Health Information and Quality Authority
Regulation Directorate

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

| Centre name: | A designated centre for people with disabilities operated by COPE Foundation |
| Centre ID:   | OSV-0003288 |
| 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): | Breeda Desmond; |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 13 |
| Number of vacancies on the date of inspection: | 0 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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Summary of findings from this inspection

This centre, operated by COPE Foundation, was a designated centre providing accommodation and care for adults with intellectual and physical disabilities requiring continuous nursing care. This was an announced inspection, carried out over two days, for the purposes of informing a decision to register the designated centre.

The documentation submitted by the provider as part of the registration process was submitted in a timely and ordered manner. As part of the inspection process the inspectors met with residents, the nominated provider, the person in charge, relatives and other staff members. The inspectors reviewed the policies and
procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plan development, staff training and health and safety risk management.

The inspectors observed staff in their delivery of care and noted that good practice was evidence by all staff members during the course of the inspection. A registered nurse was on duty at all times and records and procedures reviewed indicated that practices were evidence based with a high standard of care provided. Residents had access as required to a general practitioner (GP), dentist and other allied healthcare professionals. Residents had access to both group and individual activities with accessible transport to facilitate participation in community events also. Overall the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were well met. However, there were some instances of incomplete records and documentation and areas for improvement were identified in relation to policies and procedures around admissions, client property, risk management and infection control procedures.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspectors noted that interactions between staff and residents were warm and considerate whilst being courteous and respectful. Residents had their own bedroom with adequate space and facilities for storage and personal belongings. Bedrooms were highly personalised and well kept. Residents could receive visitors either in communal areas such as the sun room or patio, or in the privacy of their own rooms. Contact with family and friends was encouraged as part of routine activities and on the day of inspection inspectors met with several family members who were visiting their relatives at the time. A review of feedback questionnaires from residents’ relatives indicated a high degree of satisfaction with the standard of care delivered to residents. Meetings with residents were held regularly and minutes reviewed indicated they were well attended by residents and their key workers. Personal care plans recorded the interests and preferences of residents and the activities arranged were appropriate to their abilities and reflected their interests.

A complaints policy was in place dated April 2014 that identified a nominated person to deal with complaints. A complaints log was maintained that indicated complaints were dealt with in a timely manner and outcomes were identified including changes brought about as a result of ensuing actions. A copy of the complaints policy was on display and included contact details and information around the appeals process.

A policy was in place on the management of clients’ property. However, this was an organisational policy and, while there was an addendum that referenced the specific centre, it was unsigned and undated. The policy also required development to provide adequate directions to staff around practice in relation to the recording of petty cash transfers at the centre. Action in this respect is recorded against Outcome 18 on Records and Documentation. Processes for managing residents’ finances also required...
improvement. In some cases, contrary to regulatory requirements, residents’ monies were held in a financial account which was not in their name. Additionally, systems of oversight for safeguarding of these processes were not clearly defined in policy or practice.

**Judgment:**
Non Compliant - Moderate

### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
A communication policy dated March 2014 was in place which included directions around the use of sign language and ‘communication passports’ which detailed the communication needs of residents in an easy access format. Residents were seen to be consistently supported and assisted in their communications. Staff were aware of the individual needs and personal habits of residents in relation to communication and were competent in assisting residents to express themselves and also anticipating needs to facilitate such expression. Appropriate reliance was placed on communication techniques such as illustrated signage in communal areas and around functions of daily living such as menus and food preparation. Pictograms and photographs were used to assist residents in participating in activities. Inspectors also noted the effective use of communication technologies and devices to support residents engagement in activities and personal past times. Personal care plans reviewed by the inspectors recorded the individual communication requirements of residents including the input of external professionals such as a psychologist or speech and language therapist.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspectors noted that staff and management at the centre supported positive relationships between residents and their families. Feedback questionnaires completed by residents and their relatives returned significant satisfaction levels with the service delivered in relation to communication, respect and care. Family members spoken with by the inspectors reported a good level of engagement with staff and management around the care of their relative. The person in charge conducted a satisfaction survey annually and copies were seen from March 2015 where feedback had been very positive. There was a visiting policy in place dated April 2014 and visiting times were flexible with arrangements in place for residents to receive visitors in private if they so wished.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There was a policy and procedures on admission, transfers and discharges dated June 2014. Admissions criteria and procedures reflected the terms in the statement of purpose. However, the admissions policy and procedure did not provide adequate detail or direction around safeguarding provisions as required by the Regulations. Written contracts signed by or on behalf of residents were in place and included the terms of residence and services provided. However, in some cases the fees that might be applicable were not detailed.

