<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by COPE Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003707</td>
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<tr>
<td>Centre county:</td>
<td>Cork</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>COPE Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Colette Fitzgerald</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>27</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>19 November 2014 09:30</td>
<td>19 November 2014 18:00</td>
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<tr>
<td>20 November 2014 09:30</td>
<td>20 November 2014 15:30</td>
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The table below sets out the outcomes that were inspected against on this inspection:

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

The inspection was carried out in response to an application from the provider to register the centre which provided accommodation for 28 residents in three separate houses. A number of residents stayed in the centre a full seven days per week, with others living there five days per week and some staying four days. The person in charge maintained a record of all other residents who accessed the service on a respite basis.

Enhanced community involvement was a goal for all residents and as an example of innovation in this area the centre was supporting one resident to participate in a pilot
project to develop better ways to support disadvantaged people to live full lives in their communities. This is discussed in greater detail in Outcome 3. In addition all residents were engaged in employment either in the local training centre or in workplaces in the community.

While there was a defined management structure this required review as both the person in charge and the provider nominee were actively managing a number of other centres across a broad geographical area.

As part of the inspection, the inspector met with the residents, relatives and staff members. The inspector reviewed documentation such as the centre’s statement of purpose, person centered care plans, medical records, staff training records, staff files, policies and procedures, fire safety records and the residents’ accommodation.

The Action Plan at the end of the report identifies areas where improvements are 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. Improvement was particularly required in relation to the management of healthcare information. Other areas included:

- Privacy and dignity
- confidentiality of personal information
- management of financial records
- complaints
- care planning
- fire precautions
- emergency planning
- infection control
- medication management
- statement of purpose
- management of volunteers
- residents’ guide.
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
Resident's 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was an advocacy group where residents were consulted with and participated in decisions about their care and the organisation of the centre. One resident's goal from his person centre plan was to attend these advocacy meetings which met monthly. The minutes of the last advocacy meeting were seen by the inspector and issues discussed included staff making sure enough hand-soap was in the dispensers in bathrooms and a request for fish fingers and waffles for tea. These identified issues were acted upon by the person in charge.

However, at the advocacy meeting one resident identified an issue relating to the privacy of his personal and living space. He outlined his concern that his bedroom was used at weekends to accommodate other residents accessing the centre on a respite basis. The person in charge confirmed that, while currently this particular resident's bedroom was not being used for that purpose, other residents' bedrooms were being used as respite facilities at the weekend. The inspector found that this use of residents' bedrooms for people accessing the service on a respite basis did not ensure each residents’ privacy and dignity was being respected.

Most bedrooms were single rooms with the exception of two shared double rooms. The inspector found that screening arrangements were not in place to safeguard the privacy of residents who were sharing these bedrooms. There was adequate space for clothes and personal possessions in all the single bedrooms. However, residents in the double rooms had to share wardrobes. The inspector found that this arrangement did not ensure that each resident had adequate space to store and maintain their clothes and
personal items. Each resident had a laundry basket in their bedroom and was supported
to manage their own laundry.

The inspector saw that the communication diary for one of the houses contained a
number of original healthcare appointment records. These appointments were filed
loosely in the diary and this filing method could not guarantee the confidentiality of the
resident’s personal information.

In the questionnaires completed by relatives of residents prior to the inspection and
submitted to the Authority, one family specifically commented that residents were
encouraged to personalise their bedrooms. The inspector found that all bedrooms were
tastefully decorated with residents’ own items of furniture and lighting. There was an up
to date property list in each resident’s personal outcomes folder. Residents’ artwork and
photography was also on display in the living rooms, hallways and reception area.

As on the last inspection it was found the process for managing residents finances
required improvement. The person in charge could not ensure that residents financial
affairs were adequately managed as two signatures were not in place for all credit and
debit transactions. The financial affairs of two residents were being centrally managed
by the organisation head office. The inspector found that adequate checks and auditing
of these accounts were not being undertaken.

There was a complaints policy which was also available in an easy to read format. The
policy was displayed prominently and identified two types of complaint. The first, classed
as a verbal complaint, involved issues that could be readily resolved at a local level. The
second complaints process involved a resident, or their representative, putting their
concern in writing. Residents who required assistance to make the complaint were
offered the services of the potential advocates either internally or externally. There was
a designated complaints officer. The policy outlined that the provider nominee was also
a designated complaints officer. However, the policy did not identify a nominated person
with oversight of the complaints process to ensure that all complaints were appropriately
responded to as required by regulation 34. The inspector reviewed the complaints log
and there were no complaints recorded. However, the person in charge acknowledged
that verbal complaints had been received but had not been recorded.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

**Findings:**
A number of residents had complex care needs relating to vision and hearing impairment, some of which had required surgical intervention. Staff with whom the inspector spoke were aware of these individual communication needs, which had also been identified in the person-centred planning folder. However, these identified needs did not inform a plan of care to coordinate the supports required for the resident.

