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:	East County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	14 June 2024
Centre ID:	OSV-0008579
Fieldwork ID:	MON-0042199

About the designated centre

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

East County Cork 3 is a designated centre operated by the registered provider Cope Foundation. The centre provides full residential services to three adults over the age of 18 years presenting with an intellectual disability. The centre is a newly built bungalow consisting of 3 single occupancy bedrooms, a living room, a kitchen dining room and a utility room. The centre also has an enclosed garden to the rear. The centre is staff at all times with oversight from an appointed person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Friday 14 June 2024	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was a short term announced inspection completed with designated centre East County Cork 3. This was the first inspection completed since the centre became operational in December 2023. Since moving into the centre, the residents had been supported in the transitional process and to commence to grow links in the local and wider community. The inspection was completed to monitor the ongoing compliance with the Health Act 2007 and national standards.

Over the course of the inspection which was facilitated by the person in charge, residents and staff team, the inspector had the opportunity to meet and spend time with the three residents currently living in the centre. Staff spoke of how positive the transition had been with residents enjoying their new home and the quietness of the house. As part of the transition process residents had been supported to decorate their bedrooms in accordance with their taste and interests. Two residents showed the inspector around their bedrooms and some of their favourite possessions such as family photographs and notebooks.

The centre had been tastefully decorated and maintained to a good standard. Residents had been supported to commence gardening also with beautiful window boxes on display. Residents were observed to be very relaxed in their environment and showed the inspector their favourite chairs with each resident have their favourite spot. One resident spoke to the inspector about their favourite cup and placemats. In the kitchen area staff offered residents choice of meals and snacks and a conversation was had about the planned meal that evening. Residents could visit a nearby centre for a cup of tea and a chat if those choose. They all chatted about people calling to visit them.

Over the course of the inspection two residents were observed coming and going. One resident did not want to meet with the inspector in the morning and was supported by staff to attend their choice of activity. Residents and staff spoke of attending a number of different activities from music therapy, shopping, going for lunch and visiting old friends. One resident was offered number of activities on the day of the inspection but chose to remain in the centre to keep the inspector company. While this choice was accepted choices were continued to be offered throughout the day.

When a resident had returned from their social activity they had decided to chat with the inspector and show them their room. They spoke of how they had now settled into their new home but had found this difficult at the start. They told the inspector how quiet the house was especially at night and while they liked this now it was hard to adjust. Staff had supported the resident to buy a bedside light to turn on and check the time at night and this helped. They spoke highly of the staff team and the support they afforded all the residents in the house. They liked to get out and about when they could and enjoyed being social. They loved to shop and staff

always supported them to go where they wanted.

Another resident spoke of visiting their sister in another centre and enjoying these trips. They liked to keep a note of people that called and asked the inspector to fill out their personal visitor's book. This resident liked to relax at home and at times could chose not to participate in activities outside of the house. While staff spoke of supports in place to enhance social activation however these were not documented to ensure a consistent approach. This will be discussed later in the report.

Interactions observed on the day of the inspection were jovial and respectful. Residents spoke highly of the support provided by staff to the inspector throughout the day. 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 on the quality and safety of the service being delivered.

Capacity and capability

As discussed previously this was a short announced inspection of the designated centre East County Cork 3. This was the first inspection of the centre since becoming operational in December 2023. There was evidence that through effective monitoring systems the provider implemented measures to drive service improvements.

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They held the person in charge role in two designated centres however, through effective monitoring systems they maintained effective oversight in both. They reported directly to the person participating in management. There was evidence within the governance structure of clear roles and responsibilities. Any areas were discussed as part of quality and safety meetings held monthly or face to face meetings.

The registered provider had not yet the requirement to complete of the regulatory required monitoring systems such as the annual review of service provision. To maintain effective oversight the person in charge completed a plethora of monitoring systems. The person in charge maintained a structured action plan to ensure actions for 2024 were achieved within the required timeframe.

Some areas which did require improvement to ensure compliance including staff training and ensuring all documentation was completed to ensure this reflected accurate recordings.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge to oversee the day to day operations of the centre. Through a review of prescribed documentation the person in charge was seen to be suitably qualified and experienced to fulfil their role. They held remit in two designated centres in close proximity to each other.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had appointed a staff team to support the assessed needs of residents within the centre. Nursing care was provided through a community nurse as required. While agency staff are used to cover vacant shifts within the centre only regular staff are used to ensure continuity of care.

An actual and planned roster is in place and maintained by the person in charge. From a review of the roster adequate staff levels have been in place as per the residents assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Within the centre the person in charge maintained a training matrix to oversee the training needs of the staff team. Overall, staff were supported to attend training which had been deemed mandatory by the provider to meet the assessed needs of the residents. However:

- 2 staff required training in the area of behaviours of concern.
- 1 staff was required to completed fire safety training and manual handling

Within the centre an identified need for residents was the safe administration of medication. However, 50% of the staff team were not trained in the safe administration of medications. The Statement of Purpose of the centre did state this training was available to staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had appointed a clear governance structure within the centre. The person in charge reported directly to the person participating in management. Through regular governance meetings including regional meetings and one to one meetings there was evidence of clear roles and responsibilities within the organisational structure.

As the centre was not operational a year the annual review of service provision and six monthly visit had yet to be completed. The person in charge reported that an audit had been completed in the centre by a delegated person on the 3rd May 2024. While verbal feedback had been given no written report had been furnished to allow for review. From review of a meeting with person in charge and person participating in management it was unclear what the findings of the audit were and what actions were to be completed. A copy of the report was requested to be submitted following the inspection. This was not received.

