

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003298
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Sean Abbott
Lead inspector:	Mary O'Mahony
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	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, 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 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 3 day(s).

The inspection took place over the following dates and times

From:	To:
08 October 2014 09:30	08 October 2014 20:00
09 October 2014 09:30	09 October 2014 19:00
10 October 2014 13:00	10 October 2014 16:00

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

The inspection of this centre by the Health Information and Quality Authority, to inform a registration decision, was announced. As part of the inspection the inspector met with residents, the person in charge, her deputy, the provider, nursing and care workers. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plans, staff training and health and safety risk management. The person in charge informed the inspector that she had been in the position of person in charge for one year but has worked within the disability sector for over 30 years.

During the inspection there were ten residents in the centre and the inspector met with them over the two day period. The centre was located on a quiet road, a short distance from the local town. The house was spacious and well maintained. The furniture and the fittings were found to be of good quality and the premises was suitable for the needs of the residents. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of 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. Some improvements were required in the area of staff training, medication management, residents' contracts, premises and health and safety risk assessments.

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, 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.

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

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the rights of residents were supported by staff in the centre. Residents were treated with dignity and there was a regular consultation process in place, adapted to their needs. As some of the residents had limited verbal expression the staff would respond to their body language when suggestions were made for outings and shopping trips. The person in charge and a staff member had attended a course in advocacy and they spoke to the inspector about the importance of advocacy for this group of residents. The inspector saw minutes of house meetings and observed staff interacting with residents in a friendly and supportive manner. Staff were seen informing the residents about the choice on offer at meal times and this was presented in a visual form on notice boards and laminated pictorial format to aid communication.

A folder containing accessible documents was visibly displayed on the hall table. This included information on how to make a complaint, residents' rights, access to advocacy, the Resident's Guide and photographs of key personnel in the centre. There was pictorial input in the documents also. Residents and their representatives were involved in their personal plans. Residents could make choices about their daily lives with support from staff and staff with whom the inspector spoke were aware of the residents' usual routine. One resident was observed enjoying gardening and was facilitated to be involved in this activity. Some residents attended a day care centre and returned each evening at 16.00hrs. The staff roster was arranged in a manner to support residents and the inspector viewed the roster which indicated continuity of staff in the centre. The provider had developed policies to guide staff on the care of residents' property and finances, as required by Regulations. Individual records were kept of the weekly spending money for each resident. The inspector reviewed a number of these and noted

that transactions were being signed by two staff members. The amounts checked correlated with the balance in the written record. The person in charge explained to the inspector that that all receipts were retained and the inspector was shown a sample of these. The person in charge informed the inspector that staff were trained in the prevention of financial abuse as part of their 'Trust in Care' policy and procedure.

Local amenities such as the park, library, shops, restaurants and hairdressing facilities were accessed and the inspector saw evidence in the daily reports that residents had been assisted to avail of these. Residents were facilitated to go for walks or drives and to take part in arts and crafts, multi-sensory sessions and swimming. They also went on day trips and overnight outings, which were in line with their individual assessed needs. There were two buses available in the centre and these were driven by staff who had completed a specialised driving course. Residents were supported to attend religious ceremonies of their choice, for example, some residents attended Mass in the local church. Staff spoke to the inspector about how they had assessed which restaurants would suit residents for outings during the week.

There was a complaints policy in operation in the centre. An easy-to-read version for residents and their representatives was prominently located in the entrance hall. The centre had a dedicated complaints officer and an independent nominated person. Staff were aware of the names of these personnel and how to initiate a complaint. The inspector spoke with relatives who were familiar with this procedure and was able to tell the inspector the name of the complaints officer and that any issues raised were dealt with efficiently. The inspector viewed the complaints book and observed that complaints were recorded. The satisfaction of the complainant was documented. Learning from complaints was also in evidence .