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):
This was the centre’s first inspection by the Authority.

Findings:
Individualised, written, personal plans were in place for each resident. Documentation was in place that reflected a regular review around the development of interests, activities and goals for residents, including input by multi-disciplinary teams as appropriate. Records indicated that there was collaboration around strategies and that goals agreed were seen to be meaningful and achievable. Appropriate arrangements were in place to meet the assessed needs of residents. Staff spoken with demonstrated a well developed knowledge and understanding of the residents – their individual circumstances and personal preferences. The personal plans reviewed were balanced and reflected efforts to develop residents’ specific social, emotional and participation needs.
Personalised activities were provided on a regular basis. The centre was suitable to meet the needs of each resident and had very good activation facilities with an excellent sensory room including a water bed and light and water features that residents could avail of to relax and manage mood. Inspectors saw that significant effort was invested in supporting residents to participate at interactive events such as local country shows and the special Olympics. Transport facilities and staff resources were available to support residents in this respect. Medals of achievement were on display in residents’ rooms and awards were displayed throughout the centre.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre comprised a single storey building set in well maintained grounds in a residential area of a county town. There was sufficient parking for several cars at the front of the building which was also the designated fire assembly point. The size and layout of the premises was in keeping with the statement of purpose and designed to meet the needs of the residents. It provided 13 single bedrooms all of which had wash-
hand basins. The dimensions of rooms, corridors and communal areas were in keeping with regulatory requirements and adequate for the use of assistive equipment where necessary. The entrance led into a hallway area off which there was a comfortable communal sitting area and adjoined dining area. The kitchen area was securely accessed and adjacent to the dining room with a service counter between the two. The dining area opened onto a patio area which was nicely planted, secure and provided seating and shade. The centre also had a sun room where residents could sit or receive visitors. The centre had an excellent sensory room with light, water and audio features. The premises were well decorated with evidence of residents’ art and craft work well presented throughout. Significant effort had been taken to ensure that residents’ rooms were decorated to their taste where possible and personalised with photos and possessions. Facilities for the storage of supplies and equipment were adequate. The premises were well maintained with suitable, lighting, heating and ventilation. Bathroom and toilet facilities were appropriate to the needs and layout of the centre. Clinical waste was stored securely in an appropriate location removed from the residential area. An appropriately equipped laundry facility was on-site and systems were in place to ensure that garments could be returned to their owners.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**

The centre operated a comprehensive and detailed risk register which included individual assessments in respect of residents where risks had been identified. An organisational risk management policy was in place which was in keeping with the Regulations. However, it was not site-specific and though there was a site-specific addendum in place, this was not signed or dated. A comprehensive health and safety statement was in place. However, the review date of May 2015 had lapsed. Similarly the fire safety policy also had a review date of May 2015 which had lapsed. Actions on these findings are recorded against Outcome 18 on Records and Documentation.

Floor plans, evacuation procedures and emergency contact details were clearly displayed in the centre. However, the evacuation plan on display required development to identify the location of fire assembly points and fire safety equipment such as extinguishers. Fire safety equipment was readily accessible throughout the building. Effective personal emergency evacuation plans were in place. Records indicated that escape routes and the fire panel were checked daily. Maintenance records were up to date and reflected timely servicing of equipment such as hoists and fire safety equipment. All staff had received up to date fire training, most recently delivered on 22 May 2015. Documentation was available to verify that the centre was appropriately insured.
Environmental health reports had been completed and copies were available. The inspectors noted that relevant data was maintained and monitored in relation to incidents and accidents and a safety steering committee was in place that reviewed the information on a quarterly basis. A fire compliance certificate dated 29 January 2014 was available. Records indicated fire drills were carried out monthly and participation was documented. The fire alarm was tested monthly with a record of service on 10 August 2015.