To maintain oversight of the day to day operations of the centre the person in charge completed a range of monitoring systems. This included in the area of fire safety, daily records, staff training and safeguarding. The findings of these were reviewed by the quality and safety team to ensure compliance. The person in charge maintained an action plan to ensure actions were also addressed.

Staff were facilitated to raise concerns within the centre through staff meetings and face to face interactions. Staff spoke that they would be confident to raise a concern if it arose.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and ongoing review of the Statement of purpose. Some minor amendments were required to the document to ensure this reflected the current functions of the centre. This was addressed on the day of the inspection.

Judgment: Compliant

Quality and safety

This designated centre provides full residential support for three residents.

Accommodation provided was reflective of the residents assessed needs, this included the level of support to be provided. 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 received.

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. However, an annual review of assessed needs had not been completed for residents since April 2023. Through the completion of an annual person centred meetings residents were consulted in the review of their plan and in the development of personal goals.

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 attending festivals in the local community, shopping in the nearby shops and eating out. Residents spoke of their favourite activities such as shopping and meeting friends.

Regulation 11: Visits

Residents spoke of visitors being accommodated within the centre. On the day of the inspection residents friends had been invited to the centre for tea. The provider had developed a policy to support and facilitate visits within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Within the centre residents and staff spoke of meaningful activation which all were afforded the opportunity to participate in. The social valued roles of residents were in place with staff supporting residents to promote these. However, upon review of activity records for one resident it was noted long periods of time when the resident did not participate in activities outside of the house.

Over a twelve day period it was noted that resident engaged in activities only in the house. Within records it was not recorded if social activities were offered or if the resident chose not to engage. Staff stated at times the resident may choose to remain in the house. This was not documented within the records to support community engagement and a consistent approach to supports. This required

review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge had ensured the development and ongoing review of a risk register. This tool was used to identify, monitor and review identified risk within the centre. At the time of the inspection there was no escalated risk in the centre. The person in charge was aware of the procedure to follow should this arise. All completed risk assessments incorporated identified vulnerabilities, and existing control measures. Should additional control measures be required to reduce the risk rating these were identified.

Some minor review was required to ensure all control measures in place were active. For example, a risk assessment with respect to staffing stated no agency staff in place. However, agency staff were present on roster actual and planned. Also, as discussed previously not all staff had completed required training this was not identified in the risk format.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured the centre was supplied with the required fire fighting equipment such as emergency lighting, fire panel and fire blankets. All fire fighting equipment was fully serviced. Daily checks were completed by staff to ensure all fire exits were clear. Fire doors were checked and tested weekly along with fire alarm system. Within the centre a fire folder had been developed to provide staff with guidance on emergency situations and their responsibilities. A fire drill protocol was also in place.

The staff team had developed an emergency evacuation plan for each resident. Residents were supported to partake in fire evacuation drills to ensure their awareness of the procedure. However, for review of fire evacuation drills since the centre became operational no drill had been completed with the support of one staff to ensure this could be completed with minimum staffing levels. Also, no guidance was in place should residents be unable to return to the house following an evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of two residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs. As the residents had transitioned to the centre in the previous six months plans were reviewed on an ongoing basis to incorporate changing aspects of resident's lives.

Residents were supported to attend monthly keyworker meetings to review plans and goals to ascertain if any changes were to be completed. However, residents within the centre had not been facilitated to have a multi-disciplinary review of assessed needs since April 2023. While the person in charge reported to have requested this to be completed, this was not planned to be completed until 26th September 2024.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which was respectful to and promoted the rights of residents. Each resident had access to an independent advocate. Staff also advocated for resident and supported them to articulate their needs. Residents spoken with had a clear understanding of their rights. Some information within the centre had been developed in an accessible format to enhance residents understanding of topics such as complaints, being safe and fire.

Each week residents participated in a house meeting. This was an opportunity to plan shopping needs, weekly menu and any group activities. Any changes to occur in the house were also discussed.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for East County Cork 3 OSV-0008579

Inspection ID: MON-0042199

Date of inspection: 14/06/2024

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Fire training has since been completed by outstanding staff member on 06/07/24. • Positive Behaviour Support training has been scheduled for outstanding staff members for 17/09/24. • Manual handling training completed by outstanding staff member on 12/09/23 and certification now available on site. Training matrix updated by PIC to reflect same.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Provider level audit has since been received by the PIC on 04/07/24 and an action plan has been developed and in progress. A copy of the audit report has since been forwarded to the inspector as requested.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • Revised and updated activity recording template developed by PIC on 18/06/24 and in place, to reflect social activities offered and choices of residents to engage or not to engage. • Staff team meeting held on 01/07/24, PIC discussed new activity recording template and the ongoing importance of consistent and accurate documenting of social activities and community engagement.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • Risk assessment in relation to staff training requirements will be developed and added to designated centre risk register by PIC by 13/09/24. • PIC has since reviewed control measures in place for risk relating to Staffing in the designated centre and has included relevant updates required.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire drill to reflect minimum staffing levels has been completed in the centre on 18/06/24. • Site Specific emergency procedure in the event of residents being unable to return to the designated centre following an evacuation, has been developed by PIC on 14/06/24.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Annual multi-disciplinary review of assessed needs for all residents scheduled for 26/09/24 as per email correspondence received from multi-disciplinary scheduling coordinator on 05/12/23.	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	01/07/2024
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	31/10/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	30/09/2024

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/06/2024
Regulation 05(6)(a)	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	Substantially Compliant	Yellow	30/09/2024

	be multidisciplinary.			