

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	ORG-0011197
<b>Centre county:</b>	Cork
<b>Email address:</b>	abbotts@cope-foundation.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Bernadette O'Sullivan
<b>Person in charge:</b>	Liza Fitzgerald
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Geraldine Ryan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
25 March 2014 09:15	25 March 2014 18:30
26 March 2014 09:15	26 March 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was a registration inspection of a COPE foundation centre that comprised two semi-detached adjoining houses with separate entrances; doors had been created in the dividing wall, both upstairs and downstairs, to allow access from one house to the other internally.

As part of the inspection the inspectors met with the residents, relatives, person in charge and members of staff. Inspectors reviewed documentation that included personnel records, policies and procedures, personal support plans, records of accidents and incidents and fire safety records.

Inspectors identified a number of improvements that were required to enhance the quality of life and care for residents in the centre, including:

- consultation with residents in relation to decisions about care and in relation to the running of the centre
- the procedure and access to advocacy
- access to assistive devices for communication
- facilities to meet with visitors in private
- access to the community in the evenings and at weekends
- contract of care
- risk management practices and policies
- procedures for the prevention and control of infection
- design and layout of the centre
- personal support plans
- reviews by allied health/specialist services
- choice of food at mealtimes, including weekends
- medication management
- supervision and oversight of support and care provided to residents at all times
- access to resources
- personnel records
- adequate staffing
- staff training

The action plan at the end of the report identifies improvements necessary to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

**Findings:**

Staff were observed interacting with the residents in a respectful manner. It was evident that staff had good knowledge of the residents, however, there was little evidence that residents were consulted with and participated in discussions in regard to their expectations. The person in charge and a clinical nurse manager stated that they regularly met with the residents, however, the feedback from such meetings was not recorded and there was no evidence of established outcomes and actions arising from feedback from the residents.

The centre had a complaints policy dated 2013. A number of improvements were required, including:

- the policy or procedure was not in an accessible and appropriate format
- the complaints procedure was not displayed in a prominent position in the centre.

The person in charge stated that the complaints procedure had been sent to all residents' families by post and she was awaiting an easy read version of the complaints procedure from the communications manager. The centre did have a complaints log, however no complaints were logged prior to the date of inspection. Residents did not have access to an advocate.

Routines, practices and facilities did not support residents to maximise their independence or enhance the quality of their lives due to inadequate staff numbers, particularly at weekends and given the location of the centre. For example, residents' access to excursions and outings was limited as there were not always adequate staff numbers to accompany residents on outings, there was not always transport available

and there were no amenities such as shops or restaurants within walking distance as the centre was at the top of a lengthy steep hill. The design and layout of the premise itself did not promote the privacy and dignity of the residents and this is discussed in further detail under outcome 6.

Inspectors noted that efforts were made to ensure resident's privacy and dignity were respected. While residents had their own bedroom and some were personalised, as will be discussed in Outcome 6 there was inadequate space in bedrooms for residents to store personal possessions. Residents had access to one sitting room with a television, however, there was not enough seating to accommodate all the residents in this room. Residents did not have access to a private space should they wish to entertain visitors.

The centre did have a policy on residents' finances and personal property, however, no record was maintained of any residents' personal property.

Residents had very limited opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities, particularly at evenings and at weekends. Laundry facilities were provided and staff attended to the residents' laundry.

## **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

### **Theme:**

Individualised Supports and Care

### **Judgement:**

Non Compliant - Major

### **Outstanding requirement(s) from previous inspection:**

#### **Findings:**

There was a communication policy, however it was dated 2005 and there was no evidence that it had been reviewed since then. There was one television in the centre, there was a telephone and a number of residents had radios in their rooms.

A number of residents had significant communication needs and some residents were non-verbal. One non-verbal resident's information included using LAMH (a standardised, manual sign system for those with intellectual disabilities and communication needs) as a means of communication. A speech and language therapy assessment, dated 2004, recommended that the resident would benefit from learning more LAMH signs. There was no evidence in the resident's file that this was facilitated. There was minimal use of assistive devices to facilitate communication with residents. The use of a particular vocal aid was recommended for a resident in 2004 and it was documented in 2007 that the aid was ordered and purchased, however, there was no reference to this in the

resident's personal care plan (PCP) and some staff members spoken with on the day of inspection could not adequately identify the level of interaction the resident had with the aid or why it was not in the centre. This resident's communication profile under 'help/aid for resident' specified that staff should follow his behavioural support plan, however, this plan was not available.

Personal plans contained a communication profile for recording the individual communication requirements of each resident. Staff members spoken with by inspectors were knowledgeable of the communication needs of residents and informed inspectors of the various non-verbal cues used by residents to express their needs. However, staff had not received adequate training in communicating with residents that required support, such as using LAMH signs. There was no evidence of ongoing assessment and review of the residents in relation to their communication needs by other professionals, such as speech and language therapy or psychology.