Appropriate policies and procedures were in place for cleaning and infection control. Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste. However, in some instances practices were not in keeping with procedure. On the day of inspection a clinical waste bin was identified in a bathroom with unrestricted access – the person in charge immediately removed the bin and made arrangements to have it replaced with a storage unit that restricted access. Also, the practice of emptying water containers used for cleaning in an outside drain did not provide adequate protection against cross contamination when those containers were subsequently rinsed in the laundry area.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

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

**Findings:**

The inspectors observed that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive. Both staff and management demonstrated a commitment to providing emotional, behavioural and therapeutic support to promote a positive approach in managing behaviour that might challenge. The circumstances of individual residents were taken into account and possible underlying factors were considered when developing strategies to provide behavioural support. The inspectors reviewed a sample of personal care plans and noted that appropriate checks and monitoring were in place where restrictive interventions were in use. A policy on the provision of behavioural support was also in place, dated June 2014. A training programme for managing behaviour that might challenge was in place with a record of training last delivered on 2 July 2015. Additionally, a multi-disciplinary restrictive practices review committee was in place at organisational level to provide oversight on practice in relation to the use of restraint. There was a policy in
place on the use of restrictive procedures including physical, chemical and environmental restraint. However, this was dated March 2011 and required updating. This policy also required further review to address exemptions described in relation to the definition of physical restraint. Actions on these findings are recorded against Outcome 18 on Records and Documentation.

Measures to protect residents being harmed or suffering abuse were in place including appropriate policies and a training programme. A policy providing direction on the provision of intimate care was in place dated May 2014. Regular training in safeguarding and safety was provided with training last delivered on 31 July 2015. The existing policy on safeguarding and safety appropriately referenced current national policy and guidelines. Staff with whom the inspectors spoke had received up-to-date training, understood what constituted abuse and were clear on lines of reporting and action to be taken.

**Judgment:**
Compliant

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
An effective record of all incidents occurring at the centre was maintained and those incidents required to be formally notified in keeping with the Regulations were submitted in a timely manner to the Authority. Quarterly returns were also submitted in keeping with requirements.

**Judgment:**
Compliant

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### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The general welfare of residents was well maintained with effective resources in place to meet the needs of residents in relation to both healthcare and social development. Outcomes 5 and 11 on Social Care and Healthcare Needs provide further detail in this regard.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Overall the welfare and wellbeing of residents was maintained through both evidence based nursing care and appropriate medical care. Where assessments indicated a referral to allied health therapists such referrals were documented and occurred within appropriate time-frames. Provision of such care included input by a multi-disciplinary team where necessary and access to allied healthcare professionals including speech and language therapist, dermatologist and chiropody. A review of medical notes indicated that a general practitioner (GP) was in regular attendance at the centre. The inspectors reviewed a number of residents' personal care plans and found them to be individualised, comprehensive and kept under regular review. Recognised and appropriate assessment tools were utilised to inform decision making about treatment across a range of issues such as nutrition, falls, choking and the use of restraint. The inspectors observed residents being provided with appropriate assistance during mealtimes and the food provided was well prepared, well presented and nutritious. There were some inconsistencies when completing documentation relating to resident assessments. For example, where a resident need around hearing loss had been identified, good practice was clearly in evidence with staff appropriately responsive to this resident’s needs. However, the supports in place for this resident were not clearly documented in the healthcare notes. Similarly the recording of an assessment in relation to pressure sores was incomplete and a form to assess risk around client handling required review to ensure information was completely recorded.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.
Theme: Health and Development

