



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

Name of designated centre:	West County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	15 January 2019
Centre ID:	OSV-0003312
Fieldwork ID:	MON-0022516

About the designated centre

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

West County Cork Four provides residential support for up to six adults with an intellectual disability. The service operates forty eight weeks of the year, Monday to Friday, four nights a week. At weekends, residents either return to their families or are accommodated in an alternative residential centre if a short break is required. West County Cork Four provides support through a social care model and staff support residents in all aspects of daily living. The centre is located in a residential area of a town and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The centre comprises of two semi-detached houses which are connected on the ground floor only. There is a kitchen, utility and two sitting rooms on the ground floor which are accessible to all residents. There is also a staff bedroom with en-suite on the ground floor. The first floor of both houses contain three bedrooms, one with en-suite and also a bathroom in each house. There is also a walled garden area to the rear of the property which residents can easily access.

Residents are supported by a team of support workers to meet their needs and provide support with planned activities. The centre closes and is not staffed for a proportion of the day when residents attend their day services, unless otherwise required. When residents are at the centre they are supported by one or two staff. There is a sleep over staff present during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
15 January 2019	08:00hrs to 16:00hrs	Elaine McKeown	Lead
15 January 2019	08:00hrs to 16:00hrs	Lisa Redmond	Support

Views of people who use the service

Inspectors had the opportunity to meet with two of the residents currently living in the centre. Inspectors were warmly greeted and welcomed into the home by one of the residents. One resident proudly showed an inspector their room which had recently been redecorated and reflected the resident's personal interests. They spoke of their interests including attending music concerts and socialising within the local community.

Another resident spoke proudly of her job in the local super market which she has held for twenty five years and which is located within walking distance of the designated centre. They spoke of their interests in table tennis and the awards received in competitions. Other interests included knitting, swimming, music and also drama for which the resident has attained numerous achievements. The resident explained how they are supported to maintain these interests with the help of staff and family members. The resident spoke of their responsibilities within the centre and how they like to sit with staff in the evenings.

Residents indicated they were very happy with the service they were receiving. One resident did indicate to inspectors that they would like a bigger bedroom. Residents who spoke with the inspectors were aware of the fire procedure and had taken part in fire drills within the centre.

Inspectors had the opportunity to review satisfaction questionnaires that four of the residents had completed about the care and support they receive. Residents were happy living in the centre and described staff members as being helpful and friendly. Residents stated they were involved in discussions and decisions related to their home. Residents were happy that they participated in a range of activities including going for meals out, swimming, music concerts and horse riding.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to residents. While there was a clear governance structure and effective management systems in place, this centre has a small number of core staff with support from the person in charge. In the absence of the person in charge, the person participating in management is available by phone. This issue was also reflected in the provider's annual review of this centre. Overall, inspectors found that the centre was adequately resourced to meet the needs of the residents. In addition, the provider

had addressed the actions from the previous inspection.

The registered provider had prepared in writing a statement of purpose which did not have the required information required as set out in Schedule 1. However, the person in charge made appropriate amendments to the statement of purpose on the day of inspection, ensuring that the revised statement of purpose contained the information required.

Inspectors met with the person in charge and a social care worker on the day of inspection, both of whom were very knowledgeable about the residents' needs and supports. They spoke confidently about their roles and responsibilities and the management systems in place to ensure safe and appropriate care was being provided to the residents. The person in charge provided inspectors with all documentation requested during the inspection and following discussions with the inspectors and ensured where amendments were required these were available for review during the inspection.

The provider had ensured that staffing arrangements at the centre were in line with the assessed needs of the residents. An accurate staff rota indicated that there was continuity of care from the staff employed by the provider. Furthermore, safeguarding of the residents was ensured through good recruitment practice. All Schedule 2 documentation was received prior to staff working in the centre and was available for review by inspectors. Staff received supervision from their line manager. Staff received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management.

The registered provider had prepared in writing, policies and procedures as set out in Schedule 5. However, the provider had not ensured that all policies as required under the regulations were reviewed every three years to ensure they reflected current best practice developments.

The registered provider ensured that an effective complaints procedure was in place for all residents and was in an accessible format. The complaints procedure included an appeals process and was displayed in a prominent area in the designated centre. There was evidence that residents had been supported to exercise their right to make a complaint and have such issues addressed in a timely and respectful manner.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration for the centre had been submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the assessed needs of the residents. There was continuity of care and a planned and actual roster was in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had effective procedures in place to ensure all staff had access to appropriate training including refresher training. All staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information relating to residents living in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records of the information and documents in

relation to staff specified in Schedule 2 were maintained and available for inspection.

Judgment: 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 to govern the centre ensuring the provision of a good quality and safe service to residents. There were systems in place, such as audits and staff supervision to ensure that the service was provided in line with the residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

Following a review of the statement of purpose with the person in charge, amendments were made on the day of inspection to the document ensuring that the revised statement of purpose contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that an effective complaints procedure was in place for all residents and was in an accessible format. The complaints procedure included an appeals process and was displayed in a prominent area in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5 however, a number of these policies and procedures had not been reviewed and updated as per the requirements of the regulation.

