



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0003312
Fieldwork ID:	MON-0037631

About the designated centre

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

This designated centre provides residential support for up to six male and female adults with an intellectual disability. The service operates forty eight weeks of the year, Monday to Friday, four nights a week. The designated centre provides support through a social care model and staff support residents in all aspects of daily living. A nurse manager is employed to manage and oversee the service. The centre is located in a residential area of a town and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The centre comprises of two semi-detached houses which are connected on the ground floor. There is a kitchen, utility, sitting room and dining room on the ground floor which are accessible to all residents. The centre contains seven bedrooms, three with en-suite and there are also two bathrooms. There is a walled garden area to the rear of the property which residents can easily access. Residents are supported by a team of support workers to meet their needs and provide support with planned activities. The centre closes and is not staffed for a proportion of the day when residents attend their day services, unless otherwise required. When residents are at the centre they are supported by one or two staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 April 2023	08:45hrs to 14:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of West County Cork 4, completed to monitor the compliance with the Health Act 2007. The inspector arrived to the centre at 8:45am and a number of residents had already left the centre to commence their day. One resident was being supported by a member of the staff team. The inspector spent time in the office area to allow the resident to finish getting ready for their day.

The inspector sat with the resident when they were having their breakfast to chat with them about what it was like to live in the centre. The resident spoke of being very happy in the centre and liking their room. They spoke highly of the staff team and told the inspector they were very good. The resident and their friends in the centre had a night away planned where they were going to stay in a hotel overnight and go to a concert of one of their favourite country artists.

The resident told the inspector everyone got on in the house and they felt safe. The resident appeared very comfortable in the presence of staff and looked to them at times for support in the conversation. The staff reported that the roster had been amended to support the resident more time to prepare for their day service and allowed them a lie in every morning. The other resident liked to be up early and out the door to their respective day services.

The staff and resident told the inspector of the evening activities planned. All residents and staff were heading to a nearby fishing village for their dinner. All were looking forward to this. The staff reported that on a Monday when residents return to the centre a house meeting is held. At this meeting residents discuss the week ahead and what activities they would like to enjoy. A second staff was then rostered on duty to facilitate these activities. For example swimming, dining out or bowling. They also did up a plan of meals and ensured all food required was bought.

Residents were supported to participate in a range of meaningful activities in their local and wider communities. All residents in the centre appeared to have a love of music. They were active participants in their local community, all have valued roles including employment in a local tourist attraction and supermarket. All residents were supported to attend a day service of their choice.

The centre presented as a clean and homely environment. The centre was in the early phases of transitioning to a new property in close proximity. Residents had been communicated with regarding the transition and how they will be consulted with throughout the process. Staff reported all residents being happy with this move and looking forward to decorating their own personal spaces.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed

needs. The next two sections of the report 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 delivered.

Capacity and capability

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and Staff development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Residents' rights, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the providers registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

The registered provide had appointed a suitably qualified and experienced person in charge to oversee the day to day operations of the centre. This individual facilitated the inspection they articulated and evidenced a clear understanding of their regulatory role and responsibilities. They had a keen awareness of the needs of the residents and designated centre. Since the centre returned to operation, COVID19 actions had been implemented to ensure the service provided was reflective of the needs of the current residents residing in West County Cork 4.

The person in charge reported to the regional manager. There was clear roles and responsibilities set for each member of the governance team. Shared learning was evident through fortnightly regional meetings of person's in charge. Regular meetings were completed with person in charge and regional manager as a means to communicate concerns and adherence to action plans.

The person in charge used a number of monitoring systems to maintain oversight of the day to day operations of the centre. These included in such areas as medication management, financial checks and fire safety. Staff completed a daily audit of tasks completed and highlighted any issues to be addressed. These tools were utilised in conjunction with the regulatory required monitoring systems. The most recent annual review of service provision within the centre was completed in March 2022, during the COVID 19 pandemic, when for a period the centre was not in operation. The annual review referenced utilising the action plan for the annual review completed in 2021, which did not incorporate all areas for improvement. For example in the area of records and resident rights. The person in charge however,

had now ensured all actions were completed as required.

The registered provider had also ensured the completion of six monthly unannounced visits to the centre. The most recent of which had been completed in February 2023 by the delegated persons. This report incorporated consultation with residents of the centre and highlighted improvements that had been made to service improvements since the centre again became operational.