A number of policies were available in easy to read format including the policy on communication, trust in care, fire evacuation, complaints and provision of cardiopulmonary resuscitation. The inspector observed a communication board in the kitchen areas which contained a picture rota of which staff were on duty and a menu plan for breakfast and tea.

Television was provided in the main living rooms and a number of residents had televisions and stereos in their own room. There was a computer available with internet access in one of the living rooms.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
Residents were supported to develop and maintain personal relationships and links with the wider community. One resident had agreed to participate in a pilot programme of supported self-directed living designed to help re-integrate people with a disability back into the community. This project was sponsored by Genio, an organisation that works to bring government and philanthropic funders together to develop better ways to support disadvantaged people to live full lives in their communities. The pilot programme was ongoing but, to date, had involved the resident inviting important people in their life to a planning meeting. This meeting had developed a map of their life-journey to date, their current living situation, their interests and a vision of what they wanted their life to be like. Following this planning meeting a number of action steps had been identified to achieve this vision. The resident met with a direct support worker on a weekly basis to implement the actions identified.
Each resident had an activities folder which outlined things they liked to do in the evening. Activities varied from sports like swimming and soccer to social activities like drama and the cinema. A sample of person centred plans identified realistic and achievable goals set by each resident for increased involvement in community life. Examples included going for a hairdresser’s appointment once a month and meeting friends for coffee in the town. The person centred plans read by the inspector had evidence of family input.

There was a policy on visiting and residents said to the inspector that families were welcome and were free to visit. A log was maintained of all visitors. There was adequate communal space in each house to receive visitors with each house having a kitchen/dining room and a separate living room. The inspector spoke with a number of family members who were highly complimentary of the service.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a policy on admission which described the admission process including assessment, access and the transition period that would be agreed with the resident. The admission policy took account of the need to protect residents from abuse by their peers.

The person in charge outlined that one resident had been admitted recently as an emergency admission. This resident was provided with an opportunity to visit before admission and there was a transition period to allow the resident to adjust to the new living arrangement.

The inspector reviewed a sample of written contracts for residential services had found each been agreed and signed by the resident and/or their families. The contracts included details of the services to be provided for the resident and the fees to be charged for those services.

Judgment:
Compliant
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were two sets of resident records, the person-centred planning folder and a separate file for medical records (described in the centre records management policy as the “active file” or “yellow working file”). In the person-centred planning folders reviewed by the inspector there was evidence of involvement of the resident and their family in the development of personal goals for 2014. These goals ranged from attending the hairdresser or being facilitated to listen to music in the evening. The person-centred planning folder contained a picture of the resident, personal details and family contacts. They also contained a brief outline of:
- Things to know about the resident
- eating and drinking (likes/dislikes)
- synopsis of historical medical information
- communication requirements
- personal care
- important things
- likes/dislikes
- activities record
- record of visits.

The second part of the person-centred planning folder contained healthcare information and included:
- Summary of interdisciplinary support received
- monthly recording of weight and blood pressure
- progress notes, which contained a daily note of the resident’s healthcare and social care activities
- annual health check form, completed by staff with the resident
- healthcare assessments.

The person-centred planning folders also contained some recent medical information, including appointment letters and in-patient admission offers. However, these were filed in the back of the folder, were not maintained in chronological order and were not easily
accessible. The medical information did not inform a plan of care for the resident in relation to these identified healthcare needs. The remainder of the medical correspondence and healthcare information was kept in the active file (or yellow working file) described above. Since the last inspection this file was now available on site for staff.

As outlined in Outcome 1 original healthcare appointment records were being filed in the house communication diary. While these appointments were also being documented in the progress/daily notes for the resident, they did not inform a care plan in the resident’s healthcare records.

Staff outlined that, if a resident had a healthcare appointment and needed to be accompanied, sometimes staff in the training centre went with the resident. In relation to these appointments, the inspector again saw loose original appointment records in the diary in the training centre. The person in charge outlined that following such a healthcare appointment there was only verbal communication of the outcome of the appointment between the staff accompanying the resident and staff where the resident lived. While this verbal communication was recorded in the progress notes it did not inform a plan of care for the resident.

Where a resident had to be admitted to hospital either for a day-case procedure or a longer stay, the person in charge outlined that a staff member would accompany the resident and handover care to the receiving hospital. In each person-centred planning folder there was a form, “relevant information to accompany clients being admitted to acute care”, available which was also given to the receiving hospital. There had been some admissions to hospital by residents in the last 12 months. However, the inspector could not see that all relevant information in relation to these admissions was available.

**Judgment:**
Non Compliant - Major

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**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):**
No actions were required from the previous inspection.

