

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

## Issued by the Chief Inspector

Name of designated centre:	Bantry Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	23 August 2024
Centre ID:	OSV-0002105
Fieldwork ID:	MON-0043242

## About the designated centre

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

This designated centre consists of four houses in a rural town setting. Each of the houses contain a kitchen, sitting room, single bedrooms, bathroom facilities and outdoor areas and gardens. The centre provides residential and respite services for up to 17 people, aged over 18 years. Residents are both male and female, with a diagnosis of intellectual disability. Staff support is provided by social care workers / leaders and support workers.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 23 August 2024	09:45hrs to 15:30hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

This inspection was a risk based inspection carried out to review the provider's compliance plan response and commitment from the provider to come into compliance based on the findings of the November 2023 inspection. The provider had also submitted an application to vary condition one of their current registration, to remove one unit from the centre and to reconfigure two units based on the assessed needs of residents.

This inspection did note improvements and a commitment by the provider to ensure the care and welfare and quality and safety of residents. However on the day of inspection an immediate action was issued in relation to safe evacuation of residents, this will be discussed in more detail further on in the report.

This centre is made up of four houses on the outskirts of a town. Currently resident's avail of services in two of the providers units as the other two units are being converted to support the assessed needs of residents as the current premises they reside in is not fit for purpose. The finding in relation to premises has been an ongoing issue over the last number of inspection.

Over the course of the inspection the inspector met three residents. The residents in this centre have had a number of changing needs over the last few months and the inspector was briefed in relation to these changes and the supports the provider put in place to address these changes.

One resident was met in the centre where they attend day services and was supported by the person in charge when meeting the inspector, this was by request. The resident spoke about their family and named all their siblings. They also chatted about day to day life and the inspector tried to converse in relation to the residents pending move to another house. The resident appeared well and happy but found it difficult to process some of the conversation. This is due to a current diagnosis. The person in charge was seen to be very supportive and understanding of the resident.

The inspector visited the refurbished premises and it was noted that significant work has taken place in line with the bespoke needs of the residents. This premise was well laid out, spacious and was fitted with hoists to support the assessed needs of residents. There was en suites off each bedroom and ample space in the bedrooms. A new kitchen had been fitted. The house were not furnished but this was underway. The residents had been consulted in relation to the refurbishment of these premises and were involved in choosing the colours for their new home. This was evidenced from resident meeting notes and individual meetings that took place with the resident. Later in the afternoon the inspector went to another house which was part of the centre. This house was deemed not suitable for residents needs at the November 2023 inspection and prior inspections. The provider had been issued with an urgent action on the November 2023 inspection pertaining to the state of

this unit.

On arrival it was seen that the front of the house was covered in shrubs, the paving continued to be uneven. The provider had done a deep clean of the centre and there was evidence that on-going cleaning took place from the cleaning records reviewed. The provider since the last inspection had widened the doors to enhance accessibility. However the house did not suit the needs of the residents due to environmental, mobility and accessibility issues. The provider is due to take this house off the footprint of the centre by the end of September 2024.

The inspector noted that a simulated fire drill was taking place and the director of services and person in charge were present to oversee this drill. Two residents were relaxing in the sitting room so the inspector spent some time chatting to them. One resident nodded and used gestures and the other resident spoke to the inspector about their recent illness and how it affected them. They said they were upset that a trip overseas was cancelled due to their health but that they would definitely go next year. They told the inspector that the staff were very good and they just wanted to get back to their routine. They also told the inspector they were looking forward to the new house and that there was lots of space. The inspector asked if they were consulted with about the move and they said they were and kept up to date with any changes. They said they were looking forward to the move.

Overall the provider was making progress in relation the refurbishment of the new home, there was evidence that the provider was working towards compliance and evidence of increased oversight and monitoring. Residents were been well supported in relation to their changing needs. However improvements were required in relation to personal plans and fire safety.

## Capacity and capability

This inspection was carried out to give the chief inspector assurance that the provider was implementing the actions in their compliance plan that was submitted to the chief inspector post the November 2023 inspections where the provider was not complaint in seven regulations.

The provider on the November 2023 inspection was also issued with an urgent action and the actions identified in the providers response was reviewed by the inspector on the day of inspection.

Due to management changes within the organisation in quarter one 2024 the chief inspector also sought assurances from the provider in relation to governance and management and how the provider was going to maintain oversight to ensure the care and welfare of resents and their quality and safety of services. As part of this inspection the inspector reviewed the provider's compliance plan actions, assurances given, oversight and management and also discussed this with members of senior

management.

The provider had carried out a six monthly unannounced visit in February that was detailed and had a clear action plan. The provider had put in place a number of monitoring systems to increase the governance and management. These included a regulatory oversight committee meeting, meetings for the persons in charge of all the providers' centres, staff meetings, supervision and action plan tracker.

The provider was seen to be actively addressing the refurbishing of another house to support the needs of resident and was committed to meeting this action as identified in their compliance plan response to the chief inspector.

