



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

Name of designated centre:	West County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	23 and 24 April 2018
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0021753

## 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 13 bedded ground floor house. This centre was set up to provide a specialist service for persons with an intellectual disability who required nursing care, in particular dementia care. The centre supports residents to live a meaningful everyday life. Each individual is assessed, and a plan to support them is put in place. The assisted living model provided in this home, is a flexible response to residents' changing needs and declining cognitive ability. As their needs change over time, the resident's plan of care is adapted and appropriate supports provided by staff. The emphasis is on independent living in so far as practicable, community integration and appropriate support provided including end of life care. The ethos in the centre is to provide a welcoming, homelike and friendly environment which affords comfort and safety to residents, staff and significant others.

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

Current registration end date:	22/11/2018
Number of residents on the date of inspection:	12

## How we inspect

To prepare for this inspection the inspector or 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
23 April 2018	10:00hrs to 18:00hrs	Margaret O'Regan	Lead
24 April 2018	10:00hrs to 16:00hrs	Margaret O'Regan	Lead

## Views of people who use the service

The inspector met with 12 of the 13 residents who resided in this centre. One resident was not present on the days on inspection. Residents generally communicated in a non verbal manner. The inspector observed and interacted with residents and concluded all residents were comfortable and felt secure in their environment. The inspector became aware of the positive interactions that took place between residents and staff. The benefit of a low staff turnover was evident in the way staff were easily able to interpret each resident's signals, needs and preferences. Residents were seen to be relaxed in the company of staff and expressed their happiness by gleeful rubbing of their hands and smiling at staff. There was a calm atmosphere in this home throughout the two days of inspection. Residents were observed listening to music which they choose and enjoyed.

Several family members made themselves available to meet with the inspector. Without exception, all were very complimentary of the care and attention, and in particular the quality of life their relatives had as residents of this centre.

## Capacity and capability

The inspector was satisfied that the provider had the capacity and capability to deliver a safe and quality service. There were effective leadership, governance and management arrangements in place with clear lines of reporting responsibilities.

The person in charge was an experienced professional with the skills to manage the centre. She displayed commitment, knowledge and enthusiasm for her role. She was involved in the operational management of the centre on a consistent basis. The person in charge was supported in her role by a deputy and a regular cohort of staff who were familiar with the individual needs of residents. In addition she had support from the senior management team.

The centre was adequately resourced, both in terms of adequate staffing and provision of appropriate facilities. The premises was purpose built to meet the needs of residents, was well-maintained and suitably decorated.

The centre had a programme of staff training in place. This was organised by the person in charge who maintained up-to-date records of staff training. Where indicated staff received extra training to manage specific needs of residents such as dementia care, dysphagia and sign language.

Records and documentation was comprehensive, easy to retrieve and legible.

The provider showed a commitment to ongoing review and improvement. Actions from the previous inspection had been addressed. Learning from inspections in other centres operated by COPE Foundation was transferred to this centre. Six-monthly unannounced inspections were carried out by the provider and the recommendations made from such inspections were implemented. Regular internal and external audits took place. The audits indicated the centre was being operated in a responsible manner. An annual review was also carried out by the provider.

The inspector found the centre to be in substantial compliance with regulations. The service provided was of a high standard, there was an emphasis on continuous improvement and a desire to assist residents to be as independent as possible and provided with care up to and including end of life care.

#### Regulation 14: Persons in charge

The person in charge was actively involved in the day to day operations of the centre. Staff and family members identified that the service benefited from the strong leadership provided by the person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff available to support residents maintain a good quality of life. In instances where extra staffing was needed this was facilitated. For example, staff spoke about the benefit of having an evening shift which helped greatly in meeting the evening needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was a comprehensive suite of training provided for staff. Records were maintained of this training and made available for inspection.

Judgment: Compliant

<b>Regulation 19: Directory of residents</b>
A directory of residents was maintained, with the details as required by the Regulations.
Judgment: Compliant
<b>Regulation 21: Records</b>
Records were well-maintained, up to date and comprehensive. They were easy to retrieve and made available for inspection.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clear management structure. The structure in place provided good leadership, guidance and support for residents, staff and relatives. Annual reviews were conducted by the provider, the most recent being in April 2018. The provider also carried out six-monthly unannounced visits to the centre. Recommendations were made from these visits and the inspector noted actions were taken to address the recommendations. Staff were encouraged to raise suggestions for improving the quality and safety of the centre. This was confirmed by staff.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Notifications as required by regulation had been submitted to HIQA.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>

There was a culture of welcoming complaints. Complaints were seen to have been logged, followed up with and learning taken place from such matters. Overall there was a low number of complaints for this centre. Relatives confirmed with the inspector that they would have no problem approaching staff or management if they had an issue. For most families there never had been a reason to make a complaint.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was available. It complied with the requirements of regulations. An easy-to-read version, in pictorial format, was also available for residents.

Judgment: Compliant

### Quality and safety

Residents and family members were actively involved in determining the services they received. They were empowered to exercise their rights and at all times their independence was promoted. The effective delivery of services resulted in a high standard of health and social care provided to residents. This was confirmed to the inspector by relatives, staff and via the documentation examined.

The approach to care was individual and tailored to each resident's specific needs. Staff were respectful in their communication with residents, in how interventions were documented and in how they referred to residents. Staff displayed an enthusiasm and commitment to their work with was commendable.

The inspector met with all 12 residents who were living in the centre on the days of inspection. One resident was not present but the inspector met and spoke with their relative. All family members confirmed their satisfaction with the service provided. Relatives described an active and appropriate activities programme. In particular relatives commented on the manner in which residents were include in community activities. For example, residents used the services of local hairdressers, beauticians, cinema, music venues, bowling alleys, pubs and restaurants. Residents took part in the special Olympics. Visiting was open and the inspector met with many visitors to the centre.

