



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	04 October 2023
Centre ID:	OSV-0003315
Fieldwork ID:	MON-0031847

About the designated centre

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

West County Cork 5 provides residential support for up to seven adults with an intellectual disability. The centre is located in a residential area of a large town in County Cork. The centre is within walking distance of local shops and amenities such as parks and other social facilities. The house is a detached two storey building that was renovated in 2014. There are mature, landscaped gardens surrounding the property. The centres ground floor comprises of a sun room / visitors room, sitting room, kitchen-dining room, bathroom, three en-suite bedrooms, laundry room, staff toilet, shower and staff office. The centre also has a lift which is operated by staff. The first floor is comprised of four en-suite bedrooms. The residents are supported by a staff team comprising of nurses and care staff during the day and two care staff by night. The team provides support in relation to all aspects of health and wellbeing to all residents. The team liaises with other health care professionals and is proactive in health promotion. The focus of care and support is based on the individual needs and preferences of residents. Social and community integration is an integral part of the service provided.

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 (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 4 October 2023	09:30hrs to 17:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

West County Cork 5 was a designated centre located on the outskirts of a large rural town. On arrival at the centre, the inspector was greeted by the person in charge and an individual who avails of the service during the day. The inspector was known to the staff and residents as the Nice to Meet you document had been shown to all during the weekly residents forum. The centre presented as a clean and warm environment. Painting of the interior of the house was in progress. The house was surrounded by a large garden area which was well maintained. One resident's ceramic bull was in the front garden and was accompanied by their "beware of the bull" signage. The resident smiled when the inspector noted this signage.

The inspector had the opportunity to meet with interact with residents throughout the course of the inspection. One resident showed the inspector their bedroom including their collection of jewellery and photos of their favourite horse. They told the inspector of their upcoming foreign holiday and their excitement for the plane journey. The resident spent time in the sunroom with the inspector as they were reviewing documentation. They chatted with the inspector about their nails and staff supported the resident to paint their nails a favourite red colour.

Another resident helped the inspector bring folders to and from the office. They showed the inspector photos in their personal plan of them drinking their favourite drinks and going on holiday. They were observed helping staff with their chores in the house including sorting the post and the bins.

Staff within the centre had allocated roles and training had been facilitated to enhance this. For example, one staff was observed supporting residents in a very enjoyable "Sonas" music session in the afternoon. Another staff who was the food champion of the centre prepared all the meals and snacks during the day and had an awareness of the specific needs of the residents including speech and language recommendations and dietary requirements. A fire warden was also appointed at the beginning of each shift.

Residents were observed to be consulted in the day-to-day operations of the centre. This included in such areas as activities they wished to participate in and what they would like to eat. Where restrictive practices were in place to maintain the safety of all, residents were still observed to be offered choices in such things as clothing and where they wanted to sit in the house as there were several communal spaces. Interactions between residents and staff were observed to be jovial but respectful in nature. Residents were supported to communicate in accordance with their own choices and needs. All residents had recently been supported to have a communication assessment to ensure communication means in the centre were effective for all. Staff were observed adhering to this. One resident used their visual schedule to show the inspector what they had planned for the day.

Residents were observed partaking in a number of activities during the day. This included as mentioned previously a "Sonas" music session, walks in the local community and listening to music. Residents in the centre enjoyed watching game shows on the TV and staff were observed supporting them in finding their favourite channel.

The next two sections of the centre will review the governance and management operations of the centre and how these impact the residents currently residing in West County Cork 5.

Capacity and capability

This was an announced inspection in the centre to assist in the recommendation to renew the registration of the centre for a further three-year cycle. The provider had submitted an application in full including the required prescribed information to formally apply to continue the operations of the centre. The provider had requested to register the centre for the capacity of seven residents over the age of 18 years. The centre supported two individuals from another centre Monday to Friday during the day. This was not reflected within the centre's statement of purpose to ensure the functions of the centre were accurate including the staff levels and facilities for day services.

The provider implemented measures to ensure that there was effective monitoring systems to ensure the service provided in the centre was safe and effective. This included the implementation of the regulatory required monitoring systems such as the annual review of service provision and six monthly unannounced visits to the centre. Both of these systems incorporated consultation with residents and their representatives. Within the centre, the person in charge implemented a range of audits and reviews to oversee the day-to-day operations. This included audits in such areas as finances, personal plans, protected mealtimes and incidents. All monitoring systems had an accompanying action plan to ensure actions were addressed in a timely manner. This was also monitored by the senior management team through the centre's improvement plan.

The provider had appointed a suitably qualified and experienced person in charge to oversee the day-to-day operations of the centre. They held governance remit over two centres based nearby. Through effective monitoring systems, they were able to oversee the operations of both centres to ensure the service provided was safe and effective. They were supported in their role within the centre by an appointed clinical nurse manager grade 1. They reported directly to the regional manager.

There was evidence of ongoing communication within the governance structure through regular one-to-one meetings and regional meetings. These meetings were used as a tool to share concerns and discuss shared learning. While there was documented evidence of escalation of areas of concern within the centre some improvements were required to ensure all responses and further communication

were documented clearly including verbal discussions to track the progression of actions.

