| Centre name: | A designated centre for people with disabilities operated by COPE Foundation |
| Centre ID: | OSV-0003287 |
| Centre county: | Cork |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | COPE Foundation |
| Provider Nominee: | Bernadette O'Sullivan |
| Lead inspector: | Mairead Harrington |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 13 |
| Number of vacancies on the date of inspection: | 1 |
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 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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<tbody>
<tr>
<td>15 June 2015 15:00</td>
<td>15 June 2015 19:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</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 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</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**

This report sets out the findings of a follow-up inspection to a registration inspection at this centre on 16 and 17 July 2014. A copy of the previous report can be found at hiqa.ie. The centre operates four nights a week, Monday to Thursday with residents attending various activities and day services throughout. At time of inspection the centre accommodated thirteen adults, both male and female, with varying levels of intellectual disability. Previous inspection findings were positive and where regulatory non-compliance had been identified the provider and person in charge demonstrated their willingness, commitment and capacity to implement the required improvements.

As part of the process the inspector met with residents, the person in charge, relatives and several staff members. The inspector observed practices and reviewed documentation such as personal care plans, medication records, policies and procedures.

The findings of the inspection are set out under 11 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated
Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

In keeping with the previous inspection assessment the inspector was satisfied that the centre was continuing to operate in substantial compliance with the Standards and Regulations in the areas assessed. Management had satisfactorily implemented measures to address actions previously identified around risk assessments and the statement of purpose. Outstanding and additional issues which needed to be addressed in order to bring the centre further into compliance included the development of documentation around contracts, restraint and risk management policy.
**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A minor non-compliance had been identified on the previous inspection around access for residents to the internet. This had since been addressed with broadband access now available for use by residents. This Outcome was otherwise not assessed.

**Judgment:**
Compliant

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**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:**
The previous inspection had identified that contracts were not in place for residents. Action had since been taken to address this issue with individual, signed contracts now in place for all residents. However, there were issues in relation to these contracts as not all were dated and the fees for specific services were not included.

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

**Findings:**
The findings of this inspection were in keeping with those of the previous registration inspection in relation to personal care plans in that they were combined in a written and pictorial format, were up to date and provided relevant detail about individual needs, capacities and goals. Social care needs were addressed in each personal care plan which were in place for all residents and were developed with the participation of the resident and in consultation with relatives and family as appropriate. Personal plans were person centred and reflected the individual abilities, needs and preferences of residents. Individual communication needs were identified and 'communication passports' had been developed with input as appropriate by speech and language therapy staff. Nominated key case workers were assigned and plans were kept under regular review. Residents attended day services and appropriate arrangements were in place to facilitate access and transfer with the centre having a designated vehicle, appropriately maintained, to accommodate transport. The inspector spoke with several residents who described their activities including participation in sporting activities and community events as well as the pursuit of individual interests within the centre such as baking and knitting. Residents were also seen to participate in shopping excursions supervised by staff for household provisions including ingredients for meals and sundry personal items such as toiletries. Residents had opportunities to go to the cinema or bowling and there were outings to the seaside and local parks. There was also access to a local social club for music and dancing on a weekly basis.

**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 person in charge had ensured the completion of relevant risk assessments for the centre including deep cleaning practices and a risk register was maintained accordingly. Policies and procedures for risk management and emergency planning were in place dated March 2014. However, the risk management policy did not reference the specific risks as required by the Regulations in relation to accidental injury, aggression and violence, self-harm and unexpected absence. All staff had received up-to-date training in moving and handling and fire safety. Personal evacuation plans were in place and an evacuation plan was on display. The centre operated a regular routine of fire safety checks that included alarms, emergency lighting, exits and equipment.

### Judgment:
Substantially Compliant

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

### Findings:
Measures in place to protect residents from being harmed or suffering abuse included appropriate staff training and effective policies and procedures around the prevention, detection and response to abuse. The person in charge explained that training was scheduled for later in the month and that policy was due for revision accordingly. The person in charge was aware of the statutory requirements in relation to the notification of allegations of abuse and appropriate mechanisms of recording and reporting were in place. There was a comprehensive policy and procedure for the provision of intimate care dated May 2014. A policy was also in place around the use of restrictive procedures which indicated a commitment to a restraint free environment and the consideration of possible underlying causes and alternative measures. In reviewing a personal care plan the inspector noted this policy was actively implemented with appropriate input and review by a medical practitioner in relation to a resident who had the potential to present with behaviour that might challenge following a recent bereavement. However, the policy required review and amendment in relation to definitions of restraint. Action in this regard was recorded at Outcome 18 on documentation. A policy dated April 2014 was also in place for the provision of behavioural support that referenced input by allied
health professionals and multi-disciplinary teams as appropriate. All staff had received up-to-date training in the management of actual or potentially aggressive behaviour.