Judgment: Substantially compliant

Quality and safety

Inspectors found that this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in the centre. Inspectors reviewed all of the actions from the previous inspection and found they were complete.

Inspectors observed positive interactions between residents and staff during the inspection.

The registered provider had ensured that appropriate health care was being provided to residents with regard to their personal plans. The registered provider had ensured that a rights based approach had been adopted to care delivery so that residents were supported in making their own decisions. An easy read document regarding the right of the resident to make medical decisions was observed on the notice board in the centre and was a topic of discussion in a recent residents' house meeting.

Individual health assessments were completed with residents and were discussed at their individual person centred planning meetings. It was evident that the findings of these health assessments were used to inform the individuals' personal plan. A 'Hospital Passport' was developed for residents to ensure that key information in

relation to their assessed health and support needs were documented if they required emergency access to acute health services.

Residents were supported to identify goals at their individual person centred planning meetings which were held annually. Residents participated in a wide variety of activities of their choice including theatre and drama, attending music concerts and meals out. The organisational culture supported residents to exercise their right to independence, social integration and participation in the life of the community. Residents were supported to seek employment within the local community and spoke proudly to inspectors about their employment.

The person in charge had ensured staff had the appropriate skills and guidance to respond to behaviours that challenge. Behaviour supports were available to residents if required. The registered provider had appropriate systems in place to protect residents from all forms of abuse. Easy read documents were available to ensure that each resident was assisted and supported to develop the knowledge, skills and self-awareness for self-care and protection.

The registered provider had prepared a guide for each resident in respect to the designated centre; however it did not include all the information for residents required under Regulation 20. The person in charge made the required amendments to the guide on the day of inspection to ensure it met the requirements under the regulation.

A recent fire safety report had recommended the updating of fire panels as well as the smoke and heat detectors which was scheduled to be carried out within five working days of this inspection. The inspectors also reviewed a letter of confirmation that the provider had also organised for fire doors to be fitted in the days following this inspection. All staff and residents had taken part in fire drills and the evacuation procedure was regularly discussed at the residents' house meetings.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Positive risk taking was observed at the centre ensuring that residents had the opportunity to live life without undue restriction. The registered provider has ensured that positive risk assessment takes place in conjunction with person-centred planning and implementation of necessary safeguards.

Inspectors reviewed the records of residents' finances and personal property. The management of these records was transparent and in line with the provider's own policy guidelines. Inspectors sought clarification from the person in charge on the procedure followed if residents' personal belongings were mislaid or reported missing. The person in charge outlined the procedure and through an example of such an occurrence at the centre explained how the issue was resolved. Inspectors were satisfied with the actions in this matter.

Regulation 10: Communication
The provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.
Judgment: Compliant
Regulation 11: Visits
The provider ensured that residents were able to receive visitors as per their wishes and residents were also supported to visit family members.
Judgment: Compliant
Regulation 12: Personal possessions
The management of residents' finances had been reviewed since the last inspection and there were appropriate financial audits in place to ensure residents finances were managed as per organisational policies and procedures.
Judgment: Compliant
Regulation 13: General welfare and development
The person in charge ensured that residents were supported to access opportunities for education, training and employment. Opportunities to participate in activities were done in accordance with residents' interests and assessed needs.
Judgment: Compliant
Regulation 17: Premises
The registered provider had ensured that the premises of the designated centre were of sound construction and kept in a good state of repair internally and

externally. The premises were clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Special dietary requirements were supported by knowledgeable staff and clear guidelines were available to ensure consistency in support given to residents.

Judgment: Compliant

Regulation 20: Information for residents

Following a review of the residents guide with the person in charge, amendments were made on the day of inspection to the document ensuring that the revised guide for each resident included all the information for residents required under the regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective fire safety measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, and completion of fire evacuation drills. Individualised emergency evacuation plans for all residents were also available in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust reviews of medication management within the centre leading to safe medication management practices. Some residents were supported to independently manage their own medication needs with staff assistance being provided to ensure that medication was taken as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' needs and staff knowledge. Residents' participated in their annual personal plan review meetings and their personal goals were being progressed.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans for care of good health had been developed for the residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

Easy read documents were available to ensure that each resident was assisted and supported to develop the knowledge, skills and self-awareness for self-care and protection. The registered provider had appropriate systems in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had an active role in decision making at the centre such as premises decoration, weekly menus and social activities. The provider ensured that residents were aware of their personal rights and information was available on how to make a complaint and access advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	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 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 4 OSV-0003312

Inspection ID: MON-0022516

Date of inspection: 15/01/2019

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</p> <p>Cope Foundation has a Policy Development Forum which is responsible for the development and review of all PPPG. The Foundation is actively reviewing and updating the printing and dissemination of policies.</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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2019