The centre had four double bedrooms. However, these did not provide adequate privacy and dignity for residents as there was no suitable screen in place between the beds. Staff informed the inspector that residents were encouraged to use the bathroom for dressing and undressing. However, this arrangement did not maximise residents' choice and did not afford residents a private space in their bedroom. The inspector was shown a moveable screen which could be used if required. A visitor confirmed with the inspector that this was used when her relative was sick. There was only one screen available for the four double rooms in the centre. However, the person in charge informed the inspector that she had been in discussions with the provider about more suitable privacy options for these bedrooms. She showed the inspector the risk assessment she had completed for this purpose. The inspector noted that one toilet door was opened and a curtain was used to preserve residents' privacy. This practice had been risk assessed and the rational, the resident's need and the controls in place were explained to the inspector.

Judgment:

Non Compliant - Moderate

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

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that staff were aware of individual communication needs of residents and that residents' communication needs were being met by interpretation and support from the advocacy, social work and SALT (speech and language therapy) services. Residents' representatives were consulted and the inspector saw the policy, letters and communication notes to support this. The inspector reviewed a sample of residents' files and communication plans. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents' behaviour would change when expressing different emotions. The plans also outlined methods of communication to use to support relatives' contact with individual residents. There was evidence that multi-disciplinary professional input was sought where required, for example, from the psychologist and the general practitioner (GP). The inspector observed that communication care plans were reflected in practice by the staff on duty on the day of inspection. Residents had access to television, DVD players and radio. There was a portable phone available if a phone call was to be taken in a private setting. The person in charge and the social care worker informed the inspector that the SALT was responsive to the needs of staff and residents in the centre. The inspector viewed a care plan for one resident written by SALT and saw that it outlined the goals, the time line for implementation and the person responsible for progressing the action.

The psychologist provided advice and detailed steps to be followed when providing positive behaviour support for certain residents. The inspector saw that this advice was included in the personal plans of residents for the attention of all staff. Friends and relatives were encouraged to visit the centre and there was a visitors' room available for private visits. The inspector met some of the visitors to the centre and they confirmed that staff were always welcoming. Visitors informed the inspector that residents and their representatives were included in social events, within the centre and in the community.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that positive relationships between residents and their representatives were fostered in the centre. Contacts and social links were supported by a variety of means. There was an open door visiting policy in the house and family, relatives and friends were welcome to visit. The inspector was shown a variety of photograph albums and framed pictures in the centre which confirmed this. Staff told the inspector that they had access to phone numbers of residents' representatives and other relevant people. This contact was supported as appropriate to each resident, for example through the residents' home visits, phone contact and visits to the centre. Family or residents' representatives were encouraged to attend birthdays and other special occasions such as Christmas parties. Staff said that they had facilitated residents representatives who wished to take an individual resident out for shopping, for a meal or to celebrate a special event. One resident was going home with a family member on the day of inspection and the inspector spoke with the relative before she left. She outlined to the inspector how supportive and friendly the staff were and how she felt her relative was safe and happy in the centre. There was evidence of personal links in the personal plans. Residents' representatives were contacted by the person in charge in advance of the review of each resident's personal plan and invited to attend the review meeting. Input from relevant people, in relation to individual residents' wishes and preferences, was documented in personal plans.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the process of admissions was in line with details in the statement of purpose. Contracts of care set out the service to be provided in the designated centre. Contracts of care were signed by the person in charge and next of kin, where appropriate. If the need arose a member of the staff would meet with

residents and their families or representatives and review current living arrangements and any wishes in relation to any changes or moves. There was evidence that moves were planned for in an organised and person-centred way. Transfers and admissions were overseen by senior members of the team and information meetings were held. Consultation with residents was undertaken in line with their abilities and input was sought from their representatives and the multi-disciplinary team. The inspector spoke with the person in charge and other staff who confirmed such arrangements were in place. However, one resident did not have a contract of care in his file. The provider explained that this was being discussed by the parent organisation. The provider undertook to provide a contract for this resident with the support of the advocate and the social worker.

Judgment:

Non Compliant - Moderate

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

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

This was the centre's first inspection by the Authority.

