



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	30 May 2022
Centre ID:	OSV-0003696
Fieldwork ID:	MON-0037041

About the designated centre

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

The centre is part of Cope Foundation's community residential services for adults with an intellectual disability. The centre is located in a city suburb and comprises of two semi-detached houses over two floors. Access has been created to allow a shared kitchen/dining/living space and free movement between both houses on the ground floor. Each resident has their own bedroom. One bedroom has an ensuite, with an additional three communal bathrooms available for the remaining residents. There is also a staff office and utility room. There is an additional sitting room/visitor room located in one house. There is wheelchair access to the garden area at the rear of the property. The house is occupied seven days a week and can accommodate six adults over 18 years. The designated centre is managed by a team comprised of nurses and care staff who were managed by the service manager. Residents are supported by staff both by day and by waking staff at night time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

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
Monday 30 May 2022	10:30hrs to 14:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector completed a short announced inspection of this designated centre following the submission of an application to vary the conditions of registration for this designated centre. The provider planned to move six residents back into the designated centre after the completion of upgrade works which included fire safety works and an extension to the rear of the property on the ground floor.

The residents had moved out of their home in May 2021 to facilitate the extensive works being completed. The inspector was aware that the provider planned to move the residents back into the designated centre as soon as possible. However, further assurances were required that the premises could safely support the assessed needs of all of the residents prior to them moving back into the designated centre. These issues will be further discussed in the quality and safety section of the report.

This designated centre was last inspected in November 2019. The provider had submitted a compliance plan and a schedule of planned works to the Health Information and Quality Authority, (HIQA) following that inspection. However, the planned works were delayed due to unforeseen circumstances outside of the provider's control. The residents subsequently moved into another designated centre while the planned works were completed in this designated centre. The pandemic had also impacted and delayed the completion of the project.

The person in charge facilitated the inspection. They explained that some furniture items were being used by residents in the other designated centre. Plans had been made for residents' property to be moved on the day the residents would be moving back into the house. The person in charge outlined how the six residents were moving into the bedrooms that they had occupied previously. The inspector was informed that the residents had been supported by staff in recent months to choose paint colours and decorative finishes throughout the designated centre. The storage space in all of the bedrooms had been upgraded, which included new wardrobes. The inspector noted mirrors, television points and laundry baskets were present in each bedroom. Some bedrooms had new bed frames insitu. The inspector was informed some of the residents had chosen to not replace their beds that they were currently using in the other designated centre.

Some of the communal areas had been re-designed. This included an extension to the rear of the property which increased the space in the kitchen-dining area. A new wet room had also been added to an ensuite and additional space was added to a downstairs bathroom. All areas had been repainted and were bright, additional windows had been added during the renovation works which assisted with natural light in all rooms and hallways apart from one ensuite and the utility room.

The inspector was informed that the six residents had lived together for over 10 years and had good contact with the neighbours living near this designated centre. Five of the residents had regular contact with their family representatives including

over night visits and holidays. Some residents routinely stayed with family representatives for weekends each month. Only one resident remained in the designated centre on a full time basis. The inspector was informed that this resident was regularly supported with one to one staff support at weekends to engage in activities of their choice.

The next two sections of this report will 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 provided.

Capacity and capability

This was a focused inspection to review the upgrade works completed in the designated centre and the actions identified in the previous inspection report of November 2019. The inspector found that there was a governance and management structure in place. However, on the day of the inspection, the inspector was not assured that effective governance and oversight was consistently maintained in this designated centre. While construction and upgrade fire safety works had recently been completed, the premises was not ready for the residents to move back into.

The person in charge had a remit of a total of four designated centres and was supported in their role by a clinical nurse manager, CNM1. The provider had appointed a person participating in management to ensure oversight of the governance of this designated centre. However, during the inspection, the inspector observed issues relating to the premises which included accessibility to some areas of the designated centre for a resident who required the use of mobility aid to mobilise independently. Some fixtures and fittings were not in place. In addition, while a fire completion certificate was present for the inspector to review during the inspection further assurance was required to ensure all fire safety equipment had been installed in line with the manufacturer's safety guidelines.

The person in charge was familiar with the residents who were scheduled to move back into this designated centre. A core staff team were providing support to the residents while they have lived in another designated centre for the previous 12 months as the ongoing works were being completed. At the time of this inspection, there was one whole time equivalent care staff vacancy which was been filled by regular relief staff. The inspection findings of November 2019 had identified low level of staff in the evenings which had impacted residents if they chose to engage in different activities. The provider had outlined in their response to that report that an additional staff would be in place on a number of occasions during the evenings. The person in charge outlined to the inspector how residents were being supported to participate in activities of their choice at present in the other designated centre. In addition, they outlined how staffing levels would enable residents engage in different activities in the evening time on at least two occasions each weeknight

evening once they moved back into this designated centre. However, this was not reflected in the statement of purpose at the time of the inspection.