The inspector noted that residents enjoyed dining out. A number of residents had special dietary requirements. Local chefs, in conjunction with centre staff, facilitated residents to have such modified diets in their restaurants. In addition, centre staff learnt from the chef ways in which to made food appealing. Much work had been

done in the centre to ensure mealtimes were appetising, enjoyable and were social occasions. The inspector joined residents for lunch on one of the days of inspection and experienced this at first hand.

The person in charge addressed issues impacting on residents safety and protection. There was evidence that when issues arose around such matters they were promptly addressed. For example, the inspector observed a resident being transferred in a wheelchair without the appropriate foot plates in place. The matter had also been observed by the person in charge and addressed.

Complaints were welcomed and viewed in a non judgemental way by staff. Complaints were seen as a means of improving the service.

A suite of services were available to residents in supporting their needs. These included services from the Health Services Executive local primary health care team such as public health nursing support. The local palliative care team provided support when and as required. COPE Foundation had swift access to therapies such as occupational therapy, physiotherapy, speech and language therapy, psychology and psychiatry. Residents had regular visits from the general practitioner (GP) and had access to out of hours GP services.

Each resident's privacy was respected, with residents having their own rooms. These rooms were decorated according to individual preferences. There was good flexibility in the centre around routines and this was combined with good organisation.

Residents had access to transport, community activities and activities that interested them.

The centre was found to be in substantial compliance with regulations and standards pertaining to the quality and safety of the service offered.

## Regulation 10: Communication

There was a regular cohort of staff who were familiar with individual resident communications needs. Relatives spoke positively of how staff interacted with residents and were also complimentary of how staff communicated with them in relation to the health and social care needs of their family member, resident in the centre. Staff were trained in specific communication needs of residents including sign language.

Judgment: Compliant

### Regulation 13: General welfare and development

Appropriate care was provided in the area of continence promotion, nutrition, and social engagement. There were examples of where residents health and interaction improved since coming to live in this house. For example, residents progressed to being able to maintain eye contact where prior to admission this was not possible. In another instance a resident who had been non verbal now used some words to express themselves. There was a wide range of activities and therapies available to residents. Staff were trained in supporting personal relationships which had positive benefits for residents.

Judgment: Compliant

### Regulation 17: Premises

The house was clean, comfortable and attractively decorated. The house met the needs of residents, albeit that the outdoor garden area was small. Plans were underway to develop this area within the next 12 months. The need for a larger outdoor area was identified by staff and relatives.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to buy their choice of food in the local supermarket. Meals were cooked daily in the house and staff placed much emphasis on residents having good quality freshly prepared meals. The kitchen facilities were of a high standard and staff were trained in food hygiene. The inspector observed that mealtimes were dignified and pleasant occasions.

Judgment: Compliant

### Regulation 26: Risk management procedures

In general there were good risk management procedures in place. However, the inspector did observe an unsafe practice. A resident was transferred in a wheelchair without the required footplates being in place. There was a risk of injury to the

resident from this practice.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
A log was maintained of fire safety checks. Quarterly service records were available for the emergency lighting and the fire alarm system. Each resident had an emergency evacuation plan.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Medicines were securely stored. Prescriptions were reviewed on a regular basis. Unused or out-of-date medicines were returned to the pharmacy. Medications audits were conducted. These showed good practices were in place.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
There were comprehensive and up-to-date written assessments of health, personal and social care . These plans of care were also available in accessible format to assist with resident understanding of their care plans. The multidisciplinary team were actively involved in these plans of care
Judgment: Compliant
<b>Regulation 6: Health care</b>
Appropriate care was provided in the area of continence promotion, nutrition, and social engagement. There was evidence that residents' health and interactions had improved since coming to live in this house.
Judgment: Compliant

### Regulation 7: Positive behavioural support

Throughout the days of inspection the inspector noted the calm atmosphere in the home. Families with whom the inspector spoke, also commented on this calm atmosphere and it being evident at all times, that they visit the centre. Limited restrictions were placed on residents. When used, the use of such measures were assessed, reviewed and used for the least length of time possible. Staff training in behaviour support was up to date. Where appropriate behaviour support plans were in place and included input from psychologists and psychiatrists (as appropriate).

Judgment: Compliant

### Regulation 8: Protection

Staff had up-to-date training in the area of adult safeguarding. Staff confirmed to the inspector they experienced no barriers to reporting concerns. If they needed to report matters, staff were confident the matter would be dealt with appropriately by the management team.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed respectful interactions between residents and staff. Staff showed respect for residents' age, disability and family situations. Residents gave consent, in so far as practicable, for therapies and other treatments. Residents independence was promoted while at the same time acknowledging that several of the residents had complex needs including high physical support needs.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 3: Statement of purpose	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 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 2 OSV-0003288

Inspection ID: MON-0021753

Date of inspection: 23/04/2018 and 24/04/2018

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC immediately addressed the risk management issue with staff at changeover following the inspection.</p> <p>The PIC will ensure that the Manual Handling/Transfer procedure will be addressed at the onsite safety meetings held monthly and the area safety meetings held quarterly.</p> <p>The PIC has requested that the onsite Manual Handling instructor give a presentation on the importance of correct transfer procedures to staff by 30/06/2018</p> <p>The local risk management policy will be reviewed and updated to address compliance with safe Manual handling/Transfers</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
26 (1) (b)	Ensure that the risk management policy includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/06/2018