Findings:

Each resident's wellbeing and welfare was seen to be maintained within the centre. Each resident was facilitated to participate in activities appropriate to their preferences and their abilities. The inspector was informed by the person in charge that residents were involved in some daily chores and were informed about the contents of the shopping lists. Their likes and preferences were ascertained from their representatives, where necessary. The inspector spent time with residents at mealtimes and saw that they were involved in kitchen tasks. The inspector heard staff talking to the residents about activities they enjoyed including bus outings, clothes shopping, outings to local restaurants, spiritual services, walking and gardening. During the inspection the local priest attended the centre and celebrated Mass with the residents. The person in charge told the inspector that this happens monthly and that the residents derived great benefit from the time that the priest spends talking to them afterwards about their families and local events. Staff outlined the residents' routine for relaxation in the house such as beauty therapy, listening to music, art and crafts as well as favourite TV programmes and films. The inspector was shown a set of DVDs which were particularly popular.

Residents were seen enjoying these films in the smaller sitting room. Three residents attended day care facilities on weekdays. The centre had its own minibus in which residents travelled to the day care facilities. There was good communication between the centres. A staff member from the centre accompanied the residents in the morning to provide a care update to the day centre staff.

The inspector saw that the bedrooms were furnished with duvet covers, pictures, signed celebrity photographs and other personal items. The staff showed the inspector the individual selection of music CDs and DVDs as well as certificates of achievement. There were television sets and bedside lamps in each bedroom. The inspector saw that some residents seemed very relaxed in the sitting room listening to music saw that the staff moved about discreetly between the residents providing physical and psychological support where required. The inspector was informed by staff of goals which had been reached by the residents with staff support and they were obviously proud of the progress made. The arrangements to meet each resident's assessed needs were outlined in a personal plan. The person in charge showed the inspector these plans and it was evident that they had been drawn up in line with the specific assessed needs of this group of residents. The plans had been personalised with residents' photographs and the person in charge informed the inspector that this ensured that residents were able to identify their own file. The inspector noted that all residents had been given an opportunity to sign their personal plans.

The inspector viewed evidence that residents had access to the multidisciplinary team such as the dietician, the GP, physiotherapist, occupational therapist, dentist, social worker and the psychological services. There was evidence of consultation with family members or representatives. The person in charge told the inspector that training had taken place to ensure effective use of the documentation. The inspector saw evidence that goal setting for residents in this centre required flexibility and that time-scales could change depending on their needs at a particular time. There were large photographs of staff members on the notice board to inform residents of the staff on duty. Personal plans were being reviewed as required by the Regulations.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre was designed and laid out in a way that was suitable for its stated purpose. It was a purpose built bungalow and was surrounded by spacious well tended gardens. There was adequate parking spaces available for staff and visitors to the centre. The centre was freshly painted and the furniture and fittings were of a high standard. The centre met the individual and collective needs of residents and there was appropriate and suitable assistive equipment provided which was maintained in good condition. The inspector saw evidence of the service records for equipment and observed that there was a responsive maintenance programme available for the centre. The communal rooms were bright and spacious. Bedrooms had suitable beds, large wardrobes with a 'locking function' and hand wash basins. The lack of a privacy option in the double bedrooms was addressed under outcome 1: Residents' Rights, Dignity and Consultation. Corridors were wide and well lit. All parts of the centre were fully accessible to residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

Areas where hazards were present were restricted however, the inspector noticed that the airing cupboard with hot pipes, the staff room containing the medications and the windows, were unrestricted and required risk assessment and appropriate controls. This will be addressed under outcome 7: Health and Safety and Risk management. The inspector observed that there were risk assessments carried out for most hazards identified in the centre and controls had been put in place. There were sufficient toilets, bathrooms and showers to meet the needs of residents. Two new reclining shower chairs had been secured for the residents and staff explained how this had enhanced the care of residents. The inspector noted that there was adequate storage for large pieces of equipment, for example, wheelchairs and hoists. The inspector observed that equipment was appropriate to meet the needs of residents and to support and promote their full capabilities. Some residents had adjustable beds and the inspector saw evidence of maintenance records for all the assistive equipment in the centre.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre had a health and safety statement and it was updated yearly. It identified, assessed and outlined the controls required for certain risks in the centre. Procedures

