



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 September 2021
Centre ID:	OSV-0003289
Fieldwork ID:	MON-0026490

About the designated centre

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

West County Cork 1, is located in a town and consists of two adjoining 2-storey houses which provide a home for up to 13 residents. The centre is comprised of eight single bedrooms, three twin bedrooms, two living rooms, two kitchens, two conservatories, staff rooms and bathroom facilities. The centre provides 7-day, 52 week a year residential accommodation. Weekend short breaks are provided to a number of people when a resident goes home for a weekend. The centre caters for adults with an intellectual disability who may have additional multiple and complex needs. The centre is managed by a Clinical Nurse Manger and staff support is provided by care staff by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 2015 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
Wednesday 22 September 2021	10:20 am to 6:20 pm	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with 12 of the residents who were residing in the designated centre at the time of the inspection. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE). The inspector reviewed documentation in an administration office located near the designated centre.

On arrival to the first house, the inspector was welcomed into the house by a resident and staff members. This resident appeared to be happy to meet the inspector and spoke about the activities that they enjoyed doing while in the designated centre which included gardening and craft work. The resident was observed to sit down with peers in the sitting room with their crochet during the morning. Staff explained that the resident regularly made items such as baby blankets. Three other residents met with the inspector during the morning in the sitting room of this house. One resident was observed to bring a table nearer their seat so they could play a solitary card game as per their preference. Another resident who used sign language to communicate was watching a daily mass service. The inspector noted subtitles were not visible while the resident was watching the service. While staff acknowledged that the resident would be able to follow the subtitles, they were unsure if subtitles were available for the programme and were unsure how to check the television menu to display subtitles. This resident communicated with the staff and the inspector using their preferred method of communication and stated they were very happy living in the house. The person in charge explained that the resident had moved from the adjacent house following a safeguarding concern and enjoyed participating in activities with their peers such as shopping and leisure activities in their current house.

Another resident was smiling as they told the inspector how they were enjoying their time in the designated centre. They spoke about some of the activities they participated in which included music, walks and visits to places of interest in the local area. The resident listed the household chores that they assisted with daily and was also happy to tell the inspector that they were due to visit family members the following day for a few hours.

One resident asked to meet with the inspector in their bedroom which was located on the ground floor during the morning. This resident explained that they wished to maintain their independence as long as possible and spoke of the support they required at times from staff. The resident used a rollator to assist them with mobilising and informed the inspector that they had fallen a number of times without causing themselves any injury. However, they had recently consented to wearing hip protectors for a trial period to see if they could tolerate them. The resident told the inspector that they would like to be able to go for a walk with one staff around the outside of the designated centre but this was not always possible due to the staffing levels in the designated centre. The resident spoke of how they

would like staff to support them to take their medications in a consistent manner. The resident demonstrated to the inspector and the person in charge the preferred procedure that they wanted to follow when taking their medications and expressed a wish that all staff would follow that procedure. The resident also spoke of the noise levels in the designated centre and how they had made a complaint about it to the person in charge in August 2021. While the resident was aware of the response and the actions that were required to resolve the issue, they awaited these actions to be completed at the time of the inspection.

Another resident spoke of how they had enjoyed a recent shopping trip in a nearby town to buy some new clothes with staff support and some of their peers. They had also recently enjoyed a trip to the cinema with peers and was looking forward to going out for a spin with other peers for a takeaway hot drink that evening. While speaking with the inspector, the resident outlined how they had missed attending their day service when it had been closed. They were happy that the service had re-opened since August 2021 and they were now attending three times each week. However, they were still not meeting all of their friends as they had prior to the pandemic. The resident was able to inform the inspector about what they would do in the event of a fire and who they would talk to if they had any concerns or issues in the designated centre. The resident was also observed to communicate with one of their peers using sign language in response to a question posed by the peer to them during their conversation with the inspector.

