

eDeposit Ireland

Cork City South 5

Item Type	report
Authors	Hennessy, Julie
Citation	Julie Hennessy, 'Cork City South 5', [report], Health Information and Quality Authority, 2016-12-16, Disability Services Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-16 05:42:37
Link to Item	https://hdl.handle.net/20.500.14765/81213

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cork City South 5
Centre ID:	OSV-0003699
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Bernadette O'Sullivan
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 September 2016 09:00 To: 26 September 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the centre's first inspection by the Health Information and Quality Authority (HIQA). The centre was occupied three months prior to this inspection.

Description of the service:

The service accommodates residents who wish to transition from residential services to a supported self-directed living model. The centre comprises a two-bed apartment and is located in a block of four apartments. The centre has the capacity for two residents and caters for residents with a mild intellectual disability who wish to live independently and may need some supports to do so. The centre was bright, modern, warm and decorated by the resident who lived there.

How we gathered our evidence:

The inspector met with the resident currently residing in this centre and spent the day with the resident and the CNM3 (who held the post of lead coordinator for supported self-directed living). The provider representative attended the meeting at the close of the inspection. The person in charge was unable to attend due to a previous commitment but was in phone contact during the day.

The resident assisted the inspection by explaining the transition period and what was involved in their moving to this centre. The resident also explained and described arrangements in place as they related to fire safety, meal planning and preparation and how they were supported to develop life skills, participate in the community and pursue their goals. The resident talked the inspector through their visual life story and their support plans. The inspector also reviewed the resident's medication chart, meeting minutes, staff training records and the risk register.

The resident told the inspector that they were delighted with their new living arrangements and the supports being provided to them to live independently. The resident had interviewed and selected their own support team. Staffing supports involved a mix between one-to-one supports and support being provided at other times only on request and if required. The resident described how they were now involved in key decisions about their life and how important this was to them.

Overall judgment of our findings:

Overall, the inspector found that the service provided was person-centred and committed to promoting resident's independence. A dedicated support team were in place to facilitate the transition to supported self-directed living. Arrangements were in place to support resident's health, social and personal developmental needs. Good practices were identified across all outcomes including in relation to health and safety, safeguarding, medication management and staffing arrangements. Communications with and concerning the resident (both written and conversational) were very respectful.

However, reassurance was required that any resident residing in this centre would have the supports that they required into the future, particularly given the fact that external funding currently allocated to this centre is time-limited. Also, the governance structure and arrangements required review.

Details of findings from this inspection are outlined in the body of the report, which should be read in conjunction with the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, admissions to the centre were determined based on transparent criteria. Improvements were required to the contract of care.

The inspector reviewed a recent admission to the centre. The admission had taken place in line with the statement of purpose. There was evidence that the admissions process was carefully planned in a safe and phased manner. A transition plan had been developed and the required supports before, during and since admission had been put in place.

There was a written contract of care in place. However, the contract of care was not individualized. For example, it did not adequately reflect the terms on which a resident shall reside in the centre.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that supports were place during transition between services and that social care needs were supported by staff. A personal plan was required to reflect the resident's current circumstances.

A comprehensive assessment of resident's social care support requirements had been completed. A transition plan had been planned and implemented with involvement from the multi-disciplinary team. Support plans had been developed to ensure that adequate supports were in place during a transitional period. For example, support plans had been developed in relation to life skills such as budgeting, learning to cook and store food, using new electrical appliances, meal planning and shopping and making healthy choices. Personal goals were articulated by the resident and known by support staff. A life story, goals leading up to the transition, important relationships and a day-time schedule were in a visual format. Given that the emphasis in the previous three months was on supporting transition, a personal plan was yet to be developed in this new setting. The CNM3 told the inspector that a planning meeting was scheduled for the following month and a multi-disciplinary team meeting would take place following a review in November 2016.

The resident's social care needs were supported by a staff team dedicated to supporting self-directed living. Individualized support was provided. A focus on supporting residents to live as independently as possible was demonstrated.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, arrangements were in place to protect and promote the health and safety of the resident.

There were policies and procedures in place in relation to health and safety, risk management, fire safety and infection control.

Arrangements were in place for detecting, containing and extinguishing fires and for calling the fire service, including a fire alarm system and call point, fire fighting equipment, fire doors and emergency lighting. Fire fighting equipment had been recently serviced. The resident had received fire evacuation training and carried out a fire drill since moving into the centre. The resident clearly described that they were aware of the steps to be taken in the event of a fire.

