



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

## Issued by the Chief Inspector

Name of designated centre:	West County Cork 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	15 July 2021
Centre ID:	OSV-0003716
Fieldwork ID:	MON-0033654

## About the designated centre

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

This centre is located in West Cork. It is in a location with access to local shops, transport and amenities. The service is managed by COPE Foundation Ltd and comprises of a purpose-built 10 bedded ground floor house. This centre was set up to provide a specialist service for persons with an intellectual disability. The centre supports residents to live a meaningful everyday life. Each individual is assessed, and a plan put in place to meet their needs. The assisted living model provided in this home, is a flexible response to individuals, some with complex needs including autism. As residents' needs change over time, the resident's plan of care is adapted with appropriate support provided by staff. The emphasis, in this centre, is on independent living, community integration and appropriate support as residents' needs change. The ethos in this centre is to provide a welcoming, homelike and friendly environment which affords comfort and safety to residents, staff and significant others. The service is provided Monday to Friday with staff support both by day and night.

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

Number of residents on the date of inspection:	7
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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
Thursday 15 July 2021	10:45hrs to 18:00hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with seven residents and spoke to one resident on the phone who was at home. 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). This centre had been closed for a period of time when the public health restrictions were implemented in March 2020. Residents were supported to return to the centre in a pod system in August 2020, which facilitated residents to attend on alternate weeks.

The inspector was warmly welcomed with big smiles and elbow taps from some of the residents when the person in charge introduced the inspector to them. The atmosphere was relaxed and social with many different activities taking place throughout the day in the centre such as bingo, music and singing. On arrival the inspector met four residents who were participating in craft activities in a large bright room looking out onto a spacious private garden with trees and plants preventing the area from being overlooked by nearby houses. The residents were creating birthday cards in advance of a peer's birthday. Each resident had plenty of space to create individual work and were observed to engage in conversation between themselves, staff and the inspector. Other residents were also observed to enjoy activities during the day in this large room which included bingo, peg boards and ball games. In addition, the inspector observed a resident enjoying the tranquil outdoor space and sunshine on a garden seat with a sun hat on and a bottle of water.

The inspector was informed by the person in charge that a close relative of one resident had recently died. The resident told the inspector how they had been able to go to the funeral and how they had actively participated in some of the services during this period of time. In addition, due to the current restrictions regarding numbers attending funerals the staff team and residents held an outdoor memorial service in the garden of the designated centre which the resident told the inspector was very nice. The residents and staff wanted to ensure they were able to support the resident as much as possible during this difficult time.

Two residents were supported by staff with a baking activity, these residents were observed to fully participate and informed the inspector that they were using gluten free flour so all of the residents could enjoy the cakes. The inspector was informed two residents had gone for a spin to Killarney for the day. They returned in the early afternoon and spoke of how they had enjoyed their day. The person in charge supported one of these resident's to tell the inspector about their upcoming plans to go back to college. The resident spoke of how they had been offered a course in a college in the city and had a scheduled start date. The resident was looking forward to this opportunity as they had previously attended other courses in the same college. They also spoke of their ongoing interest in learning about other countries and how they were supported to access an on-line version of a national daily

newspaper in the designated centre. The resident spoke of how they were looking forward to being able to visit an animal sanctuary in the weeks following the inspection as the public health guidelines allowed the facility to open up again and this was one of their personal goals. The resident had also recently enjoyed a trip to Fota wildlife park with peers and staff.

One resident informed the inspector that they were very happy to be back training again for the Special Olympics and they also proudly spoke of their All Ireland gold medal for road bowling. Staff supported the resident to explain to the inspector how they enjoyed talking to a peer daily on the phone or through video calls. The resident was delighted to talk about their plans for a holiday they were going on with family members the following week. The resident also spoke of how they were learning to use the coded key pad on a gate so that they could access more of the garden area in the centre independently. The inspector observed the resident being supported by staff to attend a medical appointment in the afternoon which the resident had told the inspector about earlier in the day .

The inspector spoke with one resident on the phone in the afternoon. They spoke of how they were very happy with the designated centre and that the staff were very good at supporting them to enjoy different activities. The resident was very happy that the centre had re-opened, while they missed seeing some of their peers the resident explained how they phoned the centre daily when they were not in the designated centre so they could talk to the staff and their peers to catch up on how everyone was doing.