The registered provider had ensured the skill mix and staffing levels were appropriate to the assessed needs of the residents. Since returning to the centre staffing levels and arrangements had changed to reflect this. For example, night time arrangements were now for waking staff to support residents during the night. Additional staff were available to facilitate evening activities a number of evenings a week. Which evening additional staff were in place was discussed with residents on their return to the centre in a Monday evening to ensure their chosen activities were facilitated.

The staff team were supported and facilitated to complete training which the provider had deemed mandatory to work within the centre and complete duties effectively. This included in such areas as infection prevention and control, safe administration of medication. Staff had also completed training in the area of human rights. However, the training matrix had not been updated to reflect the training needs of the relief staff allocated to the centre to ensure all the required training in place.

The person in charge had ensured there were appropriate measures in place for the appropriate supervision of the staff team. This included an annual performance appraisal in accordance with provider policy. The person in charge met with staff on duty daily and regular staff meetings were completed to allow staff to raise any concerns pertaining to resident's individual needs or the operations of the centre.

Regulation 15: Staffing

The registered provider had ensured the skill mix and staffing levels allocated to the centre was in accordance with the residents current assessed needs.

There was an actual and planned roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured the staff team were supported to completed the mandatory required training to meet the assessed needs of residents,. This included

in the area of human rights.

The person in charge had also ensured the effective measures were in place for the appropriate supervision of staff.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure of the centre to oversee the day to day operations. Clear lines of accountability were in place with communication ensuring any areas for improvements were highlighted and addressed in a timely manner.

Overall, effective systems were in place for monitoring of service provision including an annual review and unannounced visits to the centre. improvements were required to ensure actions plans consistently addressed identified areas of improvement.

Judgment: Substantially compliant

Quality and safety

As stated previously in this report, this inspection was completed as part of ongoing monitoring of the provider's service improvement plan. Two regulations were reviewed on the day of the inspection under quality and safety; Regulation 5 Individualised assessments and personal plan and Regulation 9 Residents' Rights. The inspection evidenced that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs.

Residents were consulted in the day to day operations of the centre through weekly house meetings. These as discussed previously were used to discuss house meals and activities. The meetings were also used to discuss such topics as complaints and how to be safe. Easy to read documents in place to enhance the residents' understanding of topics and guidance. Residents were also consulted in the centre through satisfaction surveys to ensure they were satisfied with the standard of support being delivered to them by the provider.

Each resident had been supported to develop an individualised personal plan. This plan was reviewed annually by relevant members of the multi-disciplinary team to ensure supports in place were reflective of the resident's current needs. This

included speech and language therapy support around mealtimes and physio supports with mobility.

Each resident through the person centred planning process were supported to develop personal goals. These were developed in a stepped approach to allow for clear review of each goals and evidence progression of same. Goals included the reintroduction to favoured activities which had ceased during the pandemic. One resident had returned to their weekly swimming session. Resident had goals in place for nights away, attending their concerts, shopping trips and many more. Goals were evidenced to be individualised and reflected the individual interests of each resident.

Residents currently residing in the centre were supported to attend a day service of their choice. A number of residents had also been supported to obtain employment in the local community. The person in charge had ensured the necessary supports were in place while enhancing the resident's independence. Residents were encouraged to air their concerns in the centre and were encouraged by the staff team have an awareness of their rights including complaints, to choose how to spend their day and the right to feel safe.

Regulation 5: Individual assessment and personal plan

The registered provider had ensured the centre was supporting the assessed needs of residents. Each resident had been supported to develop and regularly review their individualised personal plans. These plans incorporated the holistic supports needs of residents through a multi-disciplinary approach.

Residents were supported to participate in a range of meaningful activities both in the local and wider communities. Staff ensured the independence and skills of residents were encouraged and promoted in all areas of their daily life.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that was respectful to the rights of all residents currently availing of the service. This included in regular house meetings, discussion of specific relevant topics and information shared through an accessible format.

Residents were consulted through satisfaction surveys, person centred planning meetings and in the providers monitoring systems.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for West County Cork 4 OSV-0003312

Inspection ID: MON-0037631

Date of inspection: 25/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will ensure that action plans from annual review and unannounced audits will accurately reflect all areas for improvement.	

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 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 and effectively monitored.	Substantially Compliant	Yellow	10/05/2023