Support plans were in place to support the resident to be safe while living independently. For example, there were support plans in place in relation to electrical safety, the safe use of appliances and fire safety awareness. The resident described the measures in the support plans to the inspector.

There were arrangements in place to promote hand hygiene, food safety and cleanliness of the environment. Support had been provided by staff during the transitional phase in relation to these aspects of supported self-directed living. The resident had attended training in relation to food safety and hand hygiene.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to protect residents from being harmed or suffering abuse. Some amendments to the safeguarding plan were required.

Where safeguarding supports were required, they were being provided. The inspector reviewed a safeguarding plan and found that overall it was comprehensive. The resident was aware of their safeguarding plan and had consented to same and the safeguarding plan was discussed every two weeks. Required multi-disciplinary supports were outlined. Where an assessment had been completed by a psychologist in a specialist area, an

action plan had been developed for each recommendation. However, further improvement was required to the safeguarding plan. The safeguarding plan contained insufficient detail in relation to what process was in place to consider and approve any (minor) deviations from the aforementioned recommendations. The plan also required more specific information in relation to the precise supports required, in particular, the frequency of MDT meetings and on-going or re-assessment by the specialist psychologist.

Staff had received training in relation to the protection of vulnerable adults and the prevention and management of potential and actual aggression. The resident was aware of how to make a complaint or raise a concern, should they wish to do so. The CNM3 demonstrated that they were aware of the steps to follow in the event of such a complaint or concern being raised.

There were no forms of restraint used in this centre.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, the resident's healthcare needs were met by staff. Improvements were required to some aspects of healthcare planning.

A comprehensive assessment of the resident's healthcare needs had been completed. Overall, healthcare support plans were in place where required. Some further improvement was required to ensure that all identified healthcare risk factors were captured in the assessment process.

Support was provided from a multi-disciplinary team including the resident's general practitioner, nursing support staff, social worker, psychology, psychiatry and other members of their support team. Access to dental care and diagnostics were organised as required. Reports of tests, assessments and reviews were available for review. However, while the resident had transitioned to a community-based setting, the option to access a G.P., dentist or pharmacist of their choice in the locality where they lived had yet to be progressed. The resident told the inspector and CNM3 that they would be keen to pursue this option.

Recommendations from healthcare professionals were discussed with the resident and for most assessed needs, healthcare support plans were in place. However, where medication with side-effects was prescribed, a care plan had not been developed to guide all staff and the resident themselves. Also, the support plan for mental well-being required development. The resident was fully involved and informed in decisions about their healthcare and described the supports that they received to the inspector.

Staff supported the resident to make healthy choices, for example, with planning and shopping for meals. Easy to read receipt books were being used by the resident. Training required to support such choices was provided, for example in relation to cookery or food safety courses.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, the resident was supported by safe medication management policies and practices. Access to a pharmacist of the resident's choice was to be facilitated.

There were systems in place for safe storage of medication with medication kept in a locked drawer and cupboard.

The resident was supported to self-administer medications. An assessment of competency had been completed and accompanied by observation and support by staff during the transition period. Follow-up assessments had also taken place. Where a medication error had occurred, a risk assessment had been completed and additional control measures put in place to prevent recurrence, in consultation with the resident.

A system was in place to review medications on an on-going basis and there was evidence of recent review by the resident's GP. Arrangements were in place for the return of unused medications. There were no additional arrangements required for medications that required refrigeration or controlled drugs in this centre at the time of inspection.

However and as previously mentioned under Outcome 11, where a resident had transitioned to a community-based setting, the option to access a pharmacist of their choice in the locality where they lived had yet to be progressed. The resident told the inspector and CNM3 that they would be keen to pursue this option.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a written Statement of Purpose in the centre. The Statement of Purpose required review to meet the requirements of Schedule 1 of the regulations.

Overall, while the Statement of Purpose contained information relevant to the purpose and function of the centre, it was written in the format of a resident's guide as opposed to providing a description of the service to be provided. In addition, the Statement of Purpose referred to premises that were not part of this centre, the organizational structure was unclear and it contained information about an individual resident (e.g. what day service they attend).

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the management structure was not clear for this centre. In addition, it was not demonstrated that the person in charge was involved in the operational management of the centre.