It was also noted on inspection that there was increased oversight of the centre as the assistant director of services was attending meetings in relation to the centre, was maintaining a tracker to ensure process in place to follow through on actions. Increased supervision and supports was also evident on the day of inspection as was feedback to members of the Board.

### Regulation 15: Staffing

The provider had a planned and actual rota in place and the inspector reviewed sample records between January 2024 and August 2024. Since the previous inspection the provider increased the staffing in relation to support needs and a waking night to support the needs of residents. The provider continues to have recruitment issues, but ensured that where there was gaps in the rota these will be filled by agency staff and there was a continuity where possible of the same staff.

Judgment: Compliant

### Regulation 23: Governance and management

On the last inspection in November 2023 the provider was issued with an urgent action in relation to regulation 23 governance and management. On the day of the current inspection it was evident that there were significant improvements and these improvements for example:

- A member of the senior management was meeting the board on a monthly basis and providing updates in relation to actions that have been carried out to come into compliance. It was noted that meetings were held in April, May, June and July of 2024 and two board members were present.
- An accessibility assessment was carried out to review the premises that were being refurbished and this was in June 2024 and the review was carried out by a competent person.
- There were systems in place here staff could raise concerns and this was

evident from supervisions and team meetings. E mail communication was also evident in relation to any concerns raised such as changing needs and risk.

- The provider had a live tracker in place that tracked and rated all the actions identified to come into compliance. The tracker included regulation, recommendation, priority action, actions required, person responsible and progress.
- From a visit to the refurbished houses it was evident that significant progress was made and a commitment to meet the needs of residents. For example prior to the works been carried out a meeting was held individually and collectively with residents. A review of the residents needs was completed taking into account these needs from design to implementation. The provider had committed to come into compliance by June 2024, however the inspector did see that the project was near completion and the provider had a clear time scale for transition to be complete by end of September 2024.
- There was greater oversight in relation to the personal plans, however these required improvements and the provider acknowledged this as an action that needed further work.

Overall it was found that the provider had made significant improvement with the governance and management of this centre and both the Assistant director of services and director of services were available to staff and maintained good oversight. The provider had carried out significant works to another house so as to ensure the environment was more suited to the assessed needs of residents.

There was a few areas for improvement that was required by the provider:

- further work to ensure the goals were meaningful to residents
- remedial works to one of the units such as repairing of floors
- review of the evacuation times for residents and update the fire safety policy as it was three years out of date.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had updated their statement of purpose in August 2024 and this was seen to have all the information as outlined in schedule one

Judgment: Compliant

### Quality and safety

The care and support to residents was observed and noted to be very good. Residents were experiencing changes in their lives and supports had been put in place to address these changes.

Since the last inspection one of the residents had died and this had an impact on residents and staff who were very upset and saddened and during the inspection this resident was spoken about very fondly. Residents were supported in their grief.

One resident required another placement as the current service is not meeting their needs. The provider made a referral to an advocacy service so the resident could be supported with this change. The inspector reviewed reports highlighting the resident's diagnosis and the clinical recommendations. Email communication was also evident demonstrating that the provider was actively trying to support this resident.

Residents had received an annual multi-disciplinary review and had updated personal plans, however goals for residents required review.

Overall the residents were consulted in the running of their own home and this was evident from speaking with them but also from a review of documentation such as residents meetings.

However improvements were required in relation to fire and premises to ensure the ongoing safety of residents and the provider to have better oversight in relation to the risk assessment that was carried out in relation to fire.

## Regulation 17: Premises

The issue with the premises remained the same as was found on the last inspection in November 2023, however the provider had widened the doors and got a deep clean of one of the houses. The issues in relation to environment, layout and accessibility for residents remained the same.

However the provider had identified another premises within the current centre and was refurbishing this to meet the bespoke needs of residents. The inspector visited this site on the day of inspection and noted that it was spacious and all bedrooms had an en suite to support the privacy of residents. There was significant works carried out and the provider had sought advice from competent professionals to ensure the premises was designed to meet assessed needs of residents.

An accessibility assessment had been carried out and a letter of endorsement from an engineer was in place. However the inspector sought that assurances were required from a competent person in relation to fire safety. The provider committed to sending this as it will be considered when reviewing an application to vary

conditions of current registration.

The provider continues to be not compliant in this regulation due to the current status of one of the houses, however the provider is committed to ensuring they come into compliance with this regulation as the new home for the residents is almost at completion and the provider has had good oversight to ensure that the house meets the needs of residents.

The provider told the inspector that they will be removing a unit from the footprint of the centre due to its unsuitability for residents to reside in.

Overall it was seen on this inspection that the provider is making every effort to ensure the transfer of residents into their new home. One house required some remedial works which the provider has committed to and these works are due to be carried out in the coming weeks.

Judgment: Not compliant

## Regulation 28: Fire precautions

The provider had carried out the works required in relation to fire doors. However from a review of the fire drills it was noted that a simulated fire drill took 19 minutes. This was identified as an extreme risk on the provider's risk log and there was no evidence that this was discussed and reviewed by the provider to mitigate risk.