**Findings:**
The centre provided accommodation for 28 residents in three separate houses.
The first residence was a purpose built bungalow which had a large foyer/reception area leading to eleven resident bedrooms each with a wash hand basin. All bedrooms were decorated according to resident’s personal choice. This area also contained a laundry room, a linen press and led to a final exit door with a door release key in the hallway. There were six bathrooms:
- Two contained a toilet and wash hand basin
- Two contained a shower, toilet and wash hand basin
- One had a bath, toilet and wash hand basin
- One had a bath and a wash hand basin.

Adjacent to the entrance foyer there were two large sitting rooms, a kitchen/dining room and a pantry. There was a separate apartment space for three residents. This contained three single bedrooms, a shower/toilet area and a kitchen/diner. There was a second apartment space for two residents which had two single bedrooms, a living room with an adjacent kitchenette and a bath/toilet area.

The second residence was a two storey house. There was a hallway, adjacent to which was a large living room. There was a second living room with separate dining area which led to the kitchen. There were two single resident bedrooms downstairs. The ground floor also had a bathroom with shower, toilet and wash hand basin with a separate utility area for laundry. There was access to a well maintained and enclosed rear garden. On the first floor there four single resident bedrooms and two double resident bedrooms. The issue of privacy in the double bedrooms has been discussed in Outcome 1. On this level there were also two bathrooms, each having a bath with shower attachments, toilet and wash hand basin.

The third residence was again a two storey house with two single bedrooms for residents. This house also had a large sitting room, a separate dining area and a kitchen which led to well maintained enclosed garden. On the first floor there was a bathroom with a shower, bath, toilet and wash hand basin.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Since the last inspection the risk management policy had been updated and included, in an appendix to the policy, the measures to control hazards including abuse, unexplained
absence of a resident, injury, aggression and self harm.

There were two separate methods for recording adverse events namely accident reporting and incident reporting. The accident log since November 2013 was reviewed by the inspector and showed five occurrences of residents falling and one record of a cut to a resident’s finger while sewing. The person in charge had introduced an accident report review which was utilised for more serious accidents and included actions to prevent the accident happening again. Incident reporting included medication errors but there hadn’t been any recorded incidents since November 2013.

There was a fire emergency plan which identified the arrangements in place to respond to the evacuation of the houses. In the sample healthcare files seen by the inspector each resident had a personal emergency evacuation plan which outlined if the resident was aware of the evacuation procedure, could hear the fire alarm, could raise the alarm and exit quickly. However, these personal evacuation plans were undated and it was unclear if the plan for each resident was up to date.

At the last inspection it was found that some sinks and taps were not adequately clean but this had been remedied. There was a policy in relation to control and prevention of infection and the centre was visibly clean. There were cleaning schedules in place and staff spoken with were aware of infection control principles. There was signage on display in relation to hand hygiene and the inspector saw all sinks had soap dispensers for hand washing. While paper handtowels were available for drying hands in all shared bathrooms, the inspector observed hand towels in some shared bathrooms. This practice had the potential for cross infection.

There was confirmation, dated January 2014, from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with. The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:
• Servicing of fire alarm system and alarm panel August 2014
• fire extinguisher servicing and inspection November 2014.

All staff had been trained in fire safety within the last year, including nine staff receiving training as fire wardens. As an example of good practice, at each fire panel there was a fire bag which contained the resident personal emergency evacuation plans, a torch and a high visibility vest. Residents spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. There was emergency signage identifying escape routes and an emergency lighting certificate was available from March 2014. There was daily checking of the means of escape routes. However, wedges were observed to keep fire doors open in the apartment area of the first house.

The maintenance log showed regular maintenance conducted and suitable repairs recorded.

Judgment:
Non Compliant - Major
**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the last inspection it was found that the policy on protection of vulnerable adults was out of date but this had been rectified. All staff had received training on the prevention of abuse. There was a separate policy on intimate care and the sample healthcare files contained intimate care plans. While there was a risk assessment available for one vulnerable resident for social outings, a risk assessment had not been undertaken for another resident who outlined to the inspector that they frequently used public transport.

There was a policy on the provision of behavioural support and a separate policy for the prevention of and use of restrictive intervention. An audit of restrictive intervention found that there was no use of restrictive measures. However, as on the last inspection, not all staff had received training on dealing with positive approaches to behaviours that challenge. A behavioural therapist was available and inspector saw evidence that residents had received support from the therapist. From a selection of behaviour management plans viewed by the inspector, behavioural intervention records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

**Judgment:**
Non Compliant - Minor

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**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):
No actions were required from the previous inspection.

Findings:
Practice in relation to notifications of incidents was satisfactory. The nominated provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. To date all relevant incidents had been notified to the Chief Inspector including a change to the provider nominee and six fire alarm activations all of which related to the use of the toaster.

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):
No actions were required from the previous inspection.