Some of the residents in the second house had already left to attend their day service when the inspector arrived in the morning. However, the inspector did get to meet and speak with the residents and staff at different times during the day. One resident was happy to show the inspector their bedroom but explained they wanted to go back to their own bedroom which was in the first house visited by the inspector. This resident had been supported at home for a period of time during the initial pandemic restrictions and a resident who had previously been in receipt of weekend respite care in this designated centre was still being supported in what this resident viewed as their bedroom. The resident explained to the inspector that they required staff support to descend the stairs due to a risk of them falling and demonstrated how a push button bell at the top of the stairs worked. The resident pushed the button and staff downstairs responded. This was identified as an ongoing risk for the resident as there were no bedrooms available on the ground floor in either house. The push button bell had been installed at the top of the stairs to alert staff in the house that the resident wished to come downstairs. However, the resident had been supported at times in recent months by one sleep over staff with the waking staff located in the adjacent house who would not hear the bell if the resident required assistance during the night. This will be further outlined in the next sections of the report.

Later in the day the inspector spoke with two residents after they had returned from their day service. They told the inspector that they were very happy to be able to go there but it was still only three days each week at the time of the inspection. They spoke of enjoying activities such as yoga, craft sessions and visiting family members. The inspector was informed that another resident had enjoyed a social outing with a staff member from the day service in the afternoon to the local town

during which time they had a meal. The person in charge explained how another resident was benefiting from attending the day service daily since August 2021. The resident returned to the designated centre for their lunch and went back to the day centre again in the afternoon. The inspector observed the resident smiling when the person in charge spoke with them during the day as they discussed a change to the lunch time arrangements while attending the day service which would better suit the individual's needs.

The inspector was also shown the bedroom of a resident who had previously being in receipt of regular respite services at weekends in this designated centre and receiving shared care in another designated centre each week prior to the pandemic. The inspector was informed that this resident had required full time support in this designated centre since April 2020. The inspector observed that the bedroom was not personalised for this resident. It contained two beds, one of which was unmade. There were photographs of another resident with their family on display, there were no personal belongings apart from clothes evident in the room. There was no chair or space for the resident to sit in the bedroom apart from on their bed. This bedroom had supported two residents prior to the pandemic. However, since March 2020, the resident who had a shared care arrangement of four nights each week has not been able to return to the centre. They have been supported at home by family representatives. The inspector spoke on the phone with a family representative of this resident who expressed concern that the resident was experiencing increased anxiety as they wanted to return to the designated centre and spend time with their peers. The family representative outlined their concerns to the inspector and the responses they had received from the provider regarding their relative's support services. This will be further discussed in the next sections of the report.

During another phone call the inspector spoke to a family representative of a resident who had been in receipt of respite support services in this designated centre prior to the pandemic. They have been in receipt of full time support in this designated centre since March 2020 due to family circumstances. The family have seen how happy the resident is when they visit the centre while adhering to public health guidelines. In addition, the inspector was also informed that while the resident had returned home for short visits in recent months as the pandemic restrictions were eased, they always expressed that they wished to return to this designated centre. The inspector was also informed of another resident being supported by relatives at the family home since March 2020. This resident also had a contract with the provider to receive four nights shared care each week in the designated centre and had expressed a wish to the person in charge that they wanted to return to the designated centre. The person in charge outlined to the inspector the support of social workers that was available to the residents who had to remain at home with family representatives since March 2020.

The inspector was also given 10 resident questionnaires to review that had been completed in advance of the inspection. Residents listed activities that they enjoyed doing but could not always engage in due to staffing levels such as outings, baking, shopping and walking. Responses also outlined how goals were not achieved or progressed as residents would have liked, residents were missing peers with whom

they were friends, residents wanted to return to the designated centre while other residents wanted to return to the centre they had been supported in prior to the pandemic restrictions.

The inspector observed the residents to be happy about the return of their day service which was located in an adjacent building. While, at the time of the inspection the residents were only able to attend in a pod system of three days per week, it was a welcome return for them. The provider had also provided a dedicated temporary space where the residents could engage in activities such as craft work and yoga while the day service was closed. This space was also used as an additional area to meet with visitors. However, the interactions and conversations the inspector had with some of the residents during the inspection highlighted ongoing issues in this designated centre. Residents were unable to engage in one to one activities as per their preference. The enjoyment of activities had been impacted for some residents due to the behaviours of others and reduced staffing levels in the designated centre. A restrictive practice of locking a kitchen door at night time was used due to decreased availability of staff at night time. In addition, the person in charge and clinical nurse manager (CNM1) were unable to allocate their time in this designated centre as outlined in the statement of purpose due to competing needs of another designated centre for which they also has remit over.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The inspector noted that the governance and management structures in place had not ensured that a safe and person-centred service was provided at all times to the residents in the designated centre. Not all actions from the inspection in December 2020 had been adequately addressed which included staffing and a review of individual assessment and personal plans. In addition, the inspector observed that the pandemic and restrictions imposed had an adverse impact on residents' rights since the previous inspection.