The inspector spoke to family representatives of four residents on the phone during the day. All spoke positively about the staff team consistency, commitment and homely atmosphere while supporting their relative in the designated centre. Family representatives outlined how their relatives enjoyed the company of their peers and some spoke of the difficulties encountered while the centre had been closed. For example, residents missed activities and face-to-face contact with peers and staff. Family representatives outlined how they were assured that any concerns or queries would be dealt with and the person in charge maintained ongoing communication with them. While some residents were reported to enjoy the increased time in the family home due to the public health restrictions, other family representatives outlined how a return to a service each week as had been the arrangement prior to the pandemic would benefit their relative. All relatives had been informed recently by the person in charge of the provider's plan to increase the service provision from a five day to a seven day service and felt this would be of great benefit to their relatives and support the changing and future needs of the group.

The inspector was also provided with nine questionnaires that residents had either completed or were supported to complete with family representatives or staff members. All residents were happy with the designated centre, some were enjoying having a room of their own for the first time and the large garden space was very important. Some of the residents who were being supported to learn how to use a keypad on a gate so they could access more of the garden independently welcomed this support by the staff team. Residents outlined how staff listened to them when they had an issue and many listed the large amount of different activities they were

supported to participate in while in the centre and in the community.

Staff proudly spoke of how residents had recently won a local community competition with a monetary prize. The resident forums were being used to discuss what the residents would like to use the prize for. In addition, residents had actively worked towards being more environmentally friendly. Residents and staff had set up a committee and some initiatives included developing a garden patch where vegetables can be grown, purchasing a bird feeder, drying clothes outside in good weather rather than using the tumbler dryer and replacing light bulbs in the centre with more energy efficient alternatives. There was also ongoing focus on composting and recycling materials in the centre. Actions were allocated to committee members and there was evidence of these being supported by staff to be progressed.

It was evident that residents were happy. They were supported to live a life that promoted and respected their choices and wishes. 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

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in managing behaviours that challenge.

The person in charge worked full time and had a remit over one other designated centre. They demonstrated their ongoing oversight and support to residents and families during the public health restrictions since March 2020 and had actively worked to support residents to return to a tailored service while adhering to public health guidelines in August 2020 following consultation with residents and family representatives. The person in charge had also ensured the schedule of audits had been completed as planned with documented evidence of actions identified being completed in a timely manner. It was also evident on the actual rota that the inspector reviewed that the person in charge worked in the designated centre to provide nursing support when required.

The staff team demonstrated their flexibility to continue to support residents while being redeployed to work in other centres when this designated centre was closed during the summer of 2020 and again in January 2021. An additional waking staff was in place since August 2020 to facilitate residents being supported in individual bedrooms when the centre was open during the pandemic. The planned and actual rotas demonstrated flexibility in shift patterns which were reflective of suiting the individual needs of residents and scheduled activities. The person in charge also outlined to the inspector the staffing requirements of the designated centre once the

centre started to provide a seven day service to residents.

The person in charge had ensured all staff had completed mandatory training in fire safety, safeguarding and other courses deemed to be necessary to support the assessed needs of the residents which included safe medication administration. The person in charge was aware of the outstanding training requirements of the staff team which had been impacted by the pandemic and had scheduled training for staff in the months following this inspection. However, at the time of the inspection 71% of staff required refresher training in managing behaviours that challenge.

The provider had ensured all actions from the previous inspection of June 2018 had been completed. In addition, the provider had ensured that an annual review and six monthly unannounced audits of the quality and safety of care and support of residents were completed with actions identified either completed or in progress. The inspector was also shown a detailed plan compiled by the provider for service reconfiguration in the designated centre from a five day service to a seven day service which included supporting seven residents to have individual rooms in the designated centre, increased staffing supports including nursing roles as per the assessed and changing needs of the residents and identified changes required to the staff shift pattern. The provider's allocations officer had met with the person in charge in June 2021 regarding staffing requirements for the proposed increase in services in the designated centre.

#### 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.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. There was a consistent staff team appropriate to the assessed needs of the



residents, statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had received training including on-line training in safeguarding, fire safety, infection prevention and control. A schedule of training for 2021 was also in place. However, not all staff training was up-to-date at the time of the inspection, 71% of staff required refresher training in managing behaviours that challenge.