Findings:
All residents had access to a day training centre. The inspector spent some time at this training centre and spoke with residents as well as other service users. The inspector saw that there was a lively friendly atmosphere. Some residents were working on a specific project for a local employer, while other residents were engaged in making arts and crafts which were to be sold at an upcoming craft sale. A number of residents who spoke with the inspector outlined that they worked part-time in local businesses, including the hospital, the town council and a restaurant. One resident’s long-term goal available in their person-centred folder was to work in the local coffee shop and the service had put in place a plan to achieve this goal.

A number of residents had undertaken further training and education including Further Education and Training Awards Council (FETAC) certificates in textiles, communication and personal safety.

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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice and each resident usually attended the GP practice. The inspector reviewed a sample of resident healthcare files. Each resident had an up to date annual OK health check which was a global health assessment undertaken by nursing staff.

While there was evidence that residents were supported to attend appointments and had been referred to consultant specialists if required, the recording and follow up communications with hospitals required improvement. It was recorded in one resident’s progress notes, which were stored in the training centre, that the resident was scheduled for a repeat clinical investigation. However, there was no record of the results of the previous investigation available or any communication with the hospital in relation to the reason for the repeat investigation.

Some residents had health care issues identified and healthcare plans had been prepared. However, some of these were unsigned and undated and it was unclear if the plans of care were current or if they were being implemented.

There was evidence of access to specialist care in psychiatry as required. It was recorded in the progress notes that one resident was due for “review in November”. However, there was no care plan in place. Neither was there a record kept in the progress notes or communication diary in relation to this review.

There was evidence that residents were referred for treatment by to allied health professionals including speech and language therapy. One resident had a swallow care plan dating back to 2011 and it was unclear if this plan of care was current or being implemented. Similar issues were identified with oral assessment guides dating back to 2011.

There was a policy on nutrition and hydration. Each resident’s person centred planning folder contained details of resident’s particular food likes and dislikes. Residents had their main meal either in the training centre or their place of work. There was a three week rolling menu for supper and a copy of the menu was available on the notice board. Residents prepared breakfast themselves with a choice of cereals available. The inspector found adequate quantities of food available for snacks and refreshments.
Judgment:
Non Compliant - Moderate

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Since the last inspection improvements had been made in relation to medication management practices. Photographic identification was now available for each resident on the medication administration record to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The medication management policy now included reference to a two day training programme on the administration of medication for non-nursing staff.

Medication was dispensed from the pharmacy in a monitored dosage system. It was kept securely in a locked cabinet in all three houses and during the two days of the inspection the cabinet was locked at all times. Staff outlined that if there were any change to the resident’s prescription the monitored dosage system was returned to pharmacy and a new pack was dispensed.

The prescription sheets contained pre-printed medication labels for each medicine which were attached to the prescription sheet by staff. This prescription sheet was then signed and dated by the GP. The inspector found that this system did not prevent the possibility of error.

The medication administration times were handwritten on the prescription sheet by nursing staff. It was unclear if the GP had indicated the times that were inserted. The 24 hour clock was not used for the administration time and one medication was timed at “9.00” and it was not clear if this medication was to be administered in the morning or at night.

In one of the prescription sheets seen by the inspector pro re nata (PRN or as required) medication was included but it wasn’t identified as PRN medication. This could lead to medication being administered inappropriately.

A number of residents had risk assessments in relation to self-medication. The assessments detailed the decision making associated with and the support and supervision required to facilitate the resident with self medication. However, not all of these risk assessments were dated and it was unclear if the assessment for each resident was up to date.
Judgment:
Non Compliant - Minor

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose had been updated since the last inspection. However it didn’t confirm whether there were any separate facilities for day care.

Judgment:
Non Compliant - Minor

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):
No actions were required from the previous inspection.

Findings:
The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. She was also appointed as person in charge for four other centres across a broad geographical area.

The statement of purpose defined the management structure and identified the lines of authority and accountability from the person in charge to the provider nominee. There
was daily contact between the two by telephone, a scheduled weekly meeting and both participated in the organisation clinical nurse managers meetings on a monthly basis. The minutes of the most recent nurse managers meeting from October 2014 discussed issues like the Authority's inspection programme, updates on occupational therapy service, budget planning and an update from the nurse practice development unit. The provider nominee outlined that she too had responsibility for a number of other centres across a wide area. The provider nominee outlined an organisational plan to reduce the number of centres for which both the provider nominee and person in charge had responsibility for and thus ensure effective governance, operational management and administration of the designated centres concerned.

There was evidence of audits of care including:
- Medication
- restrictive intervention (discussed in more detail in Outcome 8)
- hand hygiene
- privacy.