The person in charge worked full time and had remit over one other designated centre located approximately two kms away. The provider had appointed a full time CNM1 to assist the person in charge with administration and other duties in both centres in November 2020. However, the person in charge and CNM1 did not have capacity to spend time in this designated centre as outlined in the statement of purpose due to the competing needs of the other designated centre for which they also had remit over. The person in charge informed the inspector that not all person centred plans had been subject to an annual review by the time of the inspection and they had not completed staff performance management in 2021 with the staff

team in this designated centre. These issues were identified in the provider's annual report of October 2020 and most recent provider-led audit of April 2021. The inspector was informed that the CNM1 was providing frontline support in another designated centre and had been present in this designated centre on a few occasions since January 2021. This was not in line with the response received from the provider following the last inspection of this centre in December 2020. In addition, while there was an audit schedule, not all audits were completed within the time frames and some actions identified remained unresolved. For example, an audit of residents bedrooms in May 2021 identified that some rooms did not have a chair for the resident to sit on. As previously mentioned in this report this was noted by the inspector during their walkabout of the centre in advance of reviewing the audit findings and remained unresolved at the time of the inspection. While the person in charge and CNM1 were available by phone to the staff team in the designated centre, inconsistencies between the houses in activities and documentation was evident during the inspection, which also reflected the lack of ongoing oversight in the designated centre.

The person in charge had ensured there was a planned and actual rota in place. They informed the inspector that the changing availability of staff took up a lot of their time to manage the staffing levels in the designated centre. The staffing levels had not been consistently maintained as outlined in the statement of purpose. For example, there were not two waking staff on night duty on the 23 and 24 of August 2021 or 1 and 2 of September 2021. This resulted in residents in one house being supported by a sleep over staff and required that the kitchen door to be locked in that house. This restrictive practice had previously been removed when two waking staff were allocated to the designated centre in January 2021. In addition, for the week beginning 20 September 2021, hours allocated for activities in the evening had to be covered by core staff members due to illness of another staff member who was not replaced. As day services had not yet fully resumed all residents were in the designated centre on Mondays and Fridays and this also impacted on the residents ability to engage in activities of their choice.

Following the last inspection, the provider had committed to complete a review of staffing by 30 April 2021 and had allocated 0.5 WTE hours of the CNM1 to be on-site in the designated centre to support the person in charge since January 2021. The findings of the provider-led audit in April 2021 highlighted that the staffing review required implementation, identified ongoing gaps in governance oversight in the designated centre in addition to gaps in records and documentation. At the time of the inspection none of these actions had been completed.

The inspector reviewed a schedule of booked training for staff in the designated centre for the remainder of 2021. All staff had completed safe guarding training and attended fire safety training in 2021 which had been delivered on-line during the public health restrictions. However, not all staff had up-to-date refresher training in managing behaviours that challenge/positive behaviour support training.

The inspector reviewed all complaints made since the last inspection. There were no open complaints at the time of this inspection and the person in charge had completed an audit of complaints in April and June 2021. While the satisfaction of

the complainant was documented in the three complaints reviewed, the inspector was not assured the issue in two of the complaints was resolved. Two residents made separate complaints in August 2021 relating to noise levels and disruption of activities and outings caused by others in the designated centre. The person in charge spoke with both residents at the time and outlined the actions that would be taken to resolve the issue but no date for the resolution was available at the time of the inspection which required the re-opening of another designated centre that had remained closed since March 2020.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role. However, their remit over two designated centres had impacted their governance and management of this designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. The registered provider had not ensured that the number, qualifications and skill mix was appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff had received training including on-line training in safeguarding, infection prevention and control in addition to fire safety training. However, 34% of staff required refresher training in managing behaviours that challenge and complete training records of all staff were not available for review at the time of the inspection. The person in charge was unable to ensure staff were appropriately supervised.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured the designated centre was resourced to support effective delivery of care and support in accordance with the statement of purpose. Effective systems were not evident to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review which contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Residents and family representatives had been supported to raise any issues and were aware of the complaints procedure. However, while complaints had been responded to and the required actions outlined to the residents, the issue raised by two of the resident remained unresolved at the time of the inspection.

