

**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-0003301
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):	Mary O'Mahony
Type of inspection	Announced
Number of residents on the date of inspection:	6
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

From:	To:
03 November 2015 10:30	03 November 2015 18:00
04 November 2015 09:30	04 November 2015 17:30

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

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

Summary of findings from this inspection

This was an announced inspection to inform a registration decision following application to the Health Information and Quality Authority (the Authority) by Cope Foundation to register the centre as a residential service for up to a maximum of six adults with an intellectual disability. This centre had previously been inspected on 27 February 2014 and a copy of this report can be found at www.hiqa.ie. The current inspection established that action had been taken by management and staff to address the issues previously identified to improve the service. The centre operated over seven nights with residents attending community employment, activities and day services throughout the week. At time of inspection the centre accommodated six male adults with varying levels of intellectual disability one of whom resided at

the centre on a permanent basis. As part of the process the inspectors met with residents, the person in charge, relatives, staff and the provider nominee. The inspectors observed practices and reviewed documentation such as personal care plans, medication records, policies and procedures. The inspectors observed staff in their delivery of care and noted that good practice was in evidence by all staff members during the course of the inspection.

The findings of the inspection are set out under 18 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.

Areas identified for improvement included issues around premises, governance arrangements, risk management processes and training.

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):

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

Findings:

Actions identified on the previous inspection had been addressed appropriately and included the reduction in number of residents to six with one resident only in full-time occupancy. All residents now had their own room and were also provided with a secure storage facility. One twin room was used for respite on alternate weekends when the room was vacant. A relevant policy and procedure was in place to manage respite and the person in charge described arrangements to protect privacy and dignity including consultation and the provision of secure personal storage. Policies and procedures were in place in relation to the management of complaints and an outline of the process including relevant contact details was on display at the centre. Information on the complaints process was included in the statement of purpose and the residents' guide. A complaints log was maintained where complaints were recorded, including actions to address issues and notification of outcomes to complainants. A nominated person to deal with complaints was identified as well as the process around appeal. A system to review complaints and outcomes with management was in place to facilitate any potential learning from issues raised. Information in relation to advocacy arrangements was in place. An advocacy 'champion' was identified and a monthly advocacy forum was in place with recorded attendances and residents spoken with understood the role and why they might need an advocate. A privacy and dignity policy was in place and interactions within and between residents and staff that were observed throughout the inspection process indicated a culture of respect and personal consideration. A policy was in place on the management of clients' property and an inventory of belongings was seen to be maintained for each resident. Residents clearly had ownership and control over their own belongings and also managed small amounts of personal funds. There were appropriate arrangements in place for the management and safe keeping of day to day finances. Most residents were involved in the management of their finances with the

support of families and staff. However, the policy on client property required development on protecting personal accounts and action in this regard is recorded against Outcome 18 on Documentation and Records.

Regular resident meetings were held where issues such as activities, safeguarding and the recent transition of a resident were discussed. Minutes of these meetings indicated that decisions in relation to the management of the centre were explained to residents in terms they would be able to understand. Rights were explained and feedback from a number of residents indicated an understanding around their rights. Routines and practices were person-centred and promoted residents' independence and choice. Residents had opportunities to engage in activities that provided meaning and a sense of self-worth. Several residents engaged in community employment and those spoken with were clearly proud of their achievements in this regard.

Judgment:

Compliant

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 communication policy was in place and staff were aware of the individual needs and habits of residents in relation to communication. Staff were observed interacting with residents and were seen to be competent in assisting residents to express themselves and also anticipating needs to facilitate such expression. Where appropriate, communication techniques such as pictograms and photographs were used to assist residents in identifying people and locations and when participating in activities. A policy on the provision of information to residents was in place. Personal care plans reviewed by the inspectors included information around the individual communication style and needs of residents and provided relevant advice and guidance to support staff in this regard. Assistive technologies were available and residents were supported in using these with one resident having both a tablet and mobile phone.

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):

No actions were required from the previous inspection.

Findings:

The inspector 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. The inspector also met with the relatives of several residents who were in regular contact with members of staff at the centre and who stated that they felt the centre delivered a very good standard of care. In instances where issues were raised, such as arrangements for collecting residents, these were seen to be addressed directly by the person in charge at time of inspection. A visitors' policy was in place and visiting times were flexible and residents could receive visitors in private if they so wished. There was good evidence that residents were supported in the development of their personal relationships with most residents regularly returning home to their family for weekends.

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):

No actions were required from the previous inspection.

Findings:

There was a policy and procedures on admission, transfers and discharges dated June 2014 which took account of the need to safeguard new and existing residents from potential peer on peer abuse in keeping with regulatory requirements. Admission criteria and practice reflected the terms in the statement of purpose. Residents' needs were assessed on admission and personal plans were developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care, activities and education and learning. Written contracts, signed by or on behalf of residents, were in place on individual personal care plans and included the terms of

residence, services provided and any fees that might be applicable. However, in the case of one resident, while a contract was in place, it had not been signed by either the resident or a family representative.