The provider had arranged for two unannounced visits to the centre in the last six months to assess quality and safety. The inspector read both reports of the unannounced inspections and found that they were updates on the action plan of the last monitoring inspection by the Authority. However, there wasn't an annual review of the quality and safety of care and support as required by the regulations.

Staff were supported to exercise their personal and professional responsibility for the quality and safety of the services they were delivering, primarily through staff meetings. The minutes of the staff meeting for November 2014 included issues like:
- HIQA
- advocacy
- trust in care policy
- key worker system
- medication issues
- fire training
- emergency plan
- fire bags.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent. The inspector found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge. The provider nominee outlined a proposed change in the line management structure so that a senior staff nurse would have more responsibility in the event of the absence of the person in charge.

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):
No actions were required from the previous inspection.

Findings:
The inspector formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out and had a fully equipped kitchens and laundry. Equipment and furniture was provided in accordance with residents’ wishes. Maintenance requests were dealt with promptly. There were suitable social care staff and nursing staff available to assist residents. Residents had choice in relation to activities and could access activation facilities in their homes or off site in other venues.

Judgment:
Compliant

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):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
The inspector reviewed a sample of staff files and found that, since the last inspection, all of 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 and the National Standards for Residential Services for Children and Adults with Disabilities were now available.

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the houses. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.

There was a staff training and development policy and all staff had received the required training except for training on positive behavioural support which is discussed in Outcome 8.

There were a number of volunteers for whom there was no written agreement in place.

### Judgment:
Non Compliant - Minor

### 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):
No actions were required from the previous inspection.
Findings:
While there was a records management policy in place, the management of healthcare records required improvement. On the first day of inspection the person-centred planning folders were kept in the pantry next to the kitchen. The door to the pantry was kept open with a hook and the confidential information was easily accessible to all. The records were moved to the person in charge’s office on the second day of inspection, the door of which was kept locked at all times.

As outlined in Outcome 5 relevant information was not always available in the person-centred planning folders. At the back of one resident’s file there was an empty envelope marked “x-ray” with a note saying “see nursing notes 16/01/2014”. However, when the inspector went to view the nursing notes they were only available from 17 January 2014.

A directory of residents was maintained in the centre and was made available to the inspector.

The person in charge outlined that a copy of the residents’ guide, while available in the reception areas, had not been specifically provided to each resident. The guide did not include the following items which are specified in the regulations:
• The terms and conditions relating to residency
• arrangements for resident involvement in the running of the centre
• how to access previous inspection reports.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

All of the policies and procedures as required by Schedule 5 of the Regulations were available.

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:
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:

Use of residents’ bedrooms for people accessing the service on a respite basis did not ensure each residents’ privacy and dignity was being respected.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
The provision of weekend respite in Glen Lodge is a vital resource to families. All residents are consulted about the use of their rooms for weekend respite, any resident who decides that they do not want their rooms used for respite services will be accommodated, as far as possible, and their room will not be used for weekend respite. Up to 4 respite places are offered each weekend, 1 person availing of respite will use the designated respite room and up to 3 others will be accommodated in resident’s bedrooms. In each of these bedrooms:

- A locked press is provided in each bedroom for residents to lock away their personal possessions when they are not in the hostel.
- The room will be deep cleaned before the person availing of respite arrives in the hostel and when they leave i.e. the mattress on the bed will be fully disinfected and all hard surfaces in the room including the floors will be disinfected.
- All bed linen belonging to the resident will be removed from the room and only designated respite bed linen will be used. I.e. mattress protector, sheets, duvet and duvet cover, pillows and pillow covers.
- Designated respite towels will be provided for each person availing of respite.

To ensure that each resident’s privacy and dignity is respected Cope Foundation is planning that all respite will be provided in dedicated respite facilities across the organisation.

The organisation appointed a Short Breaks Coordinator in 2014 and a draft strategy to reorganise how short breaks, including respite, are provided in all of Cope Foundation is being planned.

Plans have been drawn to explore the possibility of increasing the amount of short breaks/respite that can be provided at our respite facility in “Bracken” Fermoy which will help to alleviate the issue highlighted in the inspection report.

One of the recommendations made in the strategy is that the practice of providing respite in residential beds will cease and that respite would be provided in dedicated respite facilities across the organisation. This however will take time as the additional resources required will have to be found.

Other recommendations also include the development of alternatives to residential respite such as Home Sharing and Host Families, both of which are being further rolled out in 2015.

The review of short-breaks, including those provided in Glen Lodge Hostel, are part of an overall plan in Cope Foundation that is dependent on accessing additional resources.

As part of the review we will

- discuss the provision of respite in North Cork with families and offer other options such as host-sharing with host families
- Review ways of providing residential short breaks in Bracken.

**Proposed Timescale:** 30/07/2015

**Theme:** Individualised Supports and Care
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Screening arrangements were not in place to safeguard the privacy of residents who were sharing double bedrooms.

