



# 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:	Short Notice Announced
Date of inspection:	10 September 2020
Centre ID:	OSV-0003315
Fieldwork ID:	MON-0029986

## 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 eight adults with an intellectual disability. The centre also provides shared care for adults and a day service, Monday - Friday for two adults from another designated centre located nearby. 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 conservatory, 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 well-being of all residents. The team liaises with other health care professionals and is proactive in health promotion. The focus is to deliver care and support 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:

8

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 10 September 2020	09:30hrs to 16:00hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector had an opportunity to meet with all eight residents living in the centre. Many residents were retired or semi retired and this was reflected in the activities that they took part in on a daily basis. Some of the residents communicated directly with the inspector. Some residents indicated that they were very happy and well cared for by staff. Where residents were unable to communicate directly they used gestures and picture cards. The inspector observed respectful and warm communication between staff and residents.

One resident told inspectors of their interests and activities that included shopping, walking, coffee shops, concerts, day trips and holidays. This resident hoped to go on holidays to a hotel once the pandemic restrictions allowed. This resident was also anxious to resume attending a beautician and also wanted to plan a spa day with staff support. This resident missed horse riding and was hopeful that this would recommence.

One resident showed the inspector around the designated centre. This resident said that they were going to get a television for their bedroom. This resident said that they were going to start meeting with their friends in the community and they hoped to visit a mart soon. This resident had created a dog sculpture from old wellington boots that had received special mention as an entry in a local agricultural show, which the resident was proud of. This resident said that they liked to go swimming also. Attendance at these events and activities were well documented in the residents personal care plan and all activities were recorded on a daily activity log.

Where residents were unable to communicate directly they used gestures and electronic communication aids. Many residents had recommenced home visits and shared care arrangements had recommenced since the end of July 2020. One residents family had installed a swing in the back garden which the resident enjoyed using. Some residents enjoyed taking part in baking and helping staff with minor household chores.

## Capacity and capability

The inspector found that the provider had the capacity and capability to deliver a safe service of quality to the residents of the designated centre. There was evidence that the provider had addressed most areas of non-compliance since the last inspection. It was evident that the service supported residents' care and welfare to a

high standard, with a strong emphasis on social care needs.

The person in charge was employed in a full-time capacity and was actively involved in the designated centre across the week, Monday through to Friday. This person also had responsibility for another designated centre that was temporarily closed due to the COVID-19 pandemic. Many improvements had taken place supported by auditing, which included a revised complaints procedure to include the complainants satisfaction, individual care plans and personal care plans, risk register reviews, manual handling assessments and staff knowledge of safeguarding vulnerable persons. A large amount of information and records had been requested by the inspector, 48 hours prior to the inspection. All this information was available to the inspector on the day of inspection. The person in charge was in receipt of formal support from their line manager, who had recently been appointed. Staff performance reviews were conducted by the person in charge on an annual basis while supervision for staff took place on a formal basis twice a year. Staff meetings had recommenced on a weekly basis.

The staffing levels in the designated centre were in line with the assessed needs of the residents and provided for continuity of care. Regular staff team meetings were occurring and staff present on the day had very good knowledge of the residents' needs. All staff were in receipt of training specific to their role and the needs of each resident. The provider had ensured that all staff were in receipt of mandatory training including fire and safety, safeguarding and managing behaviours that challenge. There was evidence that staff whose training in fire and safety was due to expire had been booked on refresher courses in the current month. 36% of staff required up dated training in managing behaviors that challenge. The registered provider had responded to staffing issues identified by the person in charge which were identified on the designated centres risk register. This included the additional allocation of staff at night time to have two staff on duty every night. Additional contract cleaning hours had also been sanctioned.

The provider had operational systems in place through its management structure that provided good oversight of the services delivered. Lines of authority were clearly defined. Annual reviews and unannounced provider led visits were conducted and documented. Where improvements were required, the provider had taken measures to address these. Inspection reports and the national standards were available to families and residents. The designated centre was resourced to provide services as outlined in the statement of purpose.

The person in charge had a system in place to notify the Chief Inspector of all incidents occurring in the designated centre.

The registered provider had an up to date directory of residents in place. All resident movements were accurately reflected. The practice of shared care and visits home had been restricted in line with public health guidelines. Community integration and the reintroduction of home visits had been reintroduced subject to risk assessments and the implementation of infection control procedures. Residents understood the need for such restrictions and were happy to be again spending time at home with

their families.