were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons and disposable gloves were observed in the centre. Alginate bags were available in the laundry room. Staff had training in hand washing techniques and there were Health Service Executive (HSE) leaflets in relation to hand washing procedure on display. Housekeeping duties were carried out by the staff. There were coloured coded systems in use for floor washing and food preparation. Both the person in charge and staff were aware of safe food preparation practices and food was labelled when opened. There was a large laundry room which was used by staff and the equipment was in working order. There was a hot press in the centre and the inspector noted that there was a sufficient supply of clean towels and bed linen stored there. Each resident had an individually coloured towel.

The centre had a risk management policy and a risk register capturing potential risks associated with the centre. This was seen to be updated and was augmented when new risks were identified. The risk management policy outlined the controls in place for the risks specified under Regulation 26 (c). However, not all risks in the centre had been identified and assessed such as the presence of oxygen, sharps bins, the open office door and the disposal of clinical waste. The nurses' office door was open and this was addressed immediately. The person in charge arranged for a key pad lock to be installed on the first day of inspection, following a risk assessment. The person in charge informed the inspector that arrangements had been put in place for the safe disposal of clinical waste, following the inspection. While the inspector was on the premises the oxygen cylinder was risk assessed and placed in a more suitable location. The fire evacuation plan was in place and a safe placement for residents in the event of an evacuation was identified. Regular monthly fire drill training was documented and there were personal evacuation plans (PEEPs) prepared for residents. Not all staff had received updated fire training however, the schedule of upcoming training was viewed by the inspector. Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis, and fire drills took place on a regular basis. The fire assembly points were identified and there was appropriate emergency lighting in place. There was evidence that arrangements were in place for reviewing fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment. The fire safety certificate was displayed on the wall. Staff informed the inspector that improvements were obvious at each fire drill such as a more timely evacuation and residents becoming more aware of the procedure to be followed. The inspector saw the written records which confirmed that fire drills had taken place and also that the aforementioned improvements were documented. The inspector noted that fire exits were unobstructed. Staff spoken with by the inspector were aware of what to do in the event of a fire and were aware of the location of the fire exits and break glass panels. They showed the inspector the personal evacuation plans for each resident. The procedure to be followed in the event of a fire was prominently displayed around the halls of the building. The information was available for residents in a pictorial form also. The centre was a smoke free zone and a large 'bucket of sand' ashtray was available outside the back patio door for one resident who smoked. There was a risk assessment available for this resident. The outside smoking area was clearly marked and the person in charge informed the inspector that matches were stored securely by the staff.

Most of the staff had up to date moving and handling training, 'trust in care' training,

infection control, fire training/drill. However, not all staff had the required training in understanding/management of challenging behaviour, fire training, medication administration and appropriate training in specific medical conditions of the residents, among others. This failing will be addressed under outcome 17: Workforce.

Judgment:

Non Compliant - Moderate

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

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge informed the inspector that she was involved in the management of the centre on a consistent basis and would attend and supervise in the centre twice a week and at least on a weekly basis. She checked on the safety of residents in the centre by observing their body language and speaking to their relatives and representatives. She informed the inspector that she spoke to the staff regularly about their interactions with residents and she was aware of her obligation to report any allegation of abuse to the Authority. Relatives, spoken with by the inspector, said that the staff were kind and caring and the inspector observed respectful communication between staff and residents. Residents seemed to be very comfortable in the company of staff on duty on the day of inspection and indicated this by smiling and occasionally hugging staff members. One resident told the inspector that she liked to help members of staff with the shopping.

