



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	17 November 2021
Centre ID:	OSV-0003287
Fieldwork ID:	MON-0034607

About the designated centre

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

The designated centre is located on the outskirts of a town and consists of two, two storey houses connected by a shared entrance. Each house is comprised of seven individual resident bedrooms, a staff bedroom, bathroom facilities, a kitchen/dining area leading to a large sitting room and a separate smaller sitting room. The centre is open Monday to Friday each week and is closed for planned periods during the summer, Christmas and at other holiday times. The centre caters for adults, both male and female with varying levels of intellectual disability. All residents attend a day service, away from this centre, Monday to Friday. Some residents have a semi-retirement activation plan in place and choose what days and times they wish to attend day services. The team is nurse led and all supports are provided by qualified care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 November 2021	11:00hrs to 15:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This centre was last inspected in February 2020. The inspector was aware that due to the pandemic the centre had remained closed since March 2020, apart from one period of 15 days in January 2021 when two residents were supported to remain free from infection during an outbreak of COVID19 in another designated centre. The inspector met with the person in charge on the day of the inspection in the designated centre.

As the designated centre was closed, the inspector did not meet or talk with any resident on the phone. Prior to the pandemic restrictions, 11 residents had been supported with shared care services in the designated centre. The person in charge explained how they had maintained regular contact with residents and family representatives. For example, one resident had celebrated a milestone birthday in the days prior to the inspection. The person in charge went to the day service to meet the resident. In addition, regular phone calls, text messages and visits when residents are attending day services were the means of communication frequently used by staff to ensure the well-being of residents. The inspector was informed that some residents have been supported in other designated centres during the pandemic. At the time of the inspection, three residents remained in one designated centre located in another nearby town and one resident was being supported in a designated centre in the city. Six residents were being supported at home by family representatives. Of these, the inspector was informed that some residents and their family representatives were struggling to support the needs of their relative. One resident was becoming increasingly anxious about not being able to go to the designated centre and worried that they had been "thrown out of the designated centre". The person in charge outlined how they met with this resident following receipt of this information and assured the resident this was not the case. This resident required ongoing reassurance regarding their service provision.

The inspector was informed that another resident was being supported by a family representative that had their own serious health issues. The person in charge detailed the ongoing supports provided to that resident and family which included members of the multi-disciplinary team (MDT). The occupational therapist and physiotherapist had met with the resident and family representatives in the family home. The inspector was informed that the required supports had been put in place while awaiting the resumption of services in the designated centre which included ordering a new wheelchair for the resident due to an increase in their weight in recent months. In addition, there was a planned MDT meeting the day after this inspection regarding this resident. The person in charge outlined the current provision of services for the resident which included the resident being supported to attend their day service five days a week with access to nursing supports there. The nurse in the day service supported the resident with personal care at least three times weekly in addition to any other medical needs that may arise. The person in charge expressed their concern for the family representatives and the main carer of this resident being able to continue on supporting the resident in the family home if

the provision of services in the designated centre were not resumed in the near future.

One resident was supported with their end of life care in the family home by the palliative care team and died in September 2020. The remaining 10 residents currently on the directory of residents had been the subject of an MDT meeting in September 2021. The provider had made provisional plans to re-open the designated centre during September 2021 which residents and families were very happy with. However, due to the lack of available staff the centre could not re-open. Residents had been supported to attend limited day services since June 2021, with increased access of additional days made available since September 2021, if they chose to avail of the services. Some residents attend up to three times each week with transport provided by the provider if required. However, the provision of shared or full time residential care is what family representatives have informed the provider is required for their relatives.

The person in charge outlined how they had facilitated a family forum meeting in July 2021 to discuss with families the options available to them receiving services in this designated centre and other centres. Senior management also contacted the families in September 2021 when the designated centre was not able to re-open as previously planned.

The inspector observed during a walkabout of the building that it was warm and there was evidence of regular visits to the centre by the person in charge as recorded in the visitors log during the period of closure. The inspector observed personal items belonging to residents while viewing personal spaces from the doorways of bedrooms. The person in charge outlined how residents had been supported to access the building to retrieve any personal items that they wished to collect. The items that remained in the designated centre at the time of the inspection were not required by the residents. However, the person in charge outlined that residents would be facilitated at any time if they wished to collect an item. Communal areas had visual schedules and notices some of which referred to activities in March 2020. For example, one schedule contained the pictures of the residents and the household chores they were responsible for on the week of the 9 March 2020, the last week that the centre had provided their regular service.