Action Required:
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:
A moveable screen will be placed in both of the double bedrooms. These screens have been ordered and delivery of the screens is expected in the next week.

Proposed Timescale: 17/04/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Filing of resident information in the house communication diary could not guarantee the confidentiality of personal information.

Action Required:
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:
This practice is no longer in place; all relevant resident information is now kept in each individual’s support plan. All hospital appointments are written into the communication diary and the original appointment letter is kept at the front of the individual’s support plan.

Proposed Timescale: 30/04/2015
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents in the double rooms had to share wardrobes.

Action Required:
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has
adequate space to store and maintain his or her clothes and personal property and possessions.

**Please state the actions you have taken or are planning to take:**
In the double rooms wardrobes will be divided to ensure that each resident has adequate space to store and maintain their clothes and personal items.
Residents in these double rooms will have their own individual wardrobe by 10-04-2015

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two signatures were not in place for all credit and debit transactions.

**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:**
The Person in Charge has met all staff to ensure that two signatures are in place for all credit and debit transactions. A laminated sign is on the door of the locked press where the financial records are kept. This will also be discussed at each staff meeting in 2015. Monthly audits have been put in place to ensure that all transactions are double signed.

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Adequate checks and auditing of centrally managed resident financial accounts were not being undertaken.

**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:**
The Finance division together with the Person in Charge of the designated centre have responsibility for managing the Patient Private Property Accounts system (PPP). There are designated persons in the finance department of Cope Foundation that carry out internal audits of Cope Foundation centres in respect of clients PPP accounts at a minimum of once a year. This involves a review of the recording and control systems in
place, and documenting the findings of the audit. All expenditures receipts/vouchers are maintained at unit level for auditing purposes.

In March 2014, it was necessary to set up Patient Private Property Accounts (PPP) for two residents in this centre. These accounts were set up in consultation with the residents. The consent of the two residents was obtained in writing. The Person in Charge ensures that the financial affairs of these residents are adequately managed and that support is provided to manage their finances. An internal audit by the designated person from the finance department of Cope Foundation will have taken place in this centre by the 30.04.15 and evidence of this audit will be on site.

**Proposed Timescale:** 30/04/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Complaints log was not being updated.

**Action Required:**  
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**  
I met with all staff individually and discussed the importance of logging all complaints in the complaints log. This will also be discussed at staff meetings in 2015.

**Proposed Timescale:** 30/04/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Complaints policy did not identify a nominated person with oversight of the complaints process to ensure that all complaints were appropriately responded to.

**Action Required:**  
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**  
The Person in Charge in each area deals locally with complaints in the first instance; the provider nominee Colette Fitzgerald has oversight of the complaints process to ensure
that all complaints are appropriately responded.

Currently, the Cope Foundation policy does not identify specific Provider Nominees, as this is a generic policy. Cope Foundations policy will be updated to identify a nominated person with oversight of the complaints process.

**Proposed Timescale:** 31/05/2015

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no care planning in relation to identified communication needs.

**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:**
The care plans have reviewed and any identified communication needs are highlighted in the individuals support plan to ensure that each resident is assisted and supported at all times in accordance with the resident's needs and wishes. This will ensure that all staff are aware of any particular or individual communication supports required by each resident as outlined in his/her personal support plan.

**Proposed Timescale:** 30/04/2015

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medical information did not inform a plan of care for the resident in relation to these identified healthcare needs.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
- An annual full medical completed by their GP of choice.
- An annual OK health check completed by staff nurse in this centre.
• An OK health check intervention record will follow the OK health check to highlight any issues raised in the OK health check.
• A diary of GP, consultants and all health appointments are kept in a user friendly form. (see attached form)
• An individual support plan for personal and intimate care which is reviewed six monthly in consultation with the resident and their key worker.
• Each individual has set their personal goals in conjunction with their key worker and these are reviewed six monthly.
• An activity record which is completed daily.
An assessment will be carried out as required to reflect changes in need and circumstances at a minimum of once a year.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Healthcare appointments did not inform a care plan in the resident’s healthcare records.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
• A diary of GP, consultants and all health appointments are kept in a user friendly form in their personal support plan. (see attached form) This is completed following all health care appointments and follow on treatment is documented.
• A copy of all consultant letters is kept in the main file for confidentiality, we are in the process of collecting copies of past consultant letters from GPs.
• This process is ongoing as GP’s have requested consent from family members.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Following a healthcare appointment there was only verbal communication of the outcome of the appointment and the information did not inform a plan of care for the resident.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and
The social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
- The nurse from the day centre comes to the hostel daily and has two handovers with staff in the hostel, one in the morning and one in the evening.
- Staff from the hostel where possible will attend all health care appointments so that all information is first hand.
- A diary of GP, consultants and all health appointments are kept in a user friendly form in their personal support plan. (see attached form) This is completed following all health care appointments and follow on treatment is documented.
- All appointments and their outcomes are documented in the nursing notes.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

There had been some admissions to hospital by residents in the last 12 months. However, all relevant information in relation to these admissions was not available.