The inspector was shown plans for managing any behaviour escalations and saw that interventions were being implemented where required. The centre availed of the services of a behaviour expert to support them in drawing up these plans and they were seen to be person centred and supportive for both the resident and staff. There was a policy on the management of allegations of abuse which was up to date. There was a named person identified as the person responsible for investigating allegations and the responsibility to report any allegation to the Authority was documented. Training records indicated that staff had received training on the Health Service Executive (HSE) "Trust in Care" policy and the inspector viewed the content of the programme which indicated that it covered the identification and prevention of abuse. However, the person in

charge indicated that the programme was to be augmented to include the showing of relevant video content to staff. Not all the staff had received updated abuse prevention training but it was seen to be scheduled. This non compliance with the regulatory requirements will be addressed under Outcome 17: Workforce. The inspector spoke with a staff member who had been in recent contact with the advocate for the residents during her course of study. There was a policy on the use of restrictive interventions which outlined measures to promote a restraint free environment. However, the majority of staff with whom the inspector spoke had not received updated training in positive behaviour support and de-escalation techniques. This will also be addressed under outcome 17: Workforce. There were measures in place for the management of residents' finances and there were records in a register of financial transactions made by and on behalf of residents. The inspector spoke with staff who were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person. The inspector reviewed personal plans for supporting residents with reactive behaviour and the associated risk assessments were seen. Residents' representatives were involved in discussions where appropriate.

Judgment:

Non Compliant - Moderate

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

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

This was the centre's first inspection by the Authority.

Findings:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided to the Authority and the inspector viewed these prior to the inspection.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

Residents' opportunities for new experiences, social participation and training were supported. An assessment of each resident's goals, taking into account their abilities and preferences, had been completed. Goals were developed to maximise his/her independence and sense of achievement. The inspector saw evidence that the educational, sporting and social achievements of the residents were valued and pro-actively supported in the centre. Certificates, trophies and medals were on display and residents were actively encouraged by staff to display their achievements. The person in charge informed the inspector about the wonderful support that the neighbours and local community provided to the residents. The local garden centre provided a skills development and social outlet for some residents. The inspector met with the manager of the centre who spoke proudly of the achievements of residents especially emphasising the social and psychological importance of inclusion. A number of residents participated in skill development, such as art therapy, gardening, ceramics, music, travel, life skills, swimming, training and multi-sensory activity. The inspector saw samples of the residents' art work displayed in the centre, such as hand painted colourful ornaments.

The inspector met with a member of the LRPA (Leisure, Recreation and Physical Activity) group for the centre. She attended the centre each Wednesday and told the inspector about the various athletic programmes which residents were involved in, for example, swimming, bowling, golf, boccia, walking and music activities. She informed the inspector that a resident had qualified for the 'All Ireland Residential Games' last year and this involved hotel trips and awards ceremonies which the resident thoroughly enjoyed. She outlined the annual sports day programme and also spoke about her plans for the residents from a group of centres to become involved in a boccia league. This would involve games played away in other towns as well as hosting residents in their own centre. The anticipated outcome she expected was for increased sociability and enhancement of residents' welfare and development. A member of staff from the centre would accompany her on the bus trips to the activities and she would also be involved in organising the league.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Residents had access to the general practitioner (GP) services and appropriate therapies, such as the dentist, psychologist, dietician, occupational therapist, optician, diabetic specialist, social worker and speech and language therapist. There was evidence in personal plans that residents had availed of these allied health care services and consultants. The inspector saw assessments carried out by the speech and language therapist, the dietician, the behaviour specialist and the dentist. The psychiatrist and psychologist had prepared plans where appropriate and these were seen to be implemented by staff. Documentation seen by the inspector was detailed and person-centred often written in the first person, when preferences were known. The inspector saw that residents' representatives had signed residents' personal plans. As well as the personal plans, each resident had a file for all correspondence from medical personnel and the inspector saw the referrals and the responses received in relation to residents' care. The person in charge informed the inspector that the Clinical Nurse Specialist (CNS) from a nearby hospital was a great resource for the centre, in view of the fact that there were three residents who had insulin dependent diabetes. The person in charge said that the CNS was only "a phone call away". She proposed to develop a training programme for staff, on the management of diabetes.