Registration Regulation 8 (1)

An application to vary a condition of registration following an increase in the foot print of the designated centre had been submitted by the provider.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix was appropriate to the assessed needs of the residents and size of the designated centre. However, this was not clearly outlined in the statement of purpose. This will be actioned under Regulation 3: Statement of purpose. The inspector was informed that additional staff were available on at least two evenings each week to support residents to engage in activities of their choice.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place required further review to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared in writing a statement of purpose. However, further review was required to reflect the minimum staffing levels in the designated centre, at all times.

Judgment: Substantially compliant

Quality and safety

The provider had addressed actions identified in the previous inspection of November 2019. This included engaging the services of external contractors to carry out upgrade works to the premises and supporting residents to access community activities in their locality. However, further issues were identified during this inspection which were required to be addressed in advance of the residents returning safely to their renovated home.

As previously mentioned the provider had employed external contractors to complete the upgrade works which included fire safety works. Certification of the works completed was available for review on the day of the inspection. The certification viewed by the inspector included the fire alarm, emergency lighting and electrical work completed. However, the certification of fire safety works completed on 27 May 2022, did not provide details of a review having taken place of the internal fire doors installed throughout the property. The inspector observed a number of issues with some of the internal doors which included a gap between the floor surface and bottom of one door in the kitchen which may not effectively prevent smoke egress into the adjoining rooms. The inspector informed the provider during the feedback meeting that a further review by a person competent in fire safety was required to ensure the effectiveness of fire doors throughout the property, in the event of a fire. This report was also required to be submitted to HIQA to inform the decision to progress the application to vary and before residents could be supported to return to live in the designated centre.

As the residents were being supported in another designated centre, the inspector was not able to review individual personal plans for the residents who planned to move back into this designated centre. The inspector was informed of some of the assessed needs of those residents. This included one resident who independently mobilises using their wheel chair. However, the person in charge was unable to provide assurance to the inspector relating to this resident's ability to independently move around the designated centre. At the time of the inspection, it was not known if the person was able to independently access the entry/exit points since the renovations had been completed. In addition, while a ramp had been installed to the rear of the property, at the time of this inspection there was no wheel chair access to the patio area. The inspector was informed this issue was scheduled to be addressed on the day of the inspection. Also, the raised area at the back of the property directly outside the patio doors, consisted of two steps to access the lower patio area. Further assurance was required by the inspector to ensure the safety of all residents accessing the area, including the resident in a wheelchair could be consistently maintained. There were no clear warnings of steps being present or evidence of review taking place preventing a person using a wheelchair from accidentally going down the steps or coming off the ramp.

Some of the upgrade works that were completed included a modern kitchen, with new appliances installed and a dining room table that was designed to facilitate the resident in a wheel chair to mobilise easily and independently join their peers at mealtimes. While the space in the kitchen had been increased, it was not sufficient to allow for the installation of a lower work surface. The staff had reviewed many options to try to incorporate wheel chair accessible work space in the kitchen. The person in charge outlined plans to support this resident to engage in cooking activities and meal preparations at the dining table. However, there were two pull-out corner storage units incorporated into the kitchen which could be accessible to the resident if they chose to participate in meal preparations. In addition, the location of the fridge and freezer also facilitated this resident to be able to access some levels of these appliances.

The inspector had been informed the premises was ready for the residents to move back into. However, the inspector observed a number of issues that required action prior to this taking place in addition to those already referred to in this report. While it was evident that cleaning had taken place, further cleaning of the premises was required which included all windows and floors that still displayed evidence of the substantial building works that had taken place in recent months. All the bathrooms required the installation of mirrors and bathroom accessories such as bins and toilet roll holders. During the inspection, the curtain rails were installed by external contractors and temporary blinds were scheduled to be installed as the permanent blinds would not be ready for a number of weeks, the inspector was informed. The delivery of new couches was also expected in the days following this inspection.