The support team comprised support workers and was led by a clinical nurse manager (CNM3) who held the post of supported self directed living lead coordinator. The person in charge worked full-time and was a qualified and experienced nurse in intellectual disability nursing and nurse prescriber in the service. The person in charge of the centre was a CNM2, who reported to the representative of the provider.

However, the management structure was not clear for this centre. The CNM3 who led the support team and person in charge did not have a direct reporting relationship and both reported into different senior managers. The person in charge and CNM3 were in regular contact and met at planning and multi-disciplinary meetings. However, it was not evidenced that the person in charge was actively involved in the operational management of the centre. For example, the person in charge visited the centre approximately every two weeks. While the inspector did not identify any adverse impact on outcomes for the resident at this inspection, the centre has only been operational for a short period of time (three months). The provider representative told the inspector at the close of the inspection that they were working to review the remit and arrangements of the person in charge.

An unannounced visit by the provider to the centre was to be scheduled within the next three months, as required by the regulations. Systems were in place to allow for an annual review to be completed of the quality and safety of support provided in the centre.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, the resident's support needs were met by a dedicated staff team with the appropriate experience and qualifications.

The supports from the staff team to this centre were as described in the statement of purpose for the centre. A support team was assigned to this centre with a blended mix between one-to-one supports and support being provided at other times only on request and if required.

A review of training records indicated that all staff had received mandatory training and other training required to support any resident residing in this centre. In addition, all support staff had received special training in supported self-directed living.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cork City South 5
Centre ID:	OSV-0003699
Date of Inspection:	26 September 2016
Date of response:	15 November 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contract of care was not individualized and the terms on which a resident shall reside in the designated centre were not clear.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

The Contract of Care will be reviewed to make it individualised with a focus on the terms by which the resident shall reside in the designated centre.

Proposed Timescale: 16/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A personal plan developed through a person-centred approach and using an appropriate model was required to reflect the resident's current circumstances.

2. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:

A planning meeting is scheduled for 29/11/16. The residents' personal plan will be reviewed and updated following this planning meeting in accordance with their wishes, age and the nature of their disability.

Proposed Timescale: 16/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As detailed within the findings, further improvement was required to a safeguarding plan.

3. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

A meeting is planned for 18/11/16 to review the safeguarding plan. Following this review details will be entered into the safeguarding plan outlining the processes which need to be followed when considering and approving any deviation from the safeguarding recommendations.

Proposed Timescale: 16/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some further improvement was required to ensure that all identified healthcare risk factors were captured in the assessment process.

In addition, where medication with side-effects was prescribed, a care plan had not been developed to guide all staff and the resident themselves and support plan for mental well-being required development.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

A planning meeting is scheduled for 29/11/16 to review the resident's personal plan and to plan future supports. The resident's personal plan will then be updated in accordance with his wishes, age and the nature of his disability to include a medication support plan and a mental health support plan.

Proposed Timescale: 16/12/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The option to access a medical practitioner of the resident's choice or acceptable to the resident had yet to be made available.

5. Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

Please state the actions you have taken or are planning to take:

A planning meeting is scheduled for 29/11/16. At this meeting the resident will be offered the opportunity to access a medical practitioner of their choice. Should this be

their wish, then the appropriate supports will be put in place to enable this to happen.

Proposed Timescale: 16/12/2016

Outcome 12. Medication Management

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The option to access a pharmacist of their choice in the locality where they lived had yet to be progressed.

6. Action Required:

Under Regulation 29 (1) you are required to: Ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident, is as far as is practicable, made available to each resident.

Please state the actions you have taken or are planning to take:

A planning meeting is scheduled for 29/11/16. At this meeting the resident will be offered the opportunity to access a pharmacist of their choice. Should this be their wish, then the appropriate supports will be put in place to enable this to happen.

Proposed Timescale: 16/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The Statement of Purpose required review to meet the requirements of Schedule 1 of the regulations.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Statement of Purpose and Function will be reviewed and will contain the information set out in Schedule 1 of the regulations.

Proposed Timescale: 16/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was not evidenced that the person in charge was actively involved in the operational management of the centre.

8. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:

A new person in charge will be appointed who will be actively involved in the operational management of the centre.

Proposed Timescale: 16/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As detailed in the findings, the management structure was not clear for this centre.

9. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:

When a new person in charge is appointed a clearly defined management structure will be put in place. This will identify the lines of authority and accountability, specify the roles, and detail the responsibilities for all areas of service provision.

Proposed Timescale: 16/12/2016