The inspector noted that residents had access to refreshments and snacks with a selection of drinks and fresh fruit available. The kitchen was newly installed and there were five large tables available to residents which afforded space at mealtimes which suited some residents' needs. Staff showed the inspector the shopping list which they compiled weekly and the rotational menu plan. The inspector observed that there were adequate stores of both fresh and frozen food in the house. Staff told the inspector that one or two of the residents would accompany them on shopping trips and that the likes and dislikes of residents were known to staff. There was emphasis on healthy eating and the residents' weights were recorded monthly. The inspector saw that a body mass index (BMI) measure was used to identify those at risk of malnutrition. The malnutrition universal screening tool (MUST) was used to assess the residents' nutritional status previously and the person in charge said that she was in discussions with the dietician about reinstating this tool for residents. Records were viewed of the residents' monthly weights which indicated that residents were maintaining their weight. Staff were knowledgeable about residents' health and social care needs and were observed to provide care as outlined in the personal plans. Staff also gave detailed information to the inspector about each resident and how these needs were met. It was evident to the inspector from talking to staff and relatives that each person had ample opportunity to enjoy leisure pursuits which suited their needs and which were tailored to their abilities.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector noted that there was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications for the centre. The inspector spoke with staff and found that staff were familiar with the guidance as outlined in the policy. The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process. However, in the sample checked by the inspector prescription charts and administration charts were not completed in line with relevant professional guidelines and legislation. PRN (given as required) drugs which had been administered by a night care staff member had not been charted on the updated prescription chart in one case. In two situations staff who administered medication had not signed the medication administration chart and were not trained in medication management. These drugs were sedative in nature. The prescription sheet was amended while the inspection was ongoing and the person in charge made arrangements for a staff member who was trained in medication management to go on duty on the night shift. Since the inspection the person in charge has provided the inspector with evidence that six night staff have attended medication training appropriate to the centre.

All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications was prescribed and all medications were regularly reviewed by the GP. There were no controlled medications in use at the time of inspection. Residents did not require their medications to be crushed. A medication fridge was in place. Unused and out of date medications were segregated from other medicinal products, as required by the Regulations and a record of returns to pharmacy was maintained. Some medication errors were recorded in the critical incident report book and such errors were discussed at meetings to inform learning for staff. However, as the aforementioned medication errors had not been identified as errors they had not been recorded. The person in charge indicated that she would ensure that these were recorded as errors and that she would develop a more effective audit system. The person in charge said that medication administration was undertaken by staff nurses only but in the absence of staff nurses on the night shift this policy was not always implemented and required reviewing. There were four residents in the centre with epilepsy and non nursing night staff could be required to give emergency medication, for which they had not received training, at the time of inspection. There were three residents with insulin dependent diabetes and non nursing night staff were required to check their blood sugar levels at midnight and respond accordingly. This will be

addressed under Outcome 17: Workforce. Oversight of medication management, including PRN and psychotropic medications was done by the pharmacist, whom the person in charge said was very attentive to the centre.

Judgment:

Non Compliant - Major

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

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. It contained all of the information required by Schedule 1 of the Regulations. The statement of purpose was kept under review and was last reviewed in 2014. It was available to the residents in an accessible format. The inspector found that the statement of purpose was clearly implemented in practice. Staff with whom the inspector spoke were familiar with its contents.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

There was a governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge told the inspector that her post was full time and she was engaged in the governance, operational management and administration of the centre on a twice weekly basis. Regular management meetings were held between the provider, the person in charge and the staff in the centre. Staff were facilitated to discuss issues of safety and quality of care at team meetings which the person in charge attended. There was a regular review of the quality and safety of care in the centre. Audit of areas such as infection control, health and safety, privacy and dignity and medication administration practices were being undertaken. The person in charge was suitably qualified, experienced and demonstrated good leadership and organisational skills. She showed the inspector minutes and records of her visits to the centre, her risk register and her schedule for the six monthly unannounced visits, as required by regulation. Staff, residents and relatives were able to identify the person in charge as being the manager and staff told the inspector that she was approachable, kind and professional.