Judgment: Substantially compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements, including audit schedules and regular safety meetings to govern the centre ensuring the provision of good quality care and safe service to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and 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 had been supported to raise any issues at regular house meetings and were aware of the complaints procedure.

Judgment: Compliant

## Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected.

As previously mentioned the provider was actively progressing with plans to increase the service provided to current residents in the designated centre. The person in charge and person participating in management outlined the interim arrangements to continue to support the residents in the pod system in line with public health guidelines. The inspector was also informed arrangements will be discussed with the residents and family representatives in advance of any proposed changes to the current service provision. The provider had supported residents to return to a reduced service in August 2020, where residents attended the designated centre on alternate weeks. The person in charge outlined the advanced plans to upgrade the bathroom facilities to support the changing and future needs of the residents. These works were scheduled to be completed during a planned two week closure at the end of July 2021. The gardens and general appearance of the designated centre were well maintained which enhanced the atmosphere enjoyed by all of the residents.

Individual personal plans had been developed and reviewed regularly by residents, family representatives and staff, including key workers. Each plan had a summary at the start outlining important events and how the resident had coped with the pandemic restrictions. This assisted the inspector to understand the impact the

previous 12 months had for residents when their service was reduced or stopped for periods of time. However, a positive outcome was the enjoyment of some residents having individual bedrooms. Residents welcomed this change and told the inspector they would prefer to continue to have a bedroom of their own, where they could decorate it entirely as per their own preferences. The person in charge also outlined how they had maintained regular contact with residents and family representatives while the designated centre was closed and ensured community services and assistance was provided if required. The inspector reviewed four personal plans which were well organised and ensured relevant information was easily accessible, for example, clear risk alerts were located at the front of each plan, communication assessments had been completed and personal goals were reflective of each individuals interests. Residents were supported to have short and long term goals and the progress of these were documented such as memory boxes, walking, beauty treatments and music sessions.

The person in charge had ensured there was ongoing and regular review of risks identified for individuals and centre specific. Risks relating to the suitability of the bathroom facilities to meet the assessed and future needs of residents in the centre had been identified and escalated by the person in charge. The inspector observed good infection control practices throughout the inspection which included staff adhering to protocols such as changing their clothes prior to commencing their shift, cleaning the telephone handset prior to handing it to another person and completing cleaning of regularly touched points in the designated centre. There was an area dedicated for staff to go to if they became unwell while on duty with an exit point so as to not increase any risk to residents or other staff in the centre. There was also a dedicated entry and separate exit point for staff and visitors to use which was clearly marked and observed by the inspector to be adhered to by all staff during the inspection.

During the inspection, residents were observed to engage in a variety of activities with staff support. The inspector noted that the atmosphere was relaxed and unrushed, with a sense of home and welcoming for all visitors. Residents were supported by a committed staff team that facilitated a good quality of life and provided residents the opportunities to engage in individual or group activities as per their wishes and preferences while adhering to public health guidelines. The staff spoken to during the inspection informed the inspector of how the group of residents had been together for a long time, in some cases almost 30 years and the future planning and proposed service reconfiguration would be of great benefit to all of the residents and their families.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to access education, training and supported as per their assessed needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured the premises met the needs of the residents and was maintained in a good state of repair both internally and externally.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured residents were supported to participate in the preparation and cooking of meals as per their choice. Staff were familiar with the special dietary requirements and assistance required by some residents.

Judgment: 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 all residents. Easy-to-read documentation was readily available for residents.

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

The provider had ensured that effective fire safety management systems were in place in the designated centre. These systems included guidance for staff on the safe evacuation of residents in the event of emergency. Fire drills reflected real life scenarios. Adequate precautions were in place including the presence of fire fighting equipment, daily, weekly checks and consultation with local fire officers regarding the layout and location of residents in the event of an evacuation being required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had 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. The personal plans were also subject to regular review.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care

developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support and input from the behavioural support team as required.

Judgment: 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 which were developed in consultation with the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to make choices and decisions which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for West County Cork 6 OSV-0003716

Inspection ID: MON-0033654

Date of inspection: 15/07/2021

## 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 16: Training and staff development	Substantially 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 schedule all outstanding staff training and ensure that staff participate in this training within the timeframe by 30/10/2021</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/10/2021