Judgment: Compliant

Quality and safety

While some residents spoke of their happiness living in the designated centre, not all residents were supported to have a person-centred service. In addition, the inspector noted that the staffing levels could not effectively provide safe and effective care to all residents. Residents ability to engage in activities as per their choice had been impacted, a restrictive practice had to be re-introduced and some residents were unable to return to their own bedrooms in the designated centre.

Residents who were unable to return to the designated centre since March 2020 and their family representatives had expressed their wishes to return to the centre on numerous occasions to the staff team, person in charge and senior management. While senior management had been in contact with representatives regarding the issue, these residents have not returned to the designated centre. One representative spoke about how the offer to attend day service in the interim period did not suit their relative and their level of anxiety has continued to increase as this matter remains unresolved. The inspector was informed by staff that these residents have had access and support to social workers during this period. However, the residents affected have a contract with the provider to receive shared care services on a weekly basis which has not been facilitated. In addition, the dynamics of the designated centre have changed with a resulting impact on residents quality of life in the houses. The noise levels at times has adversely affected a number of residents and the ability for some residents to engage in planned group activities could not always be facilitated due to the behaviours of other residents and staffing

levels.

On review of four personal plans by the inspector it was evident there were inconsistencies in supports provided to residents in both houses. For example, goals for some residents such as flower arranging and gardening activities had been progressed and documented and reflected revision due to the public health restrictions. Other residents had re-commenced community activities such as going to the cinema once public health guidelines allowed. However, one resident's goal to participate in baking activities had not progressed in recent months with the reason documented that they had moved from one house to the other. Another resident had a goal to go shopping, this was not progressed since the public health restrictions had eased. While some residents had healthcare plans that had been recently reviewed by nursing staff in the day service, not all residents healthcare needs had been reviewed within the last 12 months. For example, one resident's healthcare plan had last been reviewed in November 2019. The documentation of visits with allied healthcare professionals were not up to date in the files reviewed. For example, one resident had been seen by their general practitioner on a number of occasions in August 2021 but no record of these visits had been documented in the resident's appointments record since 29 August 2020. As the person in charge and CNM1 were not on-site as per the statement of purpose, access to nursing staff was limited to nursing staff in the day service and these staff were not always available to support the needs of the residents especially in the evenings or at weekends.

The inspector met with residents who were required to share a room together. The inspector was informed that one resident had to be moved downstairs for their safety due to risks associated with them using the stairs. One resident stated they were happy with the arrangement and the room was large in size, However, the storage space for personal belongings for this resident was limited. There were efforts to maintain dignity and privacy with a portable screen in the room that could be placed between the beds. This bedroom also has an en-suite facility. However, while not mentioned by the resident as an issue, the inspector was informed the other resident could be awake during the night and require assistance which could interrupt the sleep of the person with whom they shared the room. As already mentioned in this report, the staffing complement in this house had been reduced to a sleep-over staff on occasions when staffing availability was decreased due to illness of staff members. This directly impacted the ability of residents to be supported during the night as per their assessed needs. In addition, another resident living in this house required the assistance of two staff to support activities of daily living which included support during the night. The presence of a sleep-over staff did not meet the assessed needs of the residents' in this house. This was also a finding from the last inspection of this designated centre. The actions outlined by the provider in their response at that time had not remained in place. In addition, to the issues already outlined the kitchen door in this house was locked if there was only a sleep-over staff present as another resident who was at risk of choking was known get up at times during the night.