### **Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

#### **Theme:**

Individualised Supports and Care

#### **Judgement:**

Non Compliant - Major

#### **Outstanding requirement(s) from previous inspection:**

#### **Findings:**

Based on discussions with staff and relatives, relationships with families were facilitated and supported and families were kept informed of resident's well-being. However, based on records viewed by inspectors, it was not evident that, where relevant, families were included in the development and review of personal plans.

As discussed in Outcome 1 and 6, due to shortcomings in the premises, there were not suitable facilities within the centre for residents to meet with visitors in private. There was insufficient evidence that residents were supported to integrate, socialise or to maintain links with the wider community. For example, at weekends there was only one staff member on duty until 16:30hrs, therefore if one resident wished to go out, this was usually not possible unless all residents went out. Even when there were two staff members on duty, it was not always possible for residents to partake in activities in the community as, due to the location of the centre, residents and staff were dependent on transport other than public transport, and this was not always available. The centre did have access to a vehicle but not all staff members were approved operate it.

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:****Findings:**

Residents did not have a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident.

As it had been some time since a resident was been admitted to the centre, it was difficult to ascertain if the admissions process considered the wishes, needs and safety of the individual and the safety of other residents.

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:****Findings:**

The centre's statement of purpose clearly stated that each resident was involved in the development and review of support plans to ensure all their needs were met.

Documentation in the resident's PCP included details of the resident, a communication profile, 'what I like to do', 'how can you help me', daily timetable, medication



management documentation, personal details, 'my yearly health check', and an activity record. While each resident had a PCP, it contained some details of task orientated daily routines, for example, personal hygiene and clothing, mealtimes and manual handling. Residents had a copy of their care plan, but not always in an accessible format.

General observations made by inspectors following a review of the PCPs included:

- it was difficult to ascertain the level of involvement of residents in the development of their PCPs. Two of the residents had signed that they were consulted or involved in the development of their PCPs, however there were no records indicating that other residents declined to engage in the planning process or of attempts to engage them in the process
- information to guide staff on how to communicate with non-verbal residents was very limited
- some activity records did not contain any reference to activities or outings that the resident engaged in
- PCPs did not identify individual needs, choices or aspirations. There was no evidence of goals identified by the residents, plans in place to enable goals to be met or who was responsible to help the residents achieve their goals
- evidence-based tools used for assessing residents' dependency and for assessing clinical risks were not available in the centre.

There was insufficient evidence that resident's abilities, skills and needs were assessed with appropriate professional assistance. None of the care plans set out in a formal manner the services and supports to be provided to enhance residents' quality of life and to realise their goals, such as:

- healthcare needs
- education, lifelong learning and employment support services where appropriate
- social care needs
- development, where appropriate, of a network of personal support
- transport services
- assistive devices and technologies
- the resident's wishes in relation to where he/she want to live and with whom
- the resident's wishes or aspirations around friendships, belonging and inclusion in the community
- the involvement of family or advocate. The role of the family and the support services to be provided were not documented in the care plans.

The residents attended a day activation service from Monday to Friday each week. Records were not available to demonstrate how attendance at the centre supported residents' access to, and participation in, education, training or employment, as outlined in the centre's statement of purpose.

Staff had not received formal training in the development person centred care plans.

The centre operated a regular respite service, however, there were no terms and conditions or arrangements in place for the admission and discharge of residents availing of the respite service.

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:****Findings:**

On the days of inspection the centre was clean, tidy and warm. The centre comprised two semi-detached adjoining houses with separate entrances, however doors had been created internally in the dividing wall, both upstairs and downstairs, to allow access from one house to the other internally.

The ground floor comprised two hallways, a staff bedroom, a residents' sitting room, a kitchen/dining area, a separate dining room, a utility room and a staff shower/bathroom. Access to the first floor was via two stairwells, one in each hallway. Eight bedrooms and two bathrooms (one with a bath/overhead shower head and one bathroom with a shower) and two linen presses were located on the first floor. The centre had an intruder alarm that was monitored by an external security company. The design and layout of the premises had a number of limitations, including:

- the sitting room did not have enough seating to accommodate seven residents
- some residents did not have a bedside light
- some radiators were rusty and stained
- some radiators were very hot to touch
- the shower seat was in a state of disrepair and rusty
- the shower screen was grimy and had unprotected jagged edges
- one of the shower rooms had no extractor fan
- a wall tile was missing in one bathroom
- ceiling light flexes were dusty
- ventilation ducts were dusty
- one of the hand rails on the stairwell was in a state of disrepair.