The person in charge outlined to the inspector her plans for the centre and her commitment to ensure that the staff were supported, trained and resourced. She demonstrated good knowledge of the legislation and her statutory obligations and had a commitment to her own professional development. She indicated to the inspector and to the provider that she was the person in charge of four centres, encompassing 86 residents, spread over a wide geographical area. She said that she felt that if she had one centre less that she could be more effective in managing audit, training issues and staff appraisals. She indicated that she would shortly have support in the form of the newly appointed social care leaders for each centre which might alleviate some of the management challenges she was experiencing.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

There had been no situation where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the

designated centre in the absence of the person in charge. The provider was aware of his statutory duty to report any such absence.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that overall, sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider and the person in charge informed the inspector that a regular review of resources in the designated centre took place. However, staff informed the inspector that there were only two staff members on duty at the weekends when all 10 residents were in the centre. There had been instances where they had been unable to meet residents' goals due to lack of resources, such as going out at weekends for outings or to restaurants. For example, if a staff member was to go out for a take away meal for residents there would only be one staff member in place. Considering the diverse needs of residents, challenging behaviour episodes, epilepsy and diabetes among others, this could not occur without risk. There were no nursing staff on night duty and the staff on night duty at the time of inspection did not have medication training or training in responding to medical emergencies. The staffing and resource issue was raised with the provider and the person in charge. These areas required risk assessment and a plan of training to assure the inspector that the service was safe and in line with the statement of purpose.

Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by the management.

Judgment:

Non Compliant - Moderate

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

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

This was the centre's first inspection by the Authority.

Findings:

A sample of staff files reviewed by the inspector complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. Registration details were available for all staff. There was very little staff turnover and there was a cohort of knowledgeable staff nurses and carers, on the roster, who had been in the centre for many years. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures. There was an induction procedure in place and the inspector reviewed how this was applied to a recently appointed staff member.

Training records reviewed indicated that staff had attended a range of training. However, not all staff had received mandatory and other appropriate training required by the Regulations such as medication management, managing challenging behaviour, abuse prevention and fire training. Staff were supervised according to their role and the inspector saw that staff appraisals had commenced. At the time of inspection the night staff did not have appropriate training relevant to the assessed needs of residents. This was addressed under outcome 16: Use of Resources. The organisation had recently responded to the needs of residents and staff by augmenting the staffing levels on weekday evenings from 17.00hrs to 22.00 hrs. However, this facility had not been extended to the weekends and this staffing issue was also addressed under outcome 16. While the inspector was present residents received attention and care in a respectful and caring manner. The daily care notes viewed by the inspector indicated that the night staff were responsive to any care and welfare issues which occurred on that shift. However, the inspector observed that not all entries were signed by the staff member creating the record. There was a night nurse on duty in a nearby town who could be assessed for advice. However, the inspector noted that in the medication incident which was reviewed, this resource had not been used. Staff informed the inspector that they could also access South Doc at night or would ring an ambulance if the need arose. Rosters were arranged to meet the needs of residents. The inspector viewed the roster and the planned roster for the following week. The inspector found that staff had a good understanding of the responsibilities of their role and of the needs of the residents. Staff with whom the inspector spoke were interested in the residents and in their welfare and achievements and were found to be committed to the ethos of the centre. Residents were seen to be familiar and relaxed with the staff on duty during the inspection. Staff were able to demonstrate an awareness of the centre's policies and had access to the Health Act 2007, a copy of the relevant Regulations, and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Judgment:

Non Compliant - Major

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

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

This was the centre's first inspection by the Authority.