**Action Required:**
Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

**Please state the actions you have taken or are planning to take:**
All relevant documentation on hospital admissions is currently being retrieved from the GP practices. 3 letters have currently been received on consultant’s appointments. The resident that had been in hospital was discharged to the care of his family, on his return all appropriate documentation was received from the family and GP.

**Proposed Timescale:** 30/04/2015

**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:

Personal emergency evacuation plans were undated.

**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:
All Personal emergency evacuation plans have been reviewed and are now all dated.

Proposed Timescale: 30/04/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of handtowels in shared bathrooms had the potential for cross infection.

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:
• The Person in Charge met with the staff and residents and discussed the importance of personal hand towels being kept in each individual’s personal bedroom.
• Paper hand towel dispensers are available in each toilet.
• A nightly check of bathrooms is carried out and staff are to ensure that bathrooms are clean and hand towels are not present.

Proposed Timescale: 30/04/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some fire doors were kept open with wedges.

Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
One wedge was kept in the independent apartment to keep the bathroom door open while cleaning was in progress by the residents who live there. The Person in Charge met with the residents of the independent apartment and informed them that they can no longer use this wedge and it has been removed.

Proposed Timescale: 30/04/2015
### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training on dealing with positive approaches to behaviours that challenge.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
One staff has received training on the 3rd and 4th of March 2015. The second staff is booked in for the next available training on the 3rd and 4th of June 2015. All other staff have received up to date training on dealing with positive approaches to behaviours that challenge.

### Proposed Timescale: 04/06/2015

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Relevant risk assessments had not been completed for all vulnerable residents.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
A review of our risk assessments was carried out and relevant risk assessments were completed on all vulnerable residents. Please find attached a copy of a risk assessment completed on a vulnerable resident.

### Proposed Timescale: 30/04/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Recording of and follow up communication with acute care treatment centres required improvement.
**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:**
- Staff from the hostel where possible will attend all health care appointments so that all information is first hand.
- A diary of GP, consultants and all health appointments are kept in a user friendly form in their personal support plan. (see attached form) This is completed following all health care appointments and follow on treatment is documented.
- All appointments and their outcomes are documented in the nursing notes.
- Appointment letters once received are noted in the communication diary and the appointment letter is kept in the front of the residents individual support plan.
- The nurse from the day centre comes to the hostel daily and has two handovers with staff one in the morning and one in the evening.

**Proposed Timescale: 30/04/2015**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents had health care issues identified and healthcare plans had been prepared. However, some of these were unsigned and undated and it was unclear if the plans of care were current or if they were being implemented.

**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:**
A start date and review date has been added to each health care plan and signed by the resident and their key worker.

**Proposed Timescale: 30/04/2015**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was recorded in the progress notes that one resident was due for specialist review. However, there was no care plan in place. Neither was there a record kept in the progress notes or communication diary in relation to this review.

**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:
- The nurse from the day centre comes to the hostel daily and has two handovers with staff one in the morning and one in the evening.
- All health care appointments are documented in the communication diary and the appointment letter is kept in the front of the individuals personal support plan.
- A diary of GP, consultants and all health appointments are kept in a user friendly form in their personal support plan. (see attached form) This is completed following all health care appointments and follow on treatment is documented in their health care plan.
- All appointments and their outcomes are documented in the nursing notes.

**Proposed Timescale:** 09/04/2015  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was evidence that residents were referred for treatment by to allied health professionals including speech and language therapy. One resident had a swallow care plan dating back to 2011 and it was unclear if this plan of care was current or being implemented. Similar issues were identified with oral assessment guides dating back to 2011.

**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:
- Residents are not routinely reviewed by the speech and language therapist.
- Any changes in need of a resident will be highlighted in their personal support plan and a referral sent to the relevant allied health professionals.

**Proposed Timescale:** 09/04/2015

**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 prescription sheets contained pre-printed medication labels for each medicine which were attached to the prescription sheet by staff. This prescription sheet was then signed and dated by the GP. The inspector found that this system did not prevent the possibility of error.

**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:**
A request has been made to the GP’s to hand write all medications into the prescription chart and to sign and date each one individually and this is now completed.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The medication administration times were handwritten on the prescription sheet by nursing staff. The 24 hour clock was not used for the administration time and one medication was timed at “9.00” and it was not clear if this medication was to be administered in the morning or at night.

**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:**
A request has been made to the GP’s to hand write all times for the administration of medications using the 24 hour clock.

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<td><strong>Theme:</strong> Health and Development</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
In one of the prescription sheets seen by the inspector pro re nata (PRN or as required) medication was included but it wasn’t identified as PRN medication. This could lead to medication being administered inappropriately.