The physical design of the centre was not suitable for the residents and their needs, and in particular to support safe mobility. For example, residents bathrooms/toilets and bedrooms were on the first floor and were only accessible via narrow stairwells. As will be discussed in Outcome 11, one of the recommendations for a resident included housing in ground floor accommodation and there was no evidence that this was actioned. Corridors upstairs were narrow and did not comfortably facilitate two people to pass one another.

While residents' bedrooms were personalised, inspectors noted the following:

- none of the rooms had en suite facilities
- none of the bedrooms had a facility for the residents to alert staff should they require assistance
- there was inadequate space in one of the bedrooms for a bedside locker
- residents were unable to lock their bedroom and residents did not have lockable storage to secure personal belongings/valuables in their bedrooms.

The utility room housed a washing machine, dryer and a black bin, mops, buckets and sweeping brush. Pipes and electrical services were openly accessible and not housed in a secure manner.

The dining room could accommodate all residents and staff.

Access and arrangements in relation to ongoing maintenance and general upkeep of the premises, required review. This will be discussed under outcome 7.

Internet access was not available to residents. Residents did not have access to assistive technology to enhance their quality of life.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

### **Outstanding requirement(s) from previous inspection:**

#### **Findings:**

The organisation had a health and safety statement which was not up to date. The PIC stated that this was currently under review.

The risk management policy was under review. While a risk register was in place, it did not include the specific risk of accidental injury to residents, visitors or staff, as required under Regulation 26. There was no systematic process in place for investigation and learning from serious incidents and adverse events involving residents. The PIC stated that issues were discussed locally.

The centre had an emergency plan, however, it did not address the safe placement of residents in the event of a prolonged evacuation.

Certificates of fire compliance and of compliance with planning, signed by a suitably qualified person, had been submitted to the Authority.

It was difficult to ascertain if all staff, including relief staff, had completed training in moving and handling of residents, where required. There was no evidence that this training was recorded in staff files.

Housekeeping duties were carried out by houseparents and care staff. Procedures in place for the prevention and control of infection (alcohol hand gels, disposable gloves) required review in order to comply with the centre's policy on the prevention of infection. The following observations were made by inspectors:

- staff attended to the residents' laundry. Visible instructions on hand washing techniques were not displayed. There was no evidence that staff had received training on hand hygiene practices.
- there was no provision of hand washing facilities for staff in the kitchen
- there was no staff hand washing facility in the utility room
- disposable gloves (to handle food or for housekeeping) were not readily accessible
- there were no disposable gloves noted in the utility room
- a communal cloth hand towel was noted in one of the residents' bathrooms and in the staff shower facility
- the colour coding of the housekeeping equipment (two mops and buckets) was confusing. It was not clear which mop was used for the kitchen or for the bathroom. It was clear what cleaning cloths were used and for where. Specific alginate bags used for soiled laundry (alginate bags are a high density translucent red polythene bag that are designed to prevent the need to personally handle soiled/potentially contaminated garments), were available.

There was no cleaning schedule for residents' bedrooms, the bathrooms or for the centre in general. Guidance for staff in regard to regular deep cleaning of curtains, carpets, general high dusting was not in place. There was no plan or schedule for the regular review of the decor, painting or general maintenance of the centre. Inspectors were informed that maintenance was carried out in response to a request by the person in charge or clinical nurse manager rather than a planned approach.

There was a document which stated that the fridge, the freezer and the cooker required cleaning weekly, but there was no guiding protocol for staff to follow with regard to what this cleaning entailed.

Gas central heating was used in the centre and was on a timer, however, the pre-set times required review to ensure that heating was on while the residents were in the centre, particularly on bank holidays.

Waste (domestic and recycling) was stored in a designated bins and an arrangement was in place for the weekly collection by an external agency. No resident smoked.

Suitable fire equipment was provided and all fire exits were seen to be unobstructed on the days of inspection. However, there was no signage on the first floor to guide the residents as to where the exit was in the event of an emergency. A procedure for the safe evacuation of residents and staff in the event of fire was not displayed throughout the centre. Staff spoken to by inspectors were aware of what to do in the event of a fire and were aware of the identified fire exits. However, there was no documented evidence

that the mobility and cognitive understanding of residents had been adequately accounted for in the evacuation procedure.

The person in charge stated that, while incidents and accidents were recorded and submitted to the safety officer, a record was not maintained in the centre. It was unclear if any review of such incidents resulted in the instigation of precautionary measures, or if learning outcomes were discussed with staff.

The centre did not have any facility for residents to alert staff, in particular at night, should a resident require attention.

Admission to the centre was via a two front locked doors. While residents did not have a house key, the person in charge outlined the arrangements that were in place should a resident need to return to the centre outside of the usual times. The centre had an intruder alarm system.

### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

#### **Theme:**

Safe Services

#### **Judgement:**

Non Compliant - Minor

#### **Outstanding requirement(s) from previous inspection:**

#### **Findings:**

There was a policy on, and procedures in place, for the prevention, detection and response to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse, however not all staff had received up-to-date training on abuse.

Based on a review of records and discussions with staff there have been no incidents, allegations or suspicions of abuse. The person in charge informed inspectors that she monitored systems in place to protect residents through regular interactions with residents and supervision of staff. There were adequate measures in place for the management of residents' finances. Inspectors observed staff members interacting with residents in a respectful manner. There were no restrictive measures in use at the centre.

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:****Findings:**

There was a book for recording any incidents that occurred in the designated centre, however no incidents had been recorded. Based on records viewed, there were no incidents that required notification to the Authority.

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:****Findings:**

Residents attended an activation centre each day from Monday to Friday and returned to the centre each evening. Based on a review of personal plans it was not possible to determine if the individual preferences of residents in relation to activities were facilitated in the activation centre. Additionally, personal plans did not identify employment or training goals of residents, so it was also not possible to determine if these were being met.

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:****Findings:**

Residents had access to general practitioner (GP) services, including out-of-hours, and there was evidence of regular review.

Even though there was evidence of assessment by multidisciplinary services in the past, records indicated residents were not reviewed on an ongoing basis. For example, a number of residents were prescribed modified diets by a speech and language therapist in 2008, but there was no evidence of reassessment since then. Another resident had an assessment by allied health services indicating that ground floor accommodation should be considered for the resident, however, there was no evidence that this had been addressed and there was no further assessment of the resident.

Staff spoken with by inspectors were knowledgeable about residents' health and social care needs. Personal support plans were developed for each resident, however they did not adequately capture or describe the healthcare needs of residents. While there was evidence of an assessment of each resident's dependency level, there was no guiding key for which to interpret each resident's score. There was no link between residents' personal support plans and the care that was delivered to them. For example, personal support plans did not address the nutritional requirements of residents on modified diets. There were inadequate records maintained of care provided to residents, even in circumstances when residents were unwell or when care deviated from the routine.

From Monday to Friday residents ate their main meal in the activation centre. Residents had their breakfast and their tea in the centre each day and usually had all of their meals in the centre at weekends. Residents occasionally eat out but it was not possible to determine the frequency from the available records. Food eaten in the centre was prepared by care staff. There was no evidence that residents had an input into the weekly menu, pictorial menus were only available for breakfast choices and it was not clear that choice was offered for all meals. Staff members stated that the menu was varied, however records available in the centre did not demonstrate the provision of a varied and wholesome diet. Training records indicated and staff confirmed that they had not received training on nutrition, including food safety. Special equipment, such as plate guards, advised to be used by residents by the speech and language therapist, were not routinely used.

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Health and Development

### **Judgement:**

Non Compliant - Moderate

### **Outstanding requirement(s) from previous inspection:**

#### **Findings:**

The clinical nurse manager was awaiting documentation pertinent to her registration as a nurse prescriber. The centre had written operational policies, last reviewed in 2007, relating to medication management. The PIC stated that this policy was currently under review.

Each resident had a prescription chart signed by the GP and each resident had a medication administration chart. Photographic identification, the resident's date of birth and GP were noted on the medication prescription chart. However, the following observations were made by inspectors:

- a number of medications were not signed as being administered by staff
- one medication had two directions for administration
- some prescription charts for PRN (as required) medications did not have the resident's name, date of birth or details of the resident's GP
- the maximum dose of medications administered over 24 hours for PRN medication was not documented.

While the centre's first audit on medication management was carried out on the 5 March 2014, the issues outlined above were not captured.

The processes in place for the handling of unused and out-of-date medicines required review as records were not maintained in the centre of medications that were returned to pharmacy. The centre's policy on medication management did not have information to guide staff on the management of such medications.

Medications were delivered in a pre-packed pouch supplied by the external pharmacy supplier. Currently, there were no residents in the centre who required medications to be crushed or prescribed medications that required strict controls (MDAs).

The person in charge stated that COPE had two staff who had completed the train the trainer course in medication management and that these trainers were in the process of training in-house staff. Of seven staff on the roster for the centre:

- one staff had completed training and the assessment
- one staff had completed training and was waiting to be assessed
- training was booked for one staff in April
- three staff were waiting for places on the training course
- one staff was leaving the organisation.