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):

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

Findings:

Appropriate and current policies and procedures were in place providing directions to staff on the delivery of care in areas such as behavioural support and intimate care. A number of personal care plans (PCPs) were reviewed during the inspection. Residents' needs were assessed on admission and personal plans were developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care, activities and education and learning. However, in the case of one resident where behavioural issues were documented there was no associated plan in place. Those residents involved in community roles spoke with a sense of pride around their responsibilities and duties. Inspectors noted that residents had direct and ongoing access to their plans which were laid out in a way that was clear and comprehensible to them. The plans were working documents which were updated continuously and, where appropriate, accompanied residents to the centres of their daily activity. A review of the personal care plans indicated that they were reviewed annually as required with appropriate multi-disciplinary input. Communication notes were effectively maintained with handover processes in place to ensure that relevant information was communicated to the centre and/or day service accordingly. Appropriate consideration was also given to records management and the security of personal information.

The PCP's described the aims and ambitions of residents and those spoken with talked about their daily activities and what they enjoyed doing. Milestones and timeframes were outlined and evidence of accomplishment was available with some residents able to produce medals of achievement in which other residents also demonstrated a sense of pride. However, there were instances where goals were identified though there was limited information on how or when they might be achieved or who was responsible; for

example attendance at a football match for one resident. Access to activities and occupations in the community and at day services were facilitated with appropriate transport arrangements in place and an adequate complement of staff suitably trained and equipped to ensure safe access. Transition arrangements between services were well developed and documented and in keeping with the relevant policies and procedures. A resident spoken with was able to talk about the recent move of a resident and how it had been explained to him and where his friend now lived.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

A number of actions had been addressed since the previous inspection to improve premises issues. These included the reduction of twin rooms which increased available storage space. Resident numbers had also reduced from nine to six, including one respite, with no residents now sharing rooms except in respite circumstances as outlined at Outcome 1.

The centre was located in a north-side suburb of the city and comprised two semi-detached residential houses between which access had been created to allow ease of movement within the living space of the premises. The centre accommodated six permanent residents, one of whom resided full-time at the centre. The other five residents availed of accommodation between three to five nights a week and occasional weekends. The centre also provided respite to one service user at weekends. Residents' rooms were well maintained and were individualised with personal belongings according to the expressed preferences of the residents. There were five single bedrooms and one twin room which was also used for respite. The design and layout of the premises was adequate to meet the aims and objectives of the service as set out in the statement of purpose. All bedrooms met the assessed needs of the residents and provided adequate storage and facilities including a lamp and secure locker.

Both houses shared access to the ground floor which included a communal dining area and separate kitchen and two communal sitting rooms with TV. A separate unused kitchen which served as a laundry room and housekeeping/cleaning room was also

available though most residents brought their laundry home at the weekends. On one side of the premises there was a bathroom with a toilet, hand-wash basin and a bath and another with a shower, toilet and hand-wash basin on the corresponding side of the building. However, these facilities were located on the ground floor. Although no residents currently had mobility issues these facilities were not easily accessible for residents at first floor level, for example should they need to use the facilities during the night.

Facilities for the storage of supplies and equipment were adequate. The premises had suitable, lighting, heating and ventilation and the premises were generally well maintained, furnished and decorated. Externally the premises had walled gardens front and rear with secure access at the side. A garage adjacent to the premises was also available for additional storage. Some features of the premises required risk assessing for trip or fall hazards as recorded at Outcome 7 on Health and Safety, for example doorway saddles, the front door step and a steep driveway.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

A number of actions had been taken to address issues identified on the previous inspection including infection control procedures such as colour coded cleaning systems, alginate bags and laundry baskets for residents. However the risk management policy had not been revised to include items required by the Regulations such as self-harm, aggression and violence; the person in charge amended documentation to cover these items during the course of the inspection.

Fire safety equipment such as extinguishers and fire blankets were readily accessible. Personal emergency evacuation plans were in place, however, one was incomplete and the person in charge revised and completed this at time of inspection. Appropriate daily checks were undertaken and fire drills were conducted regularly and records of these activities were maintained. The fire alarm was serviced on a quarterly basis and equipment was serviced annually with the last recorded on 24 August 2015. Emergency lighting was in place and had been tested on 31 August 2015. Staff and residents spoken with understood procedures for evacuation in the event of a fire or emergency. An emergency plan was in place and evacuation procedures and emergency contact details were displayed clearly in the centre. Fire safety training for all staff was current and had last been delivered on 2 November 2015.

The risk management policy also required review to reflect directions to staff in relation to site-specific procedures. Action in this regard is recorded at Outcome 18 on Records and Documentation. The inspector saw that data was maintained and monitored in relation to incidents and accidents. An effective risk register was maintained. However, it required development as hazards identified at the centre such a steep driveway and doorway saddles within the building had not been risk assessed.