**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:**
A request has been made to the GP’s to hand write all PRN medications into the separate PRN charts. This practice is now in place.

**Proposed Timescale:** 30/04/2015  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
A number of residents had risk assessments in relation to self-medication. However, not all of these risk assessments were dated and it was unclear if the assessment for each resident was up to date.

**Action Required:**  
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**  
A start date and a review date are now clearly visible on these risk assessments in relation to self-medication.

**Proposed Timescale:** 30/04/2015

**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 confirm if there were any separate facilities for day care.

**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:**  
The statement of purpose is updated to include the arrangements for day services.

**Proposed Timescale:** 30/04/2015
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:**

While there was a defined management structure this required review as both the person in charge and the provider nominee were actively managing a number of other centres across a broad geographical area.

**Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

A) Mary Kearney remains as the Person in Charge for the two designated centres in Mallow and Kanturk; this will enable her to have a presence in each of the centres on a daily basis. She will have the support of a PPIM in each centre and this will ensure that effective governance and operational management is in place.

B) Cope Foundation advertises internally and externally for an additional CNM1 to take on the role of Person in Charge. The person appointed will be responsible for three designated centres in Dun Aoibhinn, Fermoy, Bracken Respite, Fermoy and The Lodge, Mitchelstown. The newly appointed PIC will then be able to have a presence in each centre 2 to 3 days per week.

In the interim as Provider Nominee for North Cork I will continue to provide on-going support and guidance to Mary Kearney who will remain as PIC in North Cork until the additional PIC is recruited and appointed.

The appointment of two PIC’s in North Cork together with the support of a PPIM structure in North Cork will aid Cope Foundation ensure that services provided by Cope Foundation are safe, consistent and appropriate to residents’ needs.

As part of the Management and Control of Operations in North Cork this new structure will assist in effective management systems. I have recently completed an unannounced visit to the areas in North Cork and will continue to be a presence on site to support the Persons in Charge in the future.

Colette Fitzgerald is the Nominee Provider, the PIC is Mary Kearney and Team Leader is Alison Sheahan- this is the line of authority for the management of this designated centre.

Alison Sheahan (team leader) will participate in the management of the centre and she will have direct supervision of this centre. She will report directly to the PIC Mary Kearney. Mary Kearney is based in Mallow and she is on site daily. The team leader has six hours of protected management hours each week to support Mary Kearney in her role as person in charge. A process will be put in place to submit the relevant documentation to HIQA to register Alison Sheahan as PPIM to further support Mary Kearney in her role.

**Responsibilities of the team leader:**
Maintenance of standards to ensure resident’s needs are met.
- Carry out audits.
- Provide effective management and supervision of staff team.
- Manage staff rotas.
- Manage staff absenteeism.
- Be familiar with current and new policies
- Support the development of person centred planning; ensuring each individual plan has meaningful and achievable goals and outcomes as recorded.
- Ensure wellbeing of residents.
- Ensure safety standards, maintenance and security of building.
- Ensure petty cash and residents are checked balanced and recorded.

On 12-03-2015 Alison Sheahan attended a one day management training to outline the role and responsibilities of a team leader.

In January 2015 a new Divisional Manager and head of Homes and Community 3 was appointed. The responsibilities of this role includes all areas providing services to people with behaviours that challenge. These designated centres are now transferred from Homes and Community Division 1 which reduced the number of persons in charge reporting to Colette Fitzgerald from seven to five people.

**Proposed Timescale:** 31/05/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There wasn’t an annual review of the quality and safety of care and support as required by the regulations.

**Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
Cope Foundation is commissioning this review externally and it commenced in March 2015. This review has commenced in one of the designated centres that has received HIQA registration and a plan will be put in place to ensure that there is an annual review of the quality and safety of care and support in this designated centre.

**Proposed Timescale:** 30/09/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were a number of volunteers for whom there was no written agreement in place.

Action Required:
Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

Please state the actions you have taken or are planning to take:
A written agreement is in place for each volunteer.

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents’ guide did not include the following items which are specified in the regulations:
• The terms and conditions relating to residency
• arrangements for resident involvement in the running of the centre
• how to access previous inspection reports.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:
The residents guide has been updated to include:
• The terms and conditions relating to residency
• Arrangements for resident involvement in the running of the centre
• How to access previous inspection reports.

Proposed Timescale: 30/04/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Relevant healthcare records were not always available.

Action Required:
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of
the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
- A request has been made to GP services to forward on all relevant health care records from GP visits to consultant appointments.
- A copy of all consultant letters is kept in the main file for confidentiality, we are in the process of collecting copies of past consultant letters from GPs.
- This process is ongoing as GP’s have requested consent from family members.

**Proposed Timescale:** 31/05/2015