The person in charge, informed the inspector they were the COVID-19 lead for this designated centre and recently completed a hand hygiene assessors course. During the inspection the inspector noted that there was only one free standing hand sanitiser dispenser in the designated centre. The person in charge outlined that hand sanitiser units and z- fold towel holders were planned to be installed in the designated centre. There were no signs displayed regarding hand hygiene or colour coding relating to safe food preparation and storage. In addition, a dedicated storage space for cleaning materials such as floor mops had not been identified. There was also no information present relating to the colour coding protocols to be used in the designated centre relating to effective and safe cleaning procedures. There was an absence of bins throughout the designated centre which included no bin to facilitate the disposal of personal protective equipment, (PPE) in the designated centre. The inspector discarded their used PPE in the large external bin located at the front of the property at the end of the inspection.

While the inspector was informed all of the residents were planning on returning to the bedrooms that they had previously occupied, the inspector noted one bedroom appeared small in size. While there was upgraded wardrobes fitted in the room, there was no bed as the resident had chosen to keep the bed they were currently using. The available space appeared limited despite the absence of a bed. The person in charge outlined the preferences of this resident to spend time in the communal areas of the designated centre. In addition, the staff team had identified an area on the ground floor that could be converted to a bedroom in the future should the assessed needs of any of the residents require this. Also, the building

works had been designed and completed to assist with the installation of a lift in one of the houses if required in the future. This was to ensure residents could continue to live in their home if their assessed needs required increased support as they grow older.

Regulation 13: General welfare and development

The person in charge outlined how residents had participated in workshops in their local library and there were plans for residents to enrol in courses in their local community in the months after this inspection as the public health guidelines had eased. Residents were also being supported with individualised activities regularly.

Judgment: Compliant

Regulation 17: Premises

Substantial upgrade works had been completed in the designated centre which would enhance the lived experience for the residents. However, the provider had not ensured that the premises had been effectively cleaned following the completion of construction works and suitably decorated at the time of the inspection. In addition, access to some areas of the designated centre had not been assessed after renovations were completed to ensure all residents could easily and independently access all areas of their new home.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had not ensured that procedures were in place consistent with the standards for the prevention and control of healthcare associated infections to keep residents safe from acquiring a healthcare associated infection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not ensured effective fire safety management systems were in place after the completion of the recent fire safety upgrade works. This included ensuring effective containment measures were in place throughout the designated centre.

Judgment: Not compliant

Regulation 9: Residents' rights

While the upgrade works that have been completed by the provider will enhance the home environment for residents, the provider had not ensured all residents had been consulted following the completion of these works. At the time of the inspection a resident who required the use of a mobility aid had not been provided the opportunity to visit the designated centre to ensure they were able to exercise choice and freedom in relation to their independence to enter/exit the property and have safe access to the garden area.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 2 OSV-0003696

Inspection ID: MON-0037041

Date of inspection: 30/05/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PIC who is also a Clinical Nurse manager 2 is available WTE of 0.25. CNM1 is currently on extended leave and recruitment for a panel of CNM1 for the organization has begun. The PIC is in daily contact with the centre and is available by telephone throughout the working week. PIC spends an average of 1 working day (8hours per week) onsite or more if required.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose is currently under review to reflect staffing allocation and other identified improvements/changes.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The designated centre including internal and external windows have been suitably cleaned.</p> <p>The furniture that was due to be delivered has been received and is onsite. All areas have been suitable decorated and Garden furniture has been purchased and is on site. Residents have visited the property and we are assured that all residents can gain entry and exit from the building independently.</p> <p>Patio area has been completed and is accessible to all residents including yellow outlines painted on the edges of all surfaces (steps and ramp) outlining clearly where the surface ends.</p> <p>All bathrooms have been fitted with mirrors, bins and toilet roll holders.</p>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Hand sanitizer units and associated signage, soap dispensers and associated signage and z-fold holders are now in situ within the designated centre. Signage regarding colour coding for cleaning and storage are now displayed in the centre and appropriate storage has been identified for materials such as mops etc. Bins have been provided throughout the centre also.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All appropriate signage regarding fire is displayed throughout the centre. All relevant checks and servicing have been performed on fire safety equipment. A full review of fire doors throughout the designated centre has taken place, been signed off by a person competent in fire safety and same has submitted to the Authority/inspector via email by the PIC since the inspection.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>All residents have visited the centre on a few occasions since the inspection date and all residents can enter and exit the building independently. Garden furniture has been purchased and is on site to further enhance outdoor experiences within the home. The designated centre has also been assigned a new electric vehicle and staff have started training re: same.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	22/06/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	22/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	22/06/2022

	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.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a 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.	Not Compliant	Orange	22/06/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	22/06/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/06/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	24/06/2022

	purpose containing the information set out in Schedule 1.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	22/06/2022