There was clear evidence that all complaints were logged and addressed. Complaints were addressed by the person in charge whose name, picture and contact details were on the communal notice board, in an easy-to-read format. The complaints procedure and the manner of appeal were attached to the notice board. The registered provider had revised the complaints form since the previous inspection. The complaints record now included a section to record the complainants satisfaction with the outcome of the complaints process. Staff on duty had a good understanding of the complaints procedure.

All necessary and prescribed documentation required for the renewal of registration application had been provided to the Health Information and Quality Authority (HIQA). The registered provider had a contract of insurance against injury to residents as well as damage to property.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre was submitted as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary skills, experience and professional qualification to discharge the role and manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured that all staff had access to appropriate training, were appropriately supervised and were informed of the regulations and standards as prescribed by the Act, however 36% of staff required up dated training in managing behaviours that challenge.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The provider maintained a directory of residents in the designated centre. All information specified by Schedule 3, paragraph 3 were in place.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The provider's governance arrangements ensured that resident's were safe and supported. There were clear lines of authority within the management structure. There were systems in place to ensure the designated centre was adequately resourced. Annual reviews relating to the quality and safety of services had been undertaken in consultation with residents and their families.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was subject to regular review and it reflected the facilities

and services provided to residents at the centre. Information required under Schedule 1 of the regulations was in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to notify the Chief Inspector of all incidents occurring in the designated centre. All incidents were investigated with documentary evidence of follow up and closure. All actions were clearly documented.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a procedure in place to process and manage complaints. Staff had a good knowledge of the complaints procedure.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that following the last inspection of this centre in April 2019, the provider had made improvements to the quality and safety of care received by residents. One area outstanding from the previous inspection related to a permanent resident sharing their bedroom with two residents whose care alternated between the designated centre and their family home.

The centre was found to be clean, spacious and provided residents with a homely environment to live in. Residents had unrestricted access to their bedroom, a living room, a dining and kitchen area and a sunroom. Residents also had access to a garden both to the front and rear of the centre. The provider had the appropriate manual handling equipment and level access entry in place to meet the mobility needs of residents living in this centre. The layout and design of the premises was suitable to meet the needs of the residents living there. The premises were nicely decorated and provided residents with a homely environment to live in. Minor painting works had been requested of the providers maintenance department. A day service building was located adjacent to the designated centre and staff facilitated

activities for residents that allowed for social distancing.

On the previous inspection, a permanent resident was sharing their bedroom with two alternating shared care residents. While this practice was limited to one shared care resident due to COVID-19 restrictions, the registered provider had failed to fully address the areas of non compliance. The registered provider was aware that the compliance plan response previously submitted had not adequately assured the Chief Inspector that their actions would result in compliance with the regulations. Staff had de-cluttered the bedroom to allow residents access to both wardrobe space and to the ensuite bathroom. In light of the findings of the previous inspection, the increased physical dependency needs of both residents sharing and the current COVID-19 pandemic, the person in charge continued to escalate the risk to residents on the providers risk register. These issues were apparent on the day of inspection. The privacy screen in the bedroom failed to ensure adequate privacy to both residents. The room remained too small to accommodate residents with high physical dependency needs. Representation on the matter, by the person in charge, was not responded to by management. While verbal consent had been sought from the permanent residents representative in relation to sharing the bedroom, no written evidence of this consent was available on the day of inspection. Written consent was provided subsequent to the inspection. The person participating in management informed the inspector that a plan was being formulated to address the issues of non compliance.

Where residents had assessed communication needs, these residents had plans in place to guide staff on how to communicate with them. The inspector observed staff to interact well with residents and staff were very familiar with specific gestures used by residents to express their wishes. Residents had access to television, radio and Internet in this centre. The residents' guide in place accurately summarised the services and facilities within the designated centre. The terms and conditions of residency were available for each resident.

Staffing and transport arrangements ensured residents received the care and support that they required and that they had the opportunity to spend each day as they wished. Residents had recommenced a range of activities such as dining out, walks, shopping and regular home visits to their families. Many residents activity records reflected their assessed needs and general medical conditions.

Since the last inspection, the provider had made improvements to the arrangements in place to support residents with specific healthcare and infection control needs. Staff who spoke with the inspector were aware of their daily role in supporting these residents, staff were guided by the recommendations of various allied healthcare professionals and had clear guidance available to them on how to adequately support these residents. Improved laundry practices were also evident since the last inspection. Guidelines in place regarding the separation of individuals laundry were seen to be adhered to. Good staff practices were evident in relation to COVID-19 guidelines. Resident and staff temperatures were recorded. All regular touch points were cleaned at least three times in the 24 hour day. Personal Protective Equipment (PPE) was used properly by all staff where social distancing could not be maintained. Hand sanitizer stations were located throughout the designated centre.