In summary, residents access to services in this designated centre were continued to be impacted by the pandemic and the lack of staffing resources to support the re-opening of the designated centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the pandemic had impacted the service provided to residents in this designated centre. The provider had been unable to ensure effective resources were available in the designated centre and an annual review had not been completed in the designated centre as per the regulatory requirements.

While the inspector was informed of ongoing efforts by the provider to resume the services, the ongoing closure of the designated centre was impacting on the residents themselves and having an adverse effect on them and their family representatives. The inspector was provided with a service proposal prepared by the provider in March 2021 and subsequently submitted to the Health Services Executive (HSE). At the time of the inspection the provider had not received a response or decision from the HSE regarding the proposal to increase the service provided from a five day service to a full time residential service as per the changing and assessed needs of the current residents. In addition, the provider had requested a review of staffing requirements for all designated centres in the West Cork area. A report had been completed and was expected to be provided to the human resources department and the Chief Executive Officer (CEO) in the days following this inspection. The person participating in management informed the inspector that a recruitment drive for staff in the West Cork area was a high priority of the provider. However, the provider had encountered challenges while seeking to recruit staff in the West Cork area.

The provider had completed unannounced six monthly audits, the most recent report in May 2021. The auditors identified actions required regarding staffing resources, residents' rights and their general welfare. The provider responded to some of these issues by providing increased access to day services for residents who wished to avail of the services since September 2021. However, the inspector noted findings under regulation 24: Admissions and contracts of services, that the auditors referred to the residents contracts being "null and void" as they were not in receipt of services. This was discussed with person in charge and the person participating in management during the inspection. The inspector questioned if residents or their family representatives were aware of this situation. The inspector was informed during the feedback at the end of the inspection that residents' contracts remained in place. The inspector also noted that the last annual review for this designated centre was completed in September 2020, no annual review for 2021 had taken place as required by the regulations. In addition, the format of the last annual review did not include views from residents.

The person in charge had remit over one other designated centre and it was evident they continued to support the residents in this designated centre during the pandemic. They had also ensured staff who had been redeployed had received refresher training in the designated centres where they were currently working. They also outlined how staff would be provided with all required refresher training such as medication management prior to the resumption of services in this

designated centre. From the training matrix reviewed all staff had up-to-date training in safeguarding, fire safety and infection control and prevention.

The inspector was aware of a complaint made by a family representative regarding the lack of services for their relative prior to the inspection. On the morning of the inspection senior management had also received a complaint from another relative regarding the lack of communication by senior management with residents and family representatives regarding the service provision in the designated centre and plans for re-opening the centre. The inspector reviewed the complaints log for the designated centre and noted two complaints were made in November by family representatives on behalf of residents regarding the absence of services in the designated centre. One complaint made on 8 November 2021 outlined how the resident was deteriorating and as previously mentioned in this report was anxious that they couldn't return to the centre. The complainant was not satisfied with the response received. The person in charge went to visit and reassure the resident in the day service on 15 November, explaining to them that they still had a bedroom in the designated centre and that they would keep them informed of updates once more information was known. The details documented in the complaint included that CEO linked directly with the complainant. However, the lack of shared care/residential service provision for the resident remained unresolved at the time of the inspection.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had not ensured that the appropriate number of staff resources were provided as per the statement of purpose and the assessed needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had ensured staff training had been kept up-to-date for staff redeployed to other designated centres. In addition, the person in charge outlined staff would be provided with refresher training in areas such as medication

management if they had not been required to administer medications during the redeployment period.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured effective resources were provided to ensure the effective delivery of care and support to residents in accordance with the statement of purpose. In addition, an annual review of the service had not been completed in the designated centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The residents had contracts for service provision in place. However, the validity of these contracts had been questioned by the provider's own auditors.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The most recent version of the statement of purpose outlined that the centre was temporarily closed due to the pandemic since March 2020. The centre remained closed at the time of this inspection with no details plans of when services would resume for residents. The registered provider was not providing services as outlined in the statement of purpose at the time of this inspection. This will be actioned under regulation 23: Governance and management.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with residents and their representatives supported to make complaints which included the absence of services in the designated centre. Complainants were responded to and their satisfaction documented. However, the issues raised remained unresolved, this will be actioned under regulation 9: residents rights

Judgment: Compliant

Quality and safety

While the designated centre had remained closed to residents since March 2020 apart from one period of opening in January 2021 for two residents, the person in charge explained to the inspector how they continued to ensure the well-being of the residents. However, it was evident that residents rights were been impacted due the absence of their service in the designated centre.