**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:****Findings:**

A written Statement of Purpose was in place. While it outlined many of the items listed in Schedule 1 of the Regulations, the following improvements were required:

- the activities listed do not accurately reflect the activities available in the centre
- it does not accurately reflect the location of the centre in relation to accessible amenities
- the facilities which are to be provided by the registered provider to meet the care and support needs of residents
- a description of the rooms in the designated centre, including their size
- the organisational structure does not accurately reflect the reporting relationship for all staff
- the arrangements made for dealing with reviews and development of the resident's personal plan are not described in adequate detail, such as the frequency of review
  - specific therapeutic techniques and arrangements for their supervision
  - specific arrangements for respecting the privacy and dignity of residents
  - arrangements for residents to access education, training and employment
  - arrangements made for consultation with and participation of, residents in the operation of the designated centre was not specific
  - arrangements made for residents to attend religious services of their choice.

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:****Findings:**

The person in charge worked full-time, was a registered nurse and was also the person in charge of another centre. There was evidence that the person in charge had engaged in continued professional development and had completed training in a number of relevant areas, such as multiple complex needs for persons with intellectual disabilities, working with the older person, personal and intimate care and handling investigations.

The centre was part of the COPE foundation and there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge stated that she reported to the provider and met with her regularly, however, minutes of these meetings were not recorded. Based on the findings of this inspection, inspectors were not satisfied that there was at all times adequate oversight of the centre to quality assure the care being delivered and to ensure the needs of residents were met. For example, as previously outlined in this report, at evenings and weekends residents can be confined to the centre due to the remote location of the centre from shops and restaurants, inadequate staff numbers and the limited access to transport. Additionally, based on records viewed by inspectors, food prepared for residents at weekends did not appear to be wholesome and nutritious and this was not adequately monitored. Where residents' relatives expressed a preference for or when healthcare professionals recommended, alternative accommodation, records were not available to demonstrate that this had been addressed.

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:****Findings:**

There was no period when the person in charge was absent for a continuous period of 28 days or more. There were suitable arrangements in place for the absence of the

person in charge. The person in charge was supported in her role by two clinical nurse managers 1 (CNM 1), and one of these in on duty each day.

### **Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

**Findings:**

Resources allocated to maintenance, housekeeping, the repair of equipment, education and training of staff required review to ensure the needs of the residents were met. It was evident that the centre's routines and activities were resource led and not person centred. This approach had a direct impact on the accommodation made available to residents, the education and training of staff involved in the direct care of the residents.

### **Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Judgement:**

Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**

**Findings:**

The centre complies with the COPE foundation policy on the recruitment and selection of staff, however a copy was not available in the centre on the day of inspection. Inspectors reviewed a sample of personnel records and noted that the records contained most of the documents required by Schedule 2 of the Regulations. However, not all records contained evidence of relevant qualifications, two written references and current

registration for all nurses.

The inspector reviewed the staff roster and noted that on the days of inspection the roster reflected the number of staff on duty. There were usually two staff members on duty in the centre each day from 16:30hrs to 22:00hrs and slept in the centre overnight. There was one staff member on duty on Saturday and Sunday from 10:00hrs to 16:30hrs and two staff from 16:30hrs to 22:00hrs and slept in the centre overnight. Based on discussions with staff and the findings of this inspection inspectors were not satisfied that there were sufficient staff numbers on duty at weekends based on the location of the centre and the needs of residents.

Staff members spoken with by inspectors were knowledgeable of residents individual needs and preferences. A record of staff training was not available in the centre, however, based on a review of personnel files and discussions with staff, ongoing training was facilitated on fire safety, challenging behaviour and protection from abuse. However on the days of inspection not all staff had received up-to-date training on manual handling or on the protection of residents from abuse.

### **Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

#### **Theme:**

Use of Information

#### **Judgement:**

Non Compliant - Major

#### **Outstanding requirement(s) from previous inspection:**

#### **Findings:**

Inspectors reviewed the centre's policy and procedures, however not all the policies listed in Schedule 5 of the Regulations were present and some of the policies had not been reviewed in the last three years.

Inspectors viewed a copy of the residents' guide however it did not adequately outline the terms and conditions relating to residency or the arrangements for residents involvement in the running of the centre. Inspectors reviewed the directory of residents, which was a booklet type document with A4 size pages, however the directory of residents did not include residents admitted for respite.

Overall, residents' records were maintained in a secure manner, however, as discussed in Outcome 11 there were not always records available detailing care provided to residents or adequately recording changes in the residents' condition.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	ORG-0011197
<b>Date of Inspection:</b>	25 March 2014
<b>Date of response:</b>	20 May 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Action Required:**

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Person centred meetings will be held with each resident and his/her representative to ensure that each resident has maximum participation in decisions about his/her care.

**Proposed Timescale:** 30/06/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that each resident had access to advocacy services and information about his or her rights.

**Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**

Advocacy committee will be developed. This committee will include residents, staff and family members. They will meet on a monthly basis and report to the P.I.C. This committee will look at training, research and implementation of advocacy skills and services.

**Proposed Timescale:** 30/06/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that each resident was consulted and participated in the organisation of the designated centre.

**Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

**Please state the actions you have taken or are planning to take:**

The registered provider will review admissions policy.  
Residents forum including advocates will be developed to ensure that each resident is consulted and participates in the organisation of the designated centre

**Proposed Timescale:** 30/06/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that each resident had access to and retained control of personal property and possessions. A secure storage facility was not available in the residents' bedrooms. Residents were unable to lock their own bedroom door. Storage space provided in some residents' bedrooms was inadequate.

**Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**

- Support to manage financial affairs will be given if identified or requested. All residents has access to their personal property and possessions
- Locks will be put on storage space i.e. either in the locker or on the wardrobe.
- Each bedroom has a wardrobe and a locker, with one exception. This was by choice of family whom purchased furniture for the room themselves.

**Proposed Timescale:** 30/06/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing access for residents to facilities for occupation and recreation.

**Action Required:**

Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**

All residents currently have access to facilities for occupation and recreation during their time at activation centre i.e. 9.30am - 4.30pm Monday to Friday.

Two staff are on duty in the evenings and at weekends to facilitate meaningful recreation. At weekends staff have the sole use of a vehicle to allow for travel. As not all staff drive the P.I.C rosters a person who is licensed to drive to be on duty at weekends as far as possible

In addition there is a bus route is nearby. There is also a taxi company in close proximity. Staff have clear understanding that should they require a taxi to provide transport to nearby shopping centres, restaurants, bars, shops, GAA clubs they have the authority to do so.

**Proposed Timescale:** 30/04/2014



**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**

Resident attends a day service from Monday to Friday. When in designated centre there are two staff rostered to be on duty. At weekends when resident numbers are reduced one staff may be on duty from 10am-4.30pm. The use of volunteers will be looked at to provide further support for participation in activities.

**Proposed Timescale:** 30/06/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing an effective complaints procedure for residents which was in an accessible and age-appropriate format and included an appeals procedure.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**

An effective complaints procedure is now in place.

**Proposed Timescale:** 30/04/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not displaying a copy of the complaints procedure in a prominent position in the designated centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**

Complaints procedure is now displayed in a prominent place.

**Proposed Timescale:** 30/04/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring the residents had access to advocacy services for the purposes of making a complaint.

**Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

**Please state the actions you have taken or are planning to take:**

An Advocacy service will be put in place for the purposes of supporting residents to make a complaint.

**Proposed Timescale:** 30/06/2014

**Outcome 02: Communication**

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence of ongoing assessment and review of the residents in relation to their communication needs by other professionals such as speech and language therapy or psychology.

**Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**

- Lamh training will be provided for staff
- Referrals to the appropriate therapists re updated communications needs to be made

**Proposed Timescale:** 30/06/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

One resident had an assistive device that was used by the resident in the day activation centre, however there was no access to this device in the evenings or at weekends.

**Action Required:**

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

**Please state the actions you have taken or are planning to take:**

This resident no longer uses this assistive device as on evaluation it was deemed to be of no benefit .

Internet line has been installed in the house which will enhance communication opportunities. Awaiting personal computer installation in the house

**Proposed Timescale:** 30/07/2014

**Outcome 03: Family and personal relationships and links with the community**

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Due to shortcomings in the premises, there were not suitable facilities within the centre for residents to meet with visitors in private.

**Action Required:**

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

**Please state the actions you have taken or are planning to take:**

Due to the number of rooms in the house it is not possible to provide a dedicated private space for visitors. The dining room can be made available to meet with visitors.

**Proposed Timescale:** 30/04/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was insufficient evidence that residents were supported to integrate, socialise or to maintain links with the wider community.

**Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

**Please state the actions you have taken or are planning to take:**

Families are at all times encouraged to maintain personal relationships. Links with wider community are encouraged. PIC to explore the options of acquiring additional supports/ volunteers to develop and build further links in the community.

**Proposed Timescale:** 30/06/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not having in place a written contract each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**

The admissions policy is currently under review and a contract of care being developed which will include terms on which the resident shall reside in centre

**Proposed Timescale:** 31/08/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not putting in place arrangements to meet the assessed needs of each resident.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**

Personal plans will be reviewed to meet the assessed needs of the residents taking into account their unique and individualised needs. A Multi-disciplinary approach will be encouraged.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the designated centre was suitable for the purposes of meeting the assessed needs of each resident.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**

The PIC will review designated centre to ensure its suitability for purposes of meeting assessed needs of each resident. Assessment of needs of each resident to be carried out.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that residents' personal plans were made available in an accessible format to the residents and, where appropriate, their representatives.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**

Personal plans in an accessible easy read format will be developed and made available.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that personal plan reviews were multidisciplinary.

**Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

**Please state the actions you have taken or are planning to take:**

The PIC will make referrals to the multidisciplinary team and seek their input where appropriate. At present, residents, houseparent, assistant houseparent, staff nurse and care assistant are involved in developing personal plans.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that that personal plan reviews were conducted in a manner that ensured the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**

Plans will be reviewed involving residents where appropriate and his/her representative.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that personal plan reviews assessed the effectiveness of each plan and took into account changes in circumstances and new developments.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**

Plans under review will assess the effectiveness of each plan.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**

PIC will ensure the recommendations are recorded and will include proposed changes, rationale and names of those responsible for pursuing objectives in the plan with agreed timescales.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the discharge of residents from the designated centre is in accordance with the terms and conditions of their agreements for the provision of services.

**Action Required:**

Under Regulation 25 (4) (e) you are required to: Ensure the discharge of residents from the designated centre is in accordance with the terms and conditions of their agreements for the provision of services.

**Please state the actions you have taken or are planning to take:**

Directory of Residents will be reviewed and will contain the information required in the HIQA regulations.

**Proposed Timescale:** 30/05/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing premises which were designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**

June: Project team set up to oversee review process led by PIC. Team to include facilities manager and advocate

July/August: consultation with all residents re accommodation preferences.

Consultation with families

Sept: report outlining accommodation preferences and options to executive for consideration

Sept/oct: detailed costing of options including upgrade of existing facilities, purchase or rental of property

Oct/nov: Report with costed options to Board of Directors.

Consultation with residents and their families and agreement on options emerging rental

Nov: pending board approval, consultation outcome and funding availability, tendering for upgrade of property, application for planning permission and/or search for purchases or rental

Nov-early 2015: identification and securing of temporary accommodation if upgrading of existing facilities is preferred and funded option.

Preparation for and moves of residents to temporary accommodation if upgrading of existing facilities is preferred and funded option, including HIQA registration.

Preparation for and permanent move of resident to rented and/or purchased property pending availability of suitable premises and funding for property and staffing, including HIQA registration.

Permanent moves of residents to upgrade the centre, pending availability of capital funding and for staffing, including HIQA registration.

Review of centre completed and implemented.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not equipping the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

**Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

**Please state the actions you have taken or are planning to take:**

An internet connection has been installed. The PIC has arranged for the provision of a



PC for the house. .

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the designated centre adhered to best practice in achieving and promoting accessibility. Not regularly reviewing its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**

Assessment of need of residents and a review of accommodation to be carried out. A process will be put in place.

**Proposed Timescale:** 30/06/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the risk management policy included hazard identification and assessment of risks throughout the designated centre.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

The Risk Management Policy is under review and will be adapted to apply to the particular designated centre.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**

The Risk Management Policy is being reviewed and will include measures and actions to control risks identified.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not having in place systems for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

The Risk Management Policy will include a system for responding to emergencies.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the risk management policy included the measures and actions in place to control accidental injury to residents, visitors or staff.

**Action Required:**

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**

The Risk Management Policy is currently under review.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring 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.

**Action Required:**

Under Regulation 27 you are required to: 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.

**Please state the actions you have taken or are planning to take:**

A cleaning schedule is being put in place. This will provide guidance in all aspects of cleaning including deep cleaning.

**Proposed Timescale:** 30/05/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not providing adequate means of escape, including emergency lighting on the first floor. Fire evacuation procedures were not displayed on the ground floor or the first floor.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**

Arrangements have been put in place for the provision of emergency lighting on the first floor. PIC to arrange for fire evacuation procedures to be displayed on either ground or first floor.

**Proposed Timescale:** 30/06/2014

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Personal plans did not identify employment or training goals of residents and it was also not possible to determine if these were being met.

**Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**

Personal plans will detail employment/ training goals

This takes place in person's day service. All documentation in relation to this is in day service. PIC will ensure link is visible in the personal plans

**Proposed Timescale:** 30/06/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Personal support plans were developed for each resident, however they did not adequately capture or describe the healthcare needs of residents.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

Healthcare plan will be developed specific to the individual needs of the resident .

**Proposed Timescale:** 30/07/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Records indicated residents were not reviewed on an ongoing basis by multidisciplinary services such as speech and language, dietetics, physiotherapy and psychology.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by

arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**

Where required referral will be made to multidisciplinary services and these records will be made visible in personal support plans.

**Proposed Timescale:** 30/06/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Records available in the centre did not demonstrate the provision of a varied and wholesome diet.

**Action Required:**

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

**Please state the actions you have taken or are planning to take:**

Meals at the centre are varied and wholesome and there is choice. Records will be kept in the centre to show choice and varied diet.

**Proposed Timescale:** 30/04/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no evidence that residents had an input into the weekly menu, pictorial menus were only available for breakfast choices and it was not clear that choice was offered for all meals.

