



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	West County Cork 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	14 May 2024
Centre ID:	OSV-0003716
Fieldwork ID:	MON-0034993

## About the designated centre

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

West County Cork 6 is located on the outskirts of a town and consists of a single-storey house. The centre is comprised of seven resident bedrooms (five single and two double bedrooms), bathroom facilities, a kitchen, a sitting room, a utility room, a laundry room, a staff office and an occupational room. The centre is open seven days a week and can provide residential care to a maximum of nine residents over the age of 18, both male and female with intellectual disabilities and/or autism. Residents are supported by the person in charge, a clinical nurse manager 1, staff nurses and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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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 14 May 2024	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

West County Cork 6 is a designated centre operated by the provider Cope Foundation. The centre can provide full time residential supports to nine residents over the age of 18 years. The premises of the centre is located on the outskirts of a large town and was purpose built. The provider was in the final stages of developing a new designated centre to ensure that each resident was afforded their own personal space. Residents spoke excitedly of decorating their new bedroom in their new house. Others spoke of decorating their room when their friends moved on. Residents were supported to choose their new environment with mood boards, with resident proudly telling the inspector everything in their room was to be pink, their favourite colour.

Over the course the inspection the inspector had the opportunity to meet and interact with seven residents, currently availing of a service within the centre. The inspector also reviewed relevant documentation such as personal plans, complaints folder and governance systems to gather information. The inspector also had the opportunity to speak with two family members. Feedback of the operations of the centre was very positive from both. Each conversation spoke highly of the supports provided to residents and how the centre operated to a very high standard. There was a spoken awareness of who to speak should a concern ever arise.

Residents were coming and going from the centre as they day went on. The centre was a hive of activity. Some residents had chosen to go to a local hotel for lunch, others were attending road bowling and Special Olympics. One resident was excitedly waiting to attend a circus which was visiting the town. Residents chatted happily about life in the centre and how supportive the staff team were. They knew who to voice a concern to if there was any issue but had never had to do so.

One resident chatted with the inspector about who they would speak to if they were concerned or worried about anything. They also chatted about what they would do in an emergency and showed the inspector where they would go. They happily spoke of what they liked to do such as crafts and learning about new cultures and traditions.

Throughout the day supports were observed to be provided in a very respectful yet jovial manner. One resident had a favourite spot they liked to sit in. They enjoyed listening to their music and watching the coming and goings in the centre. While this resident chose not to engage in social activities other than home visits, staff were observed offering a variety of activities. Staff stopped, sat with the resident and sang songs with them or read a newspaper. All choices of activities were recorded.

At time of ill health supports were provided in a dignified manner. The environment was tailored to allow for a resident who was unwell to have visits from family members and friends. A personal goal in place for this resident was for staff to sit with them and hold their hand outside of personal care. They chatted with the

resident about old times and encouraged their friends to spend time with them.

The dining room was a busy area during the day of the inspection. Staff were observed chatting with residents throughout the day about how they were, how their activities went and if there was anything they wanted to do during the day. Residents were observed to be very comfortable in the company of staff and the management team present on the day of the inspection.

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 an announced inspection completed within the designated centre West County Cork 6. The purpose of the inspection was to monitor ongoing compliance to the Health Act 2007 and relevant regulations to assist in the decision to renew the registration of the centre for a further three cycle. The provider had submitted a full application to process the renewal of the registration. This was reviewed by the inspector and was found to incorporate the required information such as the floor plans of the centre, evidence of insurance and a planning declaration.

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). The person in charge reported directly to the person participating in management. 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 transitions to new centres, the assessed needs of the residents and monitoring systems.

Overall, the provider had implemented effective measures to ensure the centre was operated in a safe and effective manner. This included the implementation of a range of monitoring systems such as six monthly unannounced visits to the centre and local auditing. Where actions were identified an improvement plan was developed and monitored by the governance team. However, upon review of the documentation it was evidenced that the most recent annual review required attention to ensure this incorporated an effective review of service provision.