The staff team at the centre were also supported and facilitated to raise concerns. This was completed through the implementation of quarterly staff meetings, weekly unit safety meetings and annual performance appraisals. Staff spoke on the day of effective support in place through an open policy to raise concerns or discuss actions required in the centre. All staff within the centre were supported to complete training which had been deemed mandatory to meet the assessed needs currently residing in the centre. This included training in the area of human rights, safeguarding vulnerable adults from abuse and manual handling. A training matrix ensured that the person in charge could monitor the training needs of staff and plan for refresher training.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge of the centre. They held governance over two centres, however through effective monitoring systems maintained oversight of both.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that there was a core staff team in place to promote continuity of care. The inspector was informed that the centre was operating with one vacancy. While the provider recruited for this vacancy the gap was filled with regular agency and relief staff.

On the days of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. However, two residents was a nearby centre attended the centre Monday to Friday from 9am to 5pm with no additional staff supports in place. This required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured there were effective systems in place for the training and development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The person in charge had ensured effective measures were in place for the appropriate supervision of staff. This included staff meetings, face-to-face interactions and annual performance appraisals.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the centre. This contained the information as specified under Paragraph (3) Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the area manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2023 and six-monthly provider visits. In addition, there was evidence of local audits completed by the quality and standards manager taking place in the centre.

While there was documented evidence of escalation of areas of concern within the centre some improvements were required to ensure all responses and further communication were documented clearly including verbal discussions to track the progression of actions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This included the resolution of the complaint and the satisfaction of the complainant. Documentation and information required review to ensure this reflected the correct complaints officer and their contact information.

Judgment: Substantially compliant

Quality and safety

West County Cork 5 was a designated centre located on the outskirts of a large rural town. The centre currently supports seven residents on a full-time capacity. Two individuals availed of the centre during the day Monday to Friday. Residents within the centre had been consulted regarding these arrangements were happy for this to continue. Residents were supported to attend weekly residents forums in the centre. This was used to plan such things as the menu and activities for the coming week. Residents were informed of any events or changes to the centre in these meetings including the completion of the HIQA inspection.

Each resident had been supported to develop a comprehensive personal plan. These plans were individual to the residents' assessed needs and were reviewed annually or as required. Each resident received a review of their multi-disciplinary needs in July 2023 which guided staff in the enhancement of personal goals and health

management plans. Residents who had an underlying diagnosis of dementia were supported by the dementia care team who provided individualised support and recommendations to meet the specific needs of residents. The person in charge was aware of the changing needs of the residents currently residing in the centre and was actively supporting this.

Each resident was supported to achieve the best possible health. A record was maintained of all healthcare-related appointments including mental health, diabetes and GP visits. Any healthcare recommendations were highlighted through a healthcare management plan and supporting health assessments and relevant risk assessments. Staff were observed adhering to these plans throughout the day.

The person-centred planning process in the centre was evidenced to be continuous and ongoing activity in the centre throughout the year. Each resident has a range of personal goals which were monitored using a stepped approach. Staff would record all steps taken to ensure residents were supported to meet their personal goals. These included overnight trips, going for a weekly drink in the local pub and attending their favourite singer in concert. Staff spoke of goals coming as part of the resident's daily routine when achieved.

The residents were supported to lead meaningful and active lives. Due to the changing needs of the residents activities in the centre had become more relaxing in nature and were adapted as required. The person in charge had assessed that the current transport in the centre was a barrier for some to community activities. This was escalated through the risk process and a new vehicle had been sourced and was awaiting delivery. Staff did report that community activity was more achievable at the weekends as the numbers in the centre were reduced. This required review by the provider to ensure there was no impact on residents.

The provider had established a risk management procedure in the centre. This included the development of risk assessments relevant to the individual assessed needs of residents. The person in charge had also developed a local risk register. This included the current control measures in place to minimise the likelihood and impact of an identified risk. Where additional actions were required this was highlighted and addressed by the person in charge. Where a risk has been escalated there was a need for actions following this to be documented. This is addressed under Regulation 23.

Regulation 10: Communication

The registered provider ensured that each resident was supported to communicate in a manner that was consistent with their assessed needs. Staff were observed communicating with residents during the day in accordance with guidance as set out in individual personal plans.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Due to the increase in individual numbers on weekdays in the centre staff reported that it at times can be difficult for residents to participate in a wide range of activities in the centre and the local community. This will be addressed under Regulation 15.
The resident choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre was decorated in a homely manner and generally well-maintained

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Some improvements were required to ensure the risk identified were clearly set out within the documentation and also that risk rating reflected the actual likelihood and impact of the risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health-care supports had been appropriately identified and assessed. The designated centre had ensured that the residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines

outlined proactive and reactive strategies to support the residents. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified, assessed and reviewed.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house meetings.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially 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 5 OSV-0003315

Inspection ID: MON-0031847

Date of inspection: 04/10/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The roster will be reviewed by the Person in Charge in an effort to facilitate increased support for the two day- attendees from current staff resources at the nearby Centre thus reducing time spent at West County Cork 5. The Provider will conduct a full review and if necessary, additional funding will be requested to eliminate the need to provide a day service at West county Cork 5.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge will ensure that all responses including any verbal communication is documented clearly and monitored effectively.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

Onsite information regarding the complaints officer has been updated.
The Provider is currently conducting a review of the complaints policy and will ensure that the correct documentation regarding complaints will be updated.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in Charge will ensure that all risk assessments are individualized and rated accordingly to reflect the actual likelihood and impact of an identified risk.

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 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.	Substantially Compliant	Yellow	30/06/2024
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	31/10/2023
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/10/2023

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	30/11/2023