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

**Findings:**  
As previously outlined in Outcome 5 on social care needs a sample of personal care plans were reviewed that indicated residents' healthcare needs were fully addressed with regular review and monitoring by relevant healthcare professionals including speech and language therapy, dietician services and occupational therapy. Residents were seen to be encouraged to take an active interest in their health and welfare particularly in relation to diet and the development of menus and preparation of meals. The inspector observed and evening meal time and noted that the experience was positive, relaxed and social with good interaction between residents and staff. Meal choices were healthy, well prepared and it was clear that the preferences of individual residents were accommodated.

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

**Findings:**  
Written operational policies and procedures relating to the ordering, prescribing, storage and administration of medicines were in place dated 6 June 2014. The inspector reviewed a sample of personal plans and noted that individual medication plans were in place with administration charts that corresponded to the prescription information and contained the necessary biographical detail for the relevant resident. Appropriately
trained staff administered medication and documentation in this respect was in order with times of administration and dosages recorded and signed off accordingly.

**Judgment:**
Compliant

### 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:**
Action following the last inspection had been completed on the statement of purpose which was up-to-date and contained all the relevant information as required at Schedule 1 of the Regulations.

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

**Findings:**
Satisfactory governance arrangements were in place. The delivery of care was directed via a designated person in charge who was suitably qualified and experienced. The person in charge was employed on a full-time basis with responsibility for two other centres and attended on-site at a minimum of one day per week. Arrangements were in place to deputise for the person in charge when absent and a suitably qualified and experienced staff nurse fulfilled this role. The provider nominee was in regular attendance on-site and maintained on going contact with the person in charge. Safety
meetings were also scheduled on a quarterly basis for attendance by provider nominee and a representative from all regional centres. The provider nominee had undertaken an unannounced visit to the centre in the previous six months and a report to this effect was available. The person in charge had audit systems in place to ensure the delivery of a safe and appropriate service however, the annual quality review had not been completed and a report of the review was not available.

Staff spoken with were found to have a good knowledge and understanding of their residents' circumstances, likes and dislikes and were committed to providing quality, person-centred care to their residents. Governance was supported by effective systems of communication and supervision. Staff were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.

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):
No actions were required from the previous inspection.

Findings:
In keeping with the previous registration inspection the components of this Outcome assessed were found to be compliant with statutory requirements. An appropriate number of suitably qualified and trained staff were on duty to ensure the safe delivery of care to a standard that met the assessed needs of the resident profile in keeping with the statement of purpose. The inspector reviewed the staff rota which indicated adequate staffing levels to ensure effective continuity of care at all times that residents were at the centre. An effective training programme was in place and all staff had received the required mandatory training. Staff were adequately supervised and competencies were assessed including an annual appraisal system that identified additional training needs.

Staff records were maintained at head office in Cork and were not assessed as part of this inspection.

Judgment:
Compliant
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:
As outlined at outcome 8 on safeguarding and safety the restraint policy and procedure on definitions of restraint to be reviewed and updated where necessary in accordance with best practice and relevant national guidance.

Criteria around documentation and records were only assessed in so far as they applied to the outcomes covered by this inspection.

Judgment:
Substantially Compliant

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:
Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
# Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by COPE Foundation</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003287</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 July 2015</td>
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## 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 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:
The agreement for the provision of services did not include details of the services to be provided for the resident and where appropriate, the fees to be charged.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The agreement for the provision of services will be reviewed and will include the fees for specific services that might incur a charge. This includes chiropody, hairdresser, music therapy if referral is external, and any other service that might be required based on individual resident needs.

Proposed Timescale: 31/08/2015

Outcomes 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:
The risk management policy did not detail the measures and actions in place to control for risks that included:

i) the unexpected absence of a resident
ii) accidental injury to residents, visitors or staff
iii) aggression and violence
iv) self-harm

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

Please state the actions you have taken or are planning to take:
The risk management policy now details the measures and actions in place to control for risks that included:

i) the unexpected absence of a resident
ii) accidental injury to residents, visitors or staff
iii) aggression and violence
iv) self-harm

Proposed Timescale: 15/07/2015

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:
The annual quality review had not been completed and a report of the review was not available.

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:**
The annual review of quality and safety of care and support in the designated centre will be conducted by the provider nominee. The review will include consultations with residents and their representatives. A copy of the review will be available in the designated centre.

**Proposed Timescale:** 31/08/2015

<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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<td><strong>Theme:</strong> Use of Information</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The restraint policy and procedure to be reviewed and updated where necessary in accordance with best practice and relevant national guidance.

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

**Please state the actions you have taken or are planning to take:**
The restraint policy and procedure is being reviewed and updated in accordance with best practice and relevant national guidance particularly in relation to the definitions of restraint.

**Proposed Timescale:** 31/08/2015