The registered provider had appointed a suitable staffing skill mix to the centre. As part of this the residents accessed nursing care daily. The person in charge had ensured that the core staff team were facilitated to attend mandatory training as identified by the provider to support the assessed needs of residents.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured the application to renew the registration of the centre for a further three year cycle was submitted. This included the payment of fees and the submission of the required prescribed information.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had appointed a person in charge who, based on documentation reviewed in advance of 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 one other centre under their remit.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. The registered provider had appointed a suitable staffing skill mix to the centre. As part of this the residents accessed nursing care daily. The registered provider ensured a continuity of care for residents through the allocation of regular staff known to the residents including relief staff.

There were no reported staff vacancies on the day of the inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge ensured all staff were facilitated and supported to attend the training deemed mandatory to support the residents currently availing of the service within the centre. This included in the areas of manual handling, safeguarding vulnerable adults from abuse and medication management. Staff were also supported to complete training in the area of human rights.

The person in charge maintained a training matrix which was reviewed on the day

of the inspection. This highlighted any training courses booked or those which were nearing their refresher date.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured. The evidence of this was submitted as part of the application to renew the registration of the centre and was reviewed by the inspector.

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 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. The person in charge was supported by an appointed CNM1 and reported directly to the person participating in management.

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,
- Infection prevention and control reviews
- Restrictive practices reviews

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

Upon review of the annual review of service provision for 2023 it was noted that this incorporated the findings from the two most recent unannounced visits to the centre only, compiling a synopsis of the findings. The annual review did not include a review of the full year being reviewed. This required review.

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: Substantially 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.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of documentation including incident and accident records, it was evident that all required incidents had been reported to the Chief Inspector of Social Services as required under Regulation 31.

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 as they saw fit. 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

As stated previously this was an announced inspection completed within the

designated centre West County Cork 6. Through a comprehensive review of documentation, speaking with residents, staff and family members and from observations throughout the day, the inspector reviewed the quality and safety of care and support provided in the centre. From this, a high level of compliance was evidenced. Residents spoke of their right to choose and how they could speak with the person in charge or staff members if they had a concern. Through regular resident meetings and staff interactions, residents were consulted in the day-to-day operations of the centre and any changes which were to be implemented.

Residents were supported through the risk process to live life as they wanted. They were supported to participate in activities in the local and wider community. A number of residents attended a local day service of their choice. Some residents spoke of their role in the local community and availing of local community services such as shops, restaurants and bars. A very important social activity with the centre was participation in the Special Olympics.

Each resident was supported to develop a comprehensive personal plan. These plans incorporated a multi-disciplinary approach to the assessed needs of each resident such as behaviour support, communication and personal goals. Residents where possible, were consulted in the development of all plans including safeguarding plans, healthcare support plans and individualised risk assessments.

### Regulation 11: Visits

On the day of the inspection residents were observed welcoming visitors to their home. All residents and family members spoken with highlighted how all visitors were welcomed in the centre and staff always provided supports as required.

Judgment: Compliant

### 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 the activities and training programmes they completed along with those they wished to complete in the future.

A number of residents had personal assistant support to allow them to participate in a range of activities including Special Olympics courses and their individual interests and hobbies.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had ensured the development of a residents guide. Upon review of the document it was evident this included the information required under this regulation including the terms and conditions of residency.

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
- Healthcare 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.

The inspector completed a review of the last five completed fire evacuation drills which included the completion of a night time scenario drill. Drills promoted residents' awareness of what to do in an emergency. Each resident had a personal emergency evacuation plan in place which appropriately guided staff in supporting residents to evacuate. Residents and staff spoken with were aware of the evacuation procedures for the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of five residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The annual assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs and was completed from a multi-disciplinary perspective.

Various areas were in the personal plans addressed including personal goals and required supports. This included communication and skills promotion. Goals were documented in a stepped approach to allow for clear evidence of resident participation and evaluation of each goal. Photographs were used to further enhance this evidence.

Judgment: 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for West County Cork 6 OSV-0003716

Inspection ID: MON-0034993

Date of inspection: 14/05/2024

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC & PPIM will ensure that the annual review will be updated to included a review of the full year being reviewed.	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/08/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/08/2024