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

Findings:
A current policy and procedure was in place for medication management that referenced the prescribing, administration, storage, safekeeping and disposal of medicines. The processes for handling of medicines were safe and in accordance with current guidelines and legislation with medications stored appropriately and securely. Systems for reviewing and monitoring safe medication management practices were in place. Medication audits had taken place on 3 June and 3 July 2015. An audit by the local pharmacist was conducted on 21 May 2015 and actions were recorded as reviewed and implemented by the person in charge. Systems were in place to record medication errors which included a mechanism for feedback and learning by staff. A medication error protocol was in place dated 15 August 2015.
An inspector reviewed a sample of residents’ individual medicine prescription charts and administration records and there was evidence of safe and appropriate practices. The records indicated that medicines were prescribed by medical practitioners, photographic identification of each resident was attached and the charts were legible with medicines that had been administered signed for by the relevant staff member. However, in one instance a daily dosage was also recorded against a medication that was prescribed for administration on a PRN (‘as required’) only basis. Staff with responsibility for administering medications were appropriately trained.

Judgment:
Substantially 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):
This was the centre’s first inspection by the Authority.

Findings:
There was a written statement of purpose that accurately described the service provided at the centre. The services and facilities outlined in the statement of purpose as provided at the centre adequately met the assessed needs of the resident profile. The statement of purpose was comprehensive and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.
Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
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 permanently on a full-time basis at the centre. The person in charge had additional responsibility for two other centres though these operated as residential settings Monday to Friday only and residents of both these centres normally attended day services during the week. Appropriate 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 ongoing 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. The provider nominee had undertaken a quality review and a report was available, however, the report did not fully meet the requirements of the Regulations as it did not adequately reflect an overview of the quality of service at the centre.

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. Systems were in place to promote professional improvement and the person in charge ensured competencies were assessed through performance appraisals. Measures to ensure learning was consolidated were in place and included staff presenting on their training experience to other staff at the centre. Feedback from staff, relatives and management indicated that the person in charge was exemplary in fostering an ethos that was underlined by delivering quality care to 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:**
Substantially Compliant

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Appropriate deputising arrangements were in place for absences of the person in charge and a suitably qualified and experienced member of staff was in place to substitute as required. Management were aware of the statutory requirements around notifications to the Authority in instances where absences of the person in charge exceeded 28 days.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The facilities and services in the centre were in keeping with the assessed needs of the resident profile and reflected those outlined as available in the statement of purpose. Adequate resources were available to deliver the necessary care and support for residents and appropriate management systems were in place to plan and utilise resources effectively.

**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):
This was the centre’s first inspection by the Authority.

Findings:
Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. The inspectors noted that staff members were knowledgeable of residents' individual needs and provided assistance to them in a respectful, caring and timely manner.
Both planned and actual staff rosters were reviewed during the inspection and indicated that the staff numbers and skill mix were appropriate to meet the needs of the residents with at least one staff nurse on duty at all times. Staff received ongoing training to support them in the delivery of evidence based nursing care. The person in charge demonstrated a commitment to the professional development of staff and documentation reviewed by inspectors indicated that, in addition to mandatory subjects, training was regularly delivered on topics such emergency first aid. The qualifications of senior nursing staff and their levels of staffing ensured appropriate supervision at all times. Staff supervision was effective with performance management systems in place including regular staff appraisals and mentorship programmes.
The inspectors reviewed training records and procedures and spoke with staff and management in relation to these systems. Practices in relation to recruitment and vetting were effective with qualifications, training and security backgrounds verified on those records reviewed during the inspection. A sample of staff files reviewed were in keeping with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available. However, in one instance there was no photo identification on file. Action in this regard is recorded against Outcome 18 on documentation.
Documentation in relation to volunteers was also in keeping with statutory requirements with roles and duties set out in writing.