The person in charge outlined to the inspector how they maintained regular contact with the residents via telephone and more recently visited the residents while they attended their day services. They were also in regular contact with family representatives and provided support where it was required. For example, some residents changing health care needs were supported which included accessing nursing and MDT supports. In addition, residents who required assistance with transportation to access the day services were supported by the provider to attend. However, the person in charge outlined how this did not adequately replace the support and person centred care that the designated centre would provide if it was open. In addition, the inspector was informed that personal plans had not been reviewed with the residents since the centre had closed.

It was evident that both residents and family representatives continued to be impacted by the designated centre remaining closed since March 2020. Family representatives were finding it difficult to continue to provide full time care for their relatives. The person in charge had also been informed that some residents were displaying signs of regression which was impacting on their ability to complete daily tasks and their independence. They were missing their peers and community activities that they had previously been supported to enjoy in the designated centre. The inspector reviewed documentation and was informed that residents were experiencing increased anxiety due to the prolonged absence of the service and had expressed their wishes to return to the designated centre to the person in charge.

The inspector was informed that funding had been approved by the provider for maintenance including painting in the designated centre both internally and externally. There were plans to complete these works in the weeks following the inspection. The inspector observed that additional maintenance was also required to remove the build-up of algae on external surfaces of the designated centre and the garden furniture. The person in charge outlined that additional cleaning hours would be availed of prior to re-opening the designated centre. While walking around the designated centre the inspector noted that two bathroom doors which were fitted with a mechanism to allow the doors to open in and out were not functioning correctly on the day of the inspection. Both doors opened into the rooms but only partially opened out just beyond the frame of the doorway; not a sufficient distance for a person to exit the room. In addition, there were large metal strips on the top and bottom corners of the door frame on the hinged side of these two doors. There was no evidence of a fire seal in place in the corners of the door frames and there was a visible gap evident on both doors.

The person in charge had completed a risk assessment for the designated centre and these had been subject to review. However, a number of risks had been escalated to senior management in June 2020 which included staffing the designated centre and the mental health needs of residents. These risks had not been updated since November 2020. In addition, the risk and control measures in place regarding legionnaire's disease were not reflected in the centre specific risks for this centre.

The inspector observed good practices in relation to infection prevention and control measures in the designated centre. The visitor log indicated when persons were present in the centre. There were ample supplies of personal protective equipment, (PPE) and the surface areas were observed to be clean. The person in charge had taken responsibility ensuring weekly actions were taken during the closure of the designated that reduced the risk of legionnaire's disease. In addition, during a period of a short planned absence they had ensured these actions were completed by a nominated person. The person in charge was aware of the requirement to complete the Health Information and Quality Authority, (HIQA) self- assessment tool of preparedness planning and infection prevention. They advised this would be completed in advance of the centre re-opening and then would be subject to regular review but was not completed at the time of this inspection.

Regulation 17: Premises

The provider had scheduled general maintenance for the designated centre to include painting and cleaning both internally and externally. However, at the time of this inspection the required maintenance had not been completed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Not all risks within the designated centre had been assessed and subject to regular review at the time of the inspection.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. In addition, the person in charge had also ensured that the required checks and provider's protocols were followed while the designated centre was not in use in relation to the risk of legionnaire's disease. However, the HIQA self- assessment tool of preparedness planning and infection prevention had not been completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. However, there were gaps observed on the corners of the door frames of two bathroom doors where the fire seal was not evident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had not ensured residents were supported to participate in decisions about their care and support. In addition, residents were not supported to exercise choice and control in their daily lives.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for West County Cork 3 OSV-0003287

Inspection ID: MON-0034607

Date of inspection: 17/11/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of service needs has taken place by the provider. A recruitment drive will take place by the provider to source staff to reopen service.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of service needs has taken place by the provider. A recruitment drive will take place by the provider to source staff to reopen service Annual Quality review was completed 08/12/2021	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Residents current contract of care remains valid with the provider. This will be subject to review on any change to service going forward.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Scheduled painting works have commenced. Full deep clean of premises will be organized prior to reopening of service.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk register has been reviewed and updated by PIC	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Risk assessment in relation to legionella was added to risk register. PIC/or Designate will continue to document weekly checks. HIQA 's self-assessment tool of preparedness planning and infection prevention will be completed prior to service reopening	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The matter was discussed with facilities Manager who reported the following: Under the current Technical Guidance Document (TGD) B Fire Safety, Fire Doors are not required on doorways to bathrooms therefore characteristics of same do not apply.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of service needs has taken place by the provider. A recruitment drive will take place by the provider to source staff to reopen service.	

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.	Not Compliant	Orange	30/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the	Not Compliant	Orange	30/03/2022

	effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	08/12/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	30/03/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/03/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	08/12/2021

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/03/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	08/12/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Not Compliant	Orange	30/03/2022

	disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/03/2022