A suitably qualified and experienced person in charge oversaw the day-to-day operations of the centre. At this time of the inspection, they were supported in their role by a clinical nurse manager 1 (CNM1) who completed 1 day a month in the centre. The person in charge reported directly to the person participating in management (PPIM). There was clear evidence of communication within the governance structure through governance meetings and one-to-one communications. From the review of the last four meetings, it was found that these meetings were utilised to discuss any identified issues which required attention such as staffing levels, the assessed needs of the residents and outcomes of monitoring systems.

Overall, the provider had implemented effective measures to ensure the centre was operated safely and effectively. This included the implementation of a range of monitoring systems such as a six monthly unannounced visit to the centre in the

days before the inspection and local auditing. Where actions were identified an improvement plan was developed and monitored by the governance team.

The registered provider had appointed a suitable staffing skill mix to the centre. As part of this, the residents accessed nursing care daily. While the provider was completing a staffing review of the centre, the rota required review to ensure continuity of care for residents.

Regulation 14: Persons in charge

The provider had appointed a person in charge who, based on documentation reviewed before this inspection, was appropriately qualified and experienced to hold the role. This individual was full-time in their role and maintained effective oversight over this designated centre and two other centres under their remit.

The provider was actively reviewing the remit of the person in charge with a plan was in place to reduce this in the quarter following the inspection.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. As part of the roster review, it was found the residents accessed nursing care daily and as required. The nursing staff was shared with another two centres in the local community. This was not reflected on the roster

The registered provider did not consistently ensure continuity of care for residents. The roster at present was shared with another designated centre including regular relief staff. While the staffing levels present in the centre were in accordance with the Statement of Purpose, on a given day differing staff were present to provide supports as staff were working between two centres. This was an area of improvement that had actively been identified and was in the process of being addressed by the provider. This was a new designated centre which became operational in December 2023, as part of the monitoring of operations and service provision of the centre, the provider was completing a review of staffing levels within the centre to ensure this reflected the assessed needs of residents and to promote the continuity of care.

There was 1 staff vacancy on the day of the inspection which was actively been recruited. Through the use of a regular agency staff member, this position was filled.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had not ensured all staff were supported and facilitated to attend training to meet the assessed needs of residents. Since the centre became operational the person in charge had completed a review of training needs in the centre and requested the additional training required. This had been escalated to the management team through supervisory meetings and was actively being addressed.

As per the provider policy, formal supervision was completed through an annual performance appraisal. As the centre was only operational since December 2023 these were yet to be completed. The person in charge was available to staff and completed informal supervision with the staff team through face-to-face interactions, staff meetings and a regular presence in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. This was reviewed on an ongoing basis by the person in charge to ensure an accurate reflection of the information as set out under Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure to oversee the operations in the centre. The person in charge was supported by the staff team and reported directly to the person participating in management. The inspector was provided with evidence of ongoing communication with the governance team to ensure effective oversight was in place of all residents and their assessed needs. This was completed through a monthly one to one meetings. Such areas discussed and actioned included:

- Staffing, noted as a priority need in the centre for review to promote consistency.
- Training needs of the staff team

- Residents assessed needs and wellbeing.

Through effective monitoring systems, oversight was maintained and actions set to ensure any issues were addressed in a timely manner. An audit schedule was in place to ensure all areas were reviewed. This included such monitoring as:

- Six monthly unannounced visits to the centre by representatives of the provider, the first of which had been completed in the days prior to the inspection. The PPIM was currently reviewing this document and gaining clarity on some points.
- Infection prevention and control reviews
- Restrictive practices reviews
- Complaints

Following the completion of all monitoring systems an improvement plan was developed to ensure any actions were addressed in a timely manner.

Staff were afforded the opportunity to raise concerns through several platforms including team meetings and informal visits. Each staff also received induction to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose for the centre. There was evidence that the document was regularly reviewed and updated as required. This practice was utilised to ensure it reflected all the required information accurately. While some minor amendments were required this was completed during the inspection and submitted to the Authority.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of a complaints procedure to ensure all residents were supported to submit a complaint. This included the appointment of a complaints officer, a complaints pathway and a timed approach to complaints.

The inspector reviewed the complaints folder maintained by the person in charge. Within the documentation reviewed there was evidence of adherence to the provider's policy, communication with the complainant and, where possible, the satisfaction of the complainant. The provider had appointed a third party to

investigate a complaint should a resolution not be obtained

Judgment: Compliant

Quality and safety

This designated centre provides full residential support for three residents. Accommodation provided was reflective of the residents' assessed needs including personal space and communal areas. Residents' rights were promoted within the centre with residents consulted in the day-to-day operations of the centre. Residents completed regular house meetings to discuss such topics as group activities, weekly shopping and household chores. Should a change in the day-to-day operations occur within the centre residents were consulted and their consent was received. The person in charge highlighted that an updated residents forum template was in development to promote participation of residents in meetings.