While the premises was clean and homely in the communal areas, not all bedrooms reflected personalised items for the resident using the room. There were some

bedrooms with no place for a resident to sit and storage facilities for personal belongings was also lacking for some residents. As already mentioned in this report, one resident had photographs of another resident and their family on display in the room and the resident using the room had some of their personal possessions on top of a bare mattress on the adjacent bed. In addition, there were visible exposed wires on an switch at the top of one of the stairs that the inspector was informed was no longer in use. However, the provider had facilitated that two shared bedrooms remained single occupancy during the pandemic restrictions which reduced the risk of transmission of infection and promoted the privacy of the residents using the rooms. In addition, the person in charge had taken actions during the inspection regarding a missing cover for an external vent from a tumble dryer that the inspector observed on arrival at the centre in the morning. There was a large amount of lint visible on the wall & on a nearby external light fitting. All residue had been cleaned before the inspector left the centre with a request made for a replacement cover to be fitted to the maintenance department.

The inspector observed practices in operation to protect residents from being directly impacted by COVID-19. Regular cleaning was carried out in the centre while residents and staff were monitored for symptoms throughout the day. Staff members were observed to use PPE appropriately and training records reflected staff had received relevant training in infection prevention and control. The person in charge had completed the self assessment of the preparedness of the designated centre for a COVID-19 outbreak which had been subject to review, most recently in August 2021. This self- assessment highlighted the issues relating to ensuring adequate staffing in the event of an outbreak in the designated centre.

The person in charge had escalated the risk relating to staffing levels being inadequate to support the assessed needs of residents to senior management in September 2020 and re-escalated it again August 2021. There was evidence of regular review of risk in the designated centre with controls in place to reduce the level of risk where possible. For example, the installation of a door bell at the top of both stairs in the houses for a resident to alert staff if the resident wanted to come downstairs. However, at the time of the inspection this resident was being supported in the house where a sleep -over staff had on occasions been the only staff on duty and the door bell would not be heard in the other house by the waking staff.

The person in charge had ensured each resident had a personal emergency evacuation plan, PEEP, which had been subject to regular review. Fire drills reflected real life scenarios and had been completed regularly with actions or shared learning documented. However, both houses were using different documentation to record fire drills. In addition, daily and weekly checks of escape routes, fire doors and fire alarm testing was not consistently completed in the weeks prior to the inspection in one of the houses. As the inspector walked around the designated centre, fire extinguishers were noted to be mounted on free standing frames which rested directly on the floor surfaces. These were easy to tip over as they were not secured to the wall and one was located in a space between an upstairs bathroom and exit out onto the top of a stairs.

During the inspection, residents were observed to engage in different activities and were supported to go to day services or outings as per activity schedules. Staff were observed to be familiar with residents' preferences. However, the reduction of the on-site presence of the person in charge since the last inspection due to their current remit was evident and this had adversely impacted on their oversight in the designated centre and supervision of staff to ensure consistent provision of a person centred quality service for all residents.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. However, it was not evident that residents were always facilitated with aids to promote their full capabilities

Judgment: Substantially compliant

Regulation 11: Visits

Residents were supported to visit family and friends while adhering to public health guidelines in –line with the residents' preferences and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

Not all residents were provided with adequate space to store their personal possessions.

Judgment: Not compliant

Regulation 13: General welfare and development

The provider had not ensured each resident was supported to have access to appropriate care and supports as per their expressed wishes and assessed needs.

Judgment: Not compliant
Regulation 17: Premises
Not all areas of the designated centre had been maintained in a good state of repair.
Judgment: Substantially compliant
Regulation 20: Information for residents
The provider had ensured a resident's guide for this designated centre had been prepared and was available to residents. Easy-to-read documentation was readily available for residents as per their wishes.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider had ensured the development of a risk management policy. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk, including the escalation of risk to senior management.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre.
Judgment: Compliant

Regulation 28: Fire precautions

Detailed PEEPs had been developed to ensure the safe evacuation of residents, systems were in place including fire alarm and emergency lighting. However, daily and weekly checks were not consistently completed in the designated centre as per the provider's policy on fire safety and the unsecured fire extinguishers required further review

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out, personal plans had not been subject to regular review and goals had not been progressed.