The residents' evacuation plans were updated and outlined the support needs of residents.

In the house that took 19 minutes two residents required 1:1 support and two required additional supports. The inspector reviewed the provider's policy in relation to fire safety management systems and noted it was three years out of date.

The inspector sought clarity in relation to the aimed time for evacuation as cited in the providers policy and was later informed it was 2.50 minutes based on a recommendation from a fire report carried out in November 2023 post the last inspection.

Due to this finding the inspector issued an immediate action and sought assurances to be put in place before the end of the inspection. The provider carried out three drills on the day of the inspection, contacted the local fire office, committed to getting a competent person to review the current systems and committed to ensuring that the transfer of residents to the new home would be prioritised and advised the board in relation to the findings. The provider also send in assurances

by email to the chief inspector outlining all the actions taken.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The residents had received an annual multidisciplinary review and had their yearly planning meeting. The format of the planning meeting was personal. The goals identified had been reviewed, however they were more task focused, for example.

One resident's goal was to use what's app and visit family. Another resident wanted a facial and to socialise in their own home but transport was identified as an issue. Another goal was to make choices. The provider told the inspector that they are currently working on improving the personal planning process for residents.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

From a review of the records it was evident that residents were consulted about changes to their accommodation. Where one of the current houses is not fit for their personal and intimate care needs the new home has allowed for this and is individualised to support the bespoke needs of all residents.

Where there was a conflict with a resident's representative in relation to another placement the provider had sought external advice to best advocate for the resident and had also referred the resident to an advocacy service

It was also noted in the residents meetings that they were consulted in their day to day lives such as meal planning, activities, changes to the organisation and also discussion under themes in relation to their rights.

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>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bantry Residential OSV-0002105

Inspection ID: MON-0043242

Date of inspection: 23/08/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>CoAction have identified the requirement of quality improvement plan for the Person Centre Plan and implementation of same. A working group has been established to review the suite of policies, training and implementation of same. The policy and suite of documentation will be reviewed and submitted through the approvals process in Q1 2025. Following this the group will establish an implementation plan and training schedule for the organization. In the interim the PIC has organized external training by An Cuan which is running out in October 2024.</p> <p>Remedial works have been scheduled for Slip Lawn. The works to the kitchen of Slip Lawn has been completed following the inspections. The flooring for the centre is currently in our procurement process, with expected completion October 2024.</p> <p>Following concerns of time for evacuation at night of Bayview Seskin. Three simulated drills were completed under the direction of the Director of Service. Significant changes to the evacuation were made and the length of evacuation reduced. Up to date evacuation procedure has been implemented with the staff team. The local fire department have also been contacted and alerted to the length of time of evacuation. Residents of Bayview Seskin will be transitioned to the newly refurbished house by the 07.10.24. This will eliminate the evacuation risk.</p> <p>CoAction is also sourcing a competent person to complete a fire assessment of Slip Grove.</p> <p>CoAction is currently reviewing its Fire Policy, this will be sent through process in Q4 2024.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Remedial works have been scheduled for Slip Lawn. The works to the kitchen of Slip Lawn has been completed following the inspections. The flooring for the centre is currently in our procurement process, with expected completion October 2024.</p> <p>Following concerns of time for evacuation at night of Bayview Seskin. Three simulated drills were completed under the direction of the Director of Service. Significant changes to the evacuation were made and the length of evacuation reduced. Up to date evacuation procedure has been implemented with the staff team. The local fire department have also been contacted and alerted to the length of time of evacuation. Residents of Bayview Seskin will be transitioned to the newly refurbished house by the 07.10.24. This will eliminate the evacuation risk.</p> <p>CoAction is also sourcing a competent person to complete a fire assessment of Slip Grove.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following concerns of time for evacuation at night of Bayview Seskin. Three simulated drills were completed under the direction of the Director of Service. Significant changes to the evacuation were made and the length of evacuation reduced. Up to date evacuation procedure has been implemented with the staff team. The local fire department have also been contacted and alerted to the length of time of evacuation. Residents of Bayview Seskin will be transitioned to the newly refurbished house by the 07.10.24. This will eliminate the evacuation risk.</p> <p>CoAction is also sourcing a competent person to complete a fire assessment of Slip Grove.</p> <p>CoAction is currently reviewing its Fire Policy, this will be sent through process in Q4 2024.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

CoAction have identified the requirement of quality improvement plan for the Person Centre Plan and implementation of same. A working group has been established to review the suite of policies, training and implementation of same. The policy and suite of documentation will be reviewed and submitted through the approvals process in Q1 2025. Following this the group will establish an implementation plan and training schedule for the organization. In the interim the PIC has organized external training by An Cuan which is running out in October 2024.

## 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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/11/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/11/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Not Compliant	Orange	30/11/2024

	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.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/10/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	23/08/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the	Substantially Compliant	Yellow	30/11/2024

	resident's personal development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/11/2024