Each resident in the centre was supported to develop a comprehensive individual personal plan. This included all support of assessed needs from a multi-disciplinary perspective and provide guidance on holistic supports such as health and social care. At the time of the inspection, the person in charge was actively updating the documentation for one resident to ensure their changing needs were accurately reflected in such areas as personal care and safety.

Residents in the centre were provided with the opportunities to engage in meaningful activation, however these were not always clearly documented. This included access to overnight trips shopping in the nearby shops and eating out. Residents spoke of their favourite activities such as shopping and meeting old and new friends.

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Residents discussed their favourite activities to do and how staff supported these. This included overnight trips, visits to local amenities, and day services of their choice.

The inspectors found through documentation review and observations that residents were supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured there were systems in place for the assessment, management and ongoing review of risks in the designated centre. Within the designated centre risks were managed and reviewed through a centre-specific risk register and individual risk assessments. At the time of the inspection, the provider had identified no high level risk. Upon analysis of relevant documents it was evident the risk register outlined the controls in place to mitigate the risk which was regularly reviewed by the person in charge. Such risks outlined within the risk register included:

- Infection prevention and control
- Self-harm
- Health care concerns
- Fire safety.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective systems in place for fire safety management. As part of a walk around completed by the inspector, it was observed the centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Residents and staff spoken with were aware of the evacuation procedures for the centre.

The inspector completed a review of the last five fire evacuation drills which included the completion of a night time scenario drill and lone working evacuations. Drills promoted residents' awareness of what to do in an emergency. Each resident had a personal emergency evacuation plan in place which aimed to guide staff in supporting residents to evacuate safely.

Some improvement was required to ensure these plans reflected the current support needs of residents. For example: one plan had been updated and stated two staff were required for the safe evacuation of one resident. This need had not been assessed and was not noted to be required in the event of an evacuation . The person in charge and person participating in management discussed as a resident was receiving multiple reviews concerning their mobility, and fire evacuation procedures would be reviewed in conjunction with these.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' personal plans over the two days of the inspection. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The comprehensive assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs and were completed from a multi-disciplinary perspective and as part of the transition to the centre. For one resident, the person in charge was supporting them to receive multi-disciplinary reviews due to a changing need. There was a requirement for their personal plan to be updated to reflect this support and updated guidance. This was an active work in progress.

Various areas were in the personal plans addressed including personal goals and required supports. Goals were documented in a stepped approach however, improvements were required to allow for clear evidence of resident participation and evaluation of each goal. Residents in the centre told the inspector about their goals and how they participated in these.

It was also noted in other areas of the personal plans that gaps were present in documentation and monitoring systems.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home and spoke of feeling safe. Residents were aware of who to speak to if they had a concern or felt unsafe. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times.

Within each personal support plan it was addressed in a clear and dignified manner how to support the intimate and personal care needs of residents. Residents were observed by the inspector to be offered these supports by staff in a very respectful way.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day-to-day operations of the centre through key worker and resident meetings. Meetings completed in specific areas included residents and staff. Information was provided to residents in an accessible format through for example social stories and easy to read documents. Such information included:

- Finances
- Complaints
- Safeguarding

The person in charge ensured residents were provided with up to date information pertaining to the centre including the inspection process and what to expect. Residents spoken with over the course of the inspection had an understanding of their rights and were supported to articulate these.

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 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 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 26 OSV-0008698

Inspection ID: MON-0042188

Date of inspection: 24/07/2024

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed and are in date with fire training as of 14/08/2024. 2 staff have recently returned from long term sick leave and fire training has been requested. To be completed by 31.10.2024</p> <p>One staff member requires updated manual handling training- this was scheduled for 17/09/2024 however due to sickness she was unable to attend. She is currently on the list for cancellations in upcoming training and is on the waiting list for the next available date for the practical element of manual handling training. She has completed the theory on HSEland. To be completed 31/01/2025</p> <p>The PIC reviews the training matrix monthly and sends an email to staff to complete training prior to it becoming out of date. She schedules face to face training for those who require updates to ensure that training is completed within the appropriate timeframes.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An assessment of the residents needs following appropriate treatment and supports showed an improvement in the resident’s mobility and therefore the current supports within the designated centre remain adequate. A review of her Personal Emergency Evacuation Procedure has been completed and update to reflect her current requirements for safe evacuation.</p> <p>A full review of all documentation related to local fire safety procedures was completed and appropriate updates made, 21/08/2024.</p> <p>Daily, weekly and monthly checks continue to be completed in the centre along with</p>	

scheduled fire drills with oversight from the PIC.	
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: A review of all personal plans has been completed by the PIC and appropriate updates made throughout 30/09/2024.</p> <p>The PIC has discussed with all staff the importance of maintaining accurate documentation in relation to the residents needs and support provided and residents participation in achieving their goals. This is an ongoing agenda item at staff meetings.</p> <p>The PIC has developed a schedule for ongoing auditing of personal plans. PIC has created a protocol for monitoring and tracking Cass referrals to inform support plans.</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 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	31/01/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	21/08/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social	Substantially Compliant	Yellow	30/09/2024

	care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2024