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

Findings:
Written policies and procedures, as listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013, were maintained and also readily accessible for reference. However, some policies required updating or review to reflect a centre specific approach. These included the safety statement and policies on fire management, risk management, client property and restraint. Findings are detailed accordingly against the relevant Outcomes in this report.
Records in respect of Schedule 2 were maintained appropriately as detailed in outcome 17 on workforce. However, in one instance a staff photograph was not on record.
A directory of residents was maintained and included the relevant information as required by Schedule 3 of the Regulations, such as biographical information and the contact details of specified parties. A residents’ guide which summarised the services and facilities provided by the centre and the terms and conditions of residency was also available.
Other records as specified in Schedule 4 of the Regulations were available and accessible; these related to admission fees and services, the right and process of complaint, notifications and an effective risk register. Greater detail is provided on these matters under their respective Outcomes throughout this report. In relation to all records referenced above maintenance was in keeping with the timeframes specified within the Regulations.
In keeping with statutory requirements the centre was appropriately insured and documentation to this effect was available dated 12 August 2015.

Judgment:
Non Compliant - Moderate
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-0003288</td>
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<tr>
<td>Date of Inspection:</td>
<td>12 August 2015</td>
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<td>Date of response:</td>
<td>25 September 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 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:
Residents’ monies were held in a financial account which was not in their name.

1. Action Required:
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

Please state the actions you have taken or are planning to take:
Cope Foundation proposes the following:
a separate bank account will be set up in the name of each individual, with authorised signatories in place. Procedures will be put in place where residents will be supported in making choices and assisted to withdraw monies from their account when making purchases. All Disability Allowance funds will be credited directly to those individual accounts. All records will be subject to periodic audit.

Proposed Timescale: 31/01/2016
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Systems of oversight for safeguarding of processes in relation to managing resident accounts were not clearly defined in policy or practice.

2. 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 systems for safeguarding of processes in relation to managing residents accounts will be reviewed. The policy will also be reviewed and clearly define this process.

Proposed Timescale: 30/11/2015

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In some instances contracts did not detail the fees to be charged.

3. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the 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:
Details of the fees charged have been sent to each family to sign and will be placed in the residents Contract of Care on return.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy and procedure did not provide adequate detail or direction around safeguarding provisions as required by the Regulations.

4. Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
The admission policy and procedure will be reviewed to include safeguarding provisions.

Proposed Timescale: 30/10/2015

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:
The practice of emptying water containers used for cleaning in an outside drain did not provide adequate protection against cross contamination when those containers were subsequently rinsed in the laundry area.

5. 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:
Local Infection Control practices have been reviewed to address protection against cross infection while emptying water containers used for cleaning.

Proposed Timescale: 25/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The evacuation plan required development to identify the location of fire assembly points and fire safety equipment such as extinguishers.

6. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.
Please state the actions you have taken or are planning to take:
The evacuation plan required to identify the location of fire assembly points and fire safety equipment such as extinguishers is now in place

Proposed Timescale: 25/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inconsistencies in documentation on personal care plans included:
- supports in place for a resident with needs around hearing loss
- incomplete recording of an assessment in relation to pressure sores, and
- incomplete recording of information assessing risk around client handling.

7. 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 documentation on personal care plans has now been updated to include supports around the resident with hearing loss, completed assessment in relation to pressure sores and assessing risk around client handling.

Proposed Timescale: 25/09/2015

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:
In one instance a daily dosage was also recorded against a medication that was prescribed for administration on a PRN (‘as required’) only basis.

8. 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:
The Administration medication chart was reviewed by the residents GP and now states PRN (‘as required’) only

Proposed Timescale: 25/09/2015
**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 provider nominee had commenced a quality review of service at the centre however the resulting annual report was incomplete and required further review.

**9. 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 provider nominee will further review the quality and safety of care and support at the designated centre and update the report accordingly.

**Proposed Timescale:** 31/10/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some policies required updating or review to reflect a centre specific approach. These included the safety statement and policies on fire management, risk management, client property and restraint.

**10. Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 policies listed above will be reviewed and updated to reflect a centre specific approach.

**Proposed Timescale:** 30/11/2015