Findings:

The inspector noted that records and documentation in the centre were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. A record of residents' assessments and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. Resident's files were found to be complete and were kept in an accurate manner and were up to date. For example, a record was maintained of all referrals/appointments and residents' notes were updated accordingly when the outcome of the referral appointment was known. Records relating to communication needs, money or valuables, complaints, incidents, notifications, fire safety and staff rotas were maintained, stored securely and were easily retrievable. Staff with whom the inspector spoke were aware of how long records were to be retained as set out in the Regulations. All of the policies required under Schedule 5 of the Regulations were in place such as: medication management, the prevention of abuse, approaches to challenging behaviour and the provision of information to residents, among others. The policies were detailed, centre specific and informed by input from personnel from the service. The inspector noted however, that not all records were maintained in the centre as required under Schedule 3 of the Regulations, such as, a record of medication errors.

Judgment:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
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 report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003298
Date of Inspection:	08 October 2014
Date of response:	18 November 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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Double bedrooms in the centre did not afford for a private space, in respect of each resident's privacy and dignity needs, when receiving intimate and personal care and for professional consultations, in accordance with the regulations.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Fixed collapsible screens are to be fitted to all double bedrooms. The model of screen has been identified and an order is currently being processed.

Proposed Timescale: 14/02/2015

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:

One resident did not have a contract of care which outlined the services to be provided and the fees to be charged in the 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 Provider Nominee will correspond with the Wards of Courts office seeking guidance from them re the signing of the Contract of Care and will act upon this guidance immediately on receipt of same.

Correspondence to be sent week commencing 17th November 2014.

Proposed Timescale: 30/11/2014

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:

All hazards in the centre had not been identified, risk assessed or controls put in place in accordance with the risk management policy for the centre. Examples were: the airing cupboard with exposed hot pipes, the open staff room containing the medications and sharps, clinical waste disposal and the unrestricted windows.

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 following actions have been taken to address the identified hazards.

- A lock has been put on the Hot Press door preventing access to hot pipes.
- A key pad lock has been put on the staff room door to prevent access by residents.
- PIC has sought advice from Cope Foundation's Health Promotion and Infection Control Office & the HSE for a safe solution to the disposal of clinical waste.
- PIC has sought advice from the Facilities Manager re window restrictors. Maintenance request has been submitted to have same installed.
- PIC is to seek support from Cope Foundation's Safety Officer in carrying out a review to update the centre's risk register.

Proposed Timescale: 31/12/2014

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:

The centre did not have appropriate and suitable practices in place for prescribing and administering medications.

A drug had been omitted from the prescription chart. This drug had been administered by a member of the night staff and was not signed as given on the drug administration sheet.

A previous incident had occurred where a PRN (give as required) drug had been administered by the night staff and not signed for by the staff member.

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:

Both incidents have now been logged on Incident Forms.

The staff member involved has received refresher Medication Management training.

Training in Medication Management for all staff is being organised.

A regular system of auditing medication management practices is being put in place.

Arrangements and processes for same being discussed by PIC and Head of Homes and Community 1.

Proposed Timescale: 31/12/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

The staffing levels at weekends had an impact on the safety of care and the quality of life and choice available to the residents.

The skill mix on night duty did not meet the diverse needs of residents to enable safe care at all times.

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:

Training on Medication Management has been provided to all Care Assistants on Night Duty.

A review of staffing levels and skill mix is to be undertaken by the PIC and Head of Homes and Community 1. Recommendations from same to be brought to Leadership Team for consideration.

Proposed Timescale: 31/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

All staff did not have access to updated mandatory and appropriate training such as, managing challenging behaviour, fire training, medication management, abuse prevention, manual handling and CPR.

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:

Since the inspection:

- Six members of staff have received Medication management Training.
- Two staff members have received CFR training.

A training schedule is being put together for each staff member to ensure that they receive the appropriate training and updates. This schedule will include times and a date that places have been booked on the various training courses throughout the year. The schedule will also include the date of future necessary updates.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All the records specified in Schedule 3 of the Regulations were not maintained in the centre, for example, records on medication errors.

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:

All future incidents will be recorded on the official incident forms. Copies of same will be held on site for future review.

Proposed Timescale: 19/11/2014