Judgment: Not compliant

Regulation 6: Health care

Not all residents were provided with healthcare support as per their assessed needs and expressed wishes. In addition, self- assessments had not been completed or subject to regular review for some residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had not ensured all residents behavioural support plans had been subject to review or reflected the supports available to residents in the designated centre. One resident's behavioural support plan had not been documented as being reviewed by the staff team and reflected supports in place for another designated centre. Also, a restrictive practice was used on occasions when no waking staff were present in one of the houses.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care. There were active safeguarding plans in place for some residents which staff were aware of

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not always have the freedom to exercise choice and control in their daily lives. Some residents did not have access to their own personal space or the designated centre for extended periods of time due to the requirement by the provider to support to other residents, however, this was adversely impacting residents.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for West County Cork 1 OSV-0003289

Inspection ID: MON-0026490

Date of inspection: 22/09/2021

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Registered provider will review the current governance structures and will submit a business plan to the HSE to address the outcome.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Registered Provider has advertised for staff and will make every effort to ensure that the number, qualifications, and skill mix is appropriate to the assessed needs of the residents, and in keeping with the statement of purpose.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person In Charge will update staff training schedule and will link with trainers to establish an appropriate time frame for the training to be completed.</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider will assess the resident's needs and develop a plan to ensure the resources are available to support effective delivery of care and support in accordance with the statement of purpose. The Registered provider shall make every effort to ensure that management systems are in place to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The registered provider shall ensure that where required, residents will be facilitated to access assistive technology and aids and appliances to promote their full capabilities.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in charge shall ensure that each resident has adequate space to store and maintain his/her clothes and personal property and possessions.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The registered provider will assess the resident's needs and the staffing compliment to provide each resident with appropriate care and support in accordance with evidence-based practice having regards to the nature and extent of the resident's disability and assessed needs and his or her wishes.</p> <p>The Registered Provider will endeavor to provide the required staffing compliment to provide residents with facilities for occupation, recreation and opportunities to participate in accordance with their interests capacities and developmental needs.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider shall ensure that the premises of the designated center are of sound construction and kept in a good state of repair externally and internally.</p> <p>Furthermore, PPIMs and facility manager meet on a monthly basis to identify, prioritise and agree together a plan of works in relation to larger works that also may need to be completed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge will ensure that the daily and weekly checks are completed as per provider's policy on fire safety. The Person in Charge has requested a review of the fire extinguishers with Gendist and requested that the unsecured fire extinguishers will be reviewed and secured to the walls in certain locations following consultation with the company.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge shall ensure that the personal plan and individual assessments will be carried out by an appropriate health care professional and that the personal plans will be reviewed annually or more frequent if there is a change in needs or circumstances, which review shall be multi-disciplinary.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider shall provide appropriate health care for each resident as per their assessed needs and expressed wishes, self-assessments will be completed and reviewed regularly having regard to that resident's personal plan. The Registered Provider will review the skill mix requirements of the center and address the shortfall as per Statement of Purpose.</p>	
Regulation 7: Positive behavioural support	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in charge shall ensure that all residents behavioural support plans are reviewed with the behavioural support team and the staff team supporting the residents. The Registered Provider will undertake a review of staff roster and make every effort to ensure that there are waking staff in each house to eliminate the use of the Restrictive Practice and to support the changing needs of the residents.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The staff are familiar with the wishes and preferences of the residents and are committed to supporting their rights at all times The Registered Provider will seek additional resources for the provision of additional staff and skill mix to ensure that the residents have freedom to exercise choice and control in their daily lives. The Registered Provider shall ensure that each Resident's privacy and dignity is respected and will make every effort to ensure that residents will have access to their own personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	31/12/2021
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Not Compliant	Orange	30/11/2021
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent	Not Compliant	Orange	30/11/2021

	of the resident's disability and assessed needs and his or her wishes.			
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/10/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/11/2021
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/12/2021

	have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2021
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.	Substantially Compliant	Yellow	30/10/2021
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.	Not Compliant	Orange	30/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Not Compliant	Orange	30/11/2021

	and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	30/11/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	30/11/2021
Regulation 06(1)	The registered provider shall	Substantially Compliant	Yellow	30/11/2021

	provide appropriate health care for each resident, having regard to that resident's personal plan.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/11/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/11/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/11/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Not Compliant	Orange	30/11/2021

	accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/12/2021