**Action Required:**

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

**Please state the actions you have taken or are planning to take:**

All food provided to centre is both varied and nutritious. Records of orders/deliveries and choices are available.

**Proposed Timescale:** 30/04/2014

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not having in place appropriate and suitable practices to ensure that medicine that is prescribed, is administered as prescribed, to the resident for whom it is prescribed and to no other resident.

**Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**

Medication received by staff nurse at day service is checked for accuracy upon receipt.

Meeting held with supplying pharmacist to:

1. Change date of commencement of blister pack to 1st of the month to eliminate potential for error.
2. Ensure max dose 24 hours is documented on medication administration sheet.
3. To supply PRN sheets with name, Date of Birth and details of the residents GP.

**Proposed Timescale:** 30/06/2014

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not putting in place appropriate and suitable practices to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Action Required:**

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Please state the actions you have taken or are planning to take:**

Medication management policy is being reviewed.

**Proposed Timescale:** 30/06/2014

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The Statement of Purpose did not include of of the items listed in Schedule 1 of the regulations and did not accurately describe the services provided in the centre, including::

- the activities listed do not accurately reflect the activities available in the centre
- it does no accurately reflect the location of the centre in relation to accessible amenities
- the facilities which are to be provided by the registered provider to meet the care and support needs of residents
- a description of the rooms in the designated centre, including their size
- the organisation structure did not accurately reflect the reporting relationship for all staff
- the arrangements made for dealing with reviews and development of the resident's personal plan were not described in adequate detail, such as the frequency of review
- specific therapeutic techniques and arrangements for their supervision
- specific arrangements for respecting the privacy and dignity of residents
- arrangements for residents to access education, training and employment
- arrangements made for consultation with and participation of, residents in the operation of the designated centre was not specific
- arrangements made for residents to attend religious services of their choice.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

Statement of purpose and function will be reviewed to include items that are listed in schedule 1.

**Proposed Timescale:** 30/06/2014

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Based on the findings of this inspection, inspectors were not satisfied that there was at all times adequate oversight of the centre to ensure the needs of residents were met.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

At present the centre is staffed by two staff including houseparent, assistant houseparent and care assistant. Each evening a Clinical Nurse Manager I oversees the centre. The PIC works 8.30am-5pm on Monday to Friday. A Clinical Nurse Manager oversees care from 8.30am-8.30pm over seven days a week. At weekends a Clinical Nurse Manager II oversees care from 8.30am-5pm and a Clinical Nurse Manager I oversees care from 8.30am-8.30pm.

Staff on duty liaises with the manager at the overseeing centre. Should the centre require support/transport it is co-ordinated with this manager. Resident numbers may be reduced at weekends due to residents going home for the weekend and/or going out for the day with their family.

- Transport is provided to the centre from Friday pm to Monday am and can be used by staff licensed to drive. When staff are on duty are not be licensed to drive a nearby taxi company can be utilised. If transport is required Monday-Thursday staff will arrange with overseeing centre to have access to a people carrier.
- Food orders are overseen by Person in Charge and/or person participating in management. A varied and wholesome diet is available to all residents. PIC and PPIM will meet with staff re meals provided and cooked by staff. Arrangements will be made with dietician to meet staff to discuss meals.

**Proposed Timescale:** 30/06/2014

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not ensuring that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**

Provider will review suitability of centre And outline a process.



**Proposed Timescale:** 30/06/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all personnel records contained evidence of relevant qualifications, two written references and current registration for all nurses.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**

The HR department within Cope Foundation will ensure information and documents as per schedule 2 are obtained. This is a work in progress.

**Proposed Timescale:** 30/06/2014

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Inspectors were not satisfied that there were sufficient staff numbers on duty at weekends based on the location of the centre and the needs of residents.

**Action Required:**

Under Regulation 15 (1) you are required to: 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.

**Please state the actions you have taken or are planning to take:**

Roster and staff mix review will be undertaken by PIC. Cope Foundation is subject to moratorium on staff recruitment.

**Proposed Timescale:** 30/08/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff had not received adequate training to support them in the provision of evidence-based care, including:

- communicating with residents that required support
- responding to suspicions or allegations of abuse

- manual handling

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

A training plan in place to provide staff with access to training in alternative communication methods ,responding to allegations of abuse ,trust in care and manual handling.

**Proposed Timescale:** 30/06/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all policies listed in Schedule 5 of the regulations were available and up-to-date.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**

Registered provider will ensure that all our policies and procedures are reviewed at intervals not exceeding 3 years.

**Proposed Timescale:** 30/08/2014

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were inadequate records maintained of care provided to residents, even in circumstances when residents were unwell or when care deviated from the routine.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**

Nursing notes are in place in personal plans. In addition houseparent recording system

will be introduced.

**Proposed Timescale:** 30/05/2014