Families undertook a COVID-19 survey before attending the designated centre.

Each resident had a comprehensive personal care plan. This plan had been subject to review by the resident, their family and support workers. Personal goals achieved in 2019 had been signed off. Goals relating to 2020 that had been restricted due to the COVID-19 pandemic had been re-evaluated and new goals defined. All staff were involved in supporting residents achieve their goals. There was evidence that all residents care had been subject to an annual multidisciplinary team review. Each resident had a comprehensive hospital passport in place.

Residents were supported to participate in activities of interest to them. Residents had access to one-to-one staff support to engage in activities of their choice. No residents were involved in education or employment at the time of this inspection.

The provider had fire precautions in place, including, fire fighting equipment, clear fire exits, regular fire drills, emergency lighting and regular checks of fire systems. Fire extinguishers had been serviced in December 2019 and emergency lighting had been serviced in July 2020. Staff had received up-to-date fire safety training and staff were clear with the inspector about their role in supporting residents in an evacuation. Fire drill records demonstrated that all residents could be safely evacuated. Each resident had a current personal emergency evacuation plan. There was no emergency signage on the first floor to direct residents and staff in the event of a fire. This was addressed by the person in charge on the day of the inspection.

Arrangements were in place to ensure safeguarding concerns were identified and managed in a timely manner. In response to a previous safeguarding incident, the provider had put safeguarding measures in place which ensured residents were safe from similar incidents re-occurring. Where residents presented with behaviour that challenge, arrangements were in place to support these residents. There were restrictive practices in place and these practices were subject to regular review and staff knew how to appropriately and safely apply these restrictions.

The provider had a system in place to ensure organisational risks were regularly reviewed and that residents were kept safe from identified risks. The risk register was maintained and was reviewed regularly by the person in charge. However, some improvements were required to ensure an organisational response to matters escalated on the risk register. The registered provider had failed to respond to address issues pertaining to a resident sharing their bedroom with a number of shared care residents. While this issue had been identified on the last inspection, there was no plan in place to address the area of non compliance. This area is addressed under Regulation 09 Residents Rights above.

## Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported at all

times to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of their personal property and possessions.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that each resident has access to facilities for recreation as well as opportunities to participate in activities in accordance with their interests.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was designed to meet the aim and objectives of the service and the needs of residents. The continued sharing of a twin bedroom is actioned under Regulation 09: Residents Rights.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with adequate quantities of food and drink that were properly and safely prepared, cooked and served.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had in place a residents guide that was available to each resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider ensured that effective fire safety management systems were in place. All staff had received up to date training in fire and safety.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents assessments and personal plans were found to be regularly reviewed and adequately guided staff on the support that each resident required. Each resident had four keyworkers attached to their care.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had in place appropriate healthcare for each resident, having regard to the residents personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider had in place clear guidelines to support residents and all restrictive practices were subject to risk assessment and the impact they had on each individual resident.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that appropriate measures were in place in the designated centre to protect residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered providers staff had made some improvements to protect residents privacy, however, a permanent resident continued to share their bedroom on an ongoing basis. This matter remained unaddressed and without clear evidence that the resident was in agreement with this arrangement.

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
<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 19: Directory of residents	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 12: Personal possessions	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	Not compliant

# Compliance Plan for West County Cork 5 OSV-0003315

Inspection ID: MON-0029986

Date of inspection: 10/09/2020

## 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 remaining 36% of staff have since completed training in positive behaviour support. Further training has been scheduled to ensure all staff members participate in all necessary training within the required timeframe.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The provider will submit a Cope Foundation Adult Support Service (CASS) referral to the Multi Disciplinary Team (MDT) to ensure a comprehensive assessment of the residents’ needs / required supports is conducted to ensure their rights are fully addressed. The MDT will support the development of a proposal, to present to Cope Foundation’s Executive Team, to purchase another suitable property for some residents in the local area. This proposal will be based on the choices, wishes and needs of the residents.</p> <p>Keyworkers, with the support of the MDT, will explore with the residents, what their wishes are; if they would like to move home, where they wish to live, who they would like to live with etc. The use of tools and guidance documents such as the ‘Community Living - Transition planning toolkit’(HSE 2018) and ‘Making a Home: A practical guide to creating a home and moving to the community’(HSE 2018) will be utilised by the team to ensure a person-centred, rights based process is followed.</p> <p>A business case will be submitted to the HSE for resources to support the needs of the</p>	

residents to live in a new home. There may be resource implications for a successful transition.

Consideration would also be given to one of the residents to move out of the shared bedroom if a vacancy became available within West County Cork 5.

## 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	06/10/2020
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	31/12/2021