Effective cleaning systems had been introduced with cleaning chemicals secured appropriately. A schedule of training in infection control was in place and appropriate hand hygiene practices and signage were in use. Residents were encouraged in their awareness around hygiene practices. Food safety checks and environmental safety audits were in place with one scheduled for 30 October 2015. A health and safety committee operated at a regional level with a nominated health and safety officer identified at the centre.

An appropriately maintained vehicle was available to residents and an external audit system was operated to ensure that relevant maintenance processes and certification were in place and up-to-date. Designated drivers were licensed and had been appropriately vetted.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Measures to protect residents being harmed or suffering abuse were in place including appropriate policies which referenced relevant national guidelines and a training programme. Security measures were in place with an attendance sheet and visitors' log in use and staff demonstrated a vigilant attitude around the care and welfare of residents. A policy providing direction on the provision of intimate care was in place. Regular training in safeguarding and safety was provided with training last delivered on 1 November 2015. The existing policy on safeguarding and safety appropriately referenced current national policy and guidelines. Staff with whom the inspector spoke had received up-to-date training, understood what constituted abuse and were clear on

lines of reporting and action to be taken. Where an allegation had been made procedures for managing the process were in line with relevant guidance and legislation. Documentation of the process was in keeping with statutory requirements. Residents spoken with understood their rights and what it meant to be protected and said that they were safe and felt minded by staff at the centre.

There was a policy in place on the use of restrictive procedures including physical, chemical and environmental restraint. However, this policy referenced exemptions in relation to the definition of physical restraint which were not in keeping with national guidance and required review accordingly. Action on this finding is recorded against Outcome 18 on Records and Documentation. The person in charge was aware of the statutory requirements in relation to the use and recording of restraint and there had been no such instances recorded at the centre.

The inspectors noted that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive. The inspectors spoke with residents and noted that they had a well developed sense of personal space and privacy, were mindful of each other, and that staff were respectful of boundaries. There was up-to-date information in the residents' personal care plans in regard to the level of support required with their personal and intimate care needs. The circumstances of individual residents were taken into account and possible underlying factors were considered when developing strategies to provide behavioural support. A policy on the provision of behavioural support was also in place with a record of training last delivered on 10 September 2015. However, as previously found not all members of staff had received up-to-date training in providing behavioural support.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

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 as required.

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:

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. There was a policy in place on education, training and development and it was evident from a review of personal care plans that residents were supported in accessing training and activities appropriate to their assessed needs with several residents working on a regular basis in local community initiatives. Both the provider nominee and person in charge articulated a commitment to providing residents with opportunities for new experiences, social participation and training appropriate to their assessed needs and abilities. Arrangements for continuity of staffing and communication were in place and with effective handovers between day and residential services. A transport service was available to access recreational activities and for outings. Access to services was provided taking into account individual preferences and abilities. No residents were in full-time education.

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:

Actions identified on previous inspection had been addressed and effective planning was in place with personal care plans (PCPs) for each resident. Inspectors reviewed a number of PCPs and found them to be individualised, comprehensive and kept under regular review as per regulatory requirements. Care planning included input by a multi-

disciplinary team and residents spoken with were aware of their plan and how it related to them and their welfare. Overall the welfare and wellbeing of residents was maintained through an evidence based standard of assessment and care. An OK health check was in place and assessments were seen to inform referrals. For example there was appropriate review by a neurologist for a resident with a history of epilepsy. However, in some instances there were omissions in recording dates or identifying the relevant member of staff responsible for implementing an action. Action in this regard is recorded against Outcome 5 on Social Care. Residents were seen regularly by a general practitioner of their choice, either at the centre or by appointment or during the periods of time spent at home with their families, depending on their needs. Evidence of regular health monitoring such as blood tests and weight checks were in place and health was also proactively managed through a flu vaccine programme. Where assessments indicated a referral for allied healthcare, such as dentistry, physiotherapy, occupational therapy or psychology such referrals were documented and in most instances occurred promptly. However, documentation indicated that access to some allied health therapy, such as the services of a dietician, was delayed due to limited availability. For example one resident referred on 2 November 2015 had yet to be seen. Residents attended activities or external employment during the day and meals were provided accordingly in canteens or restaurants at those sites. The inspectors observed residents on return from their daily activities and in the preparation for evening meal. Residents were seen to prepare refreshments for each other. The dining area was a social space and residents had choice around what they would like to eat. Meal options were balanced and included fresh vegetables and fresh fruit. Staff involved in the preparation of food had received appropriate food health and safety training.

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):

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

Findings:

There was a policy in place for medication management including the prescribing, administration, storage, safekeeping and disposal of medicines and processes in this regard were in keeping with current guidelines. However, the policy was not centre specific and required amendment in this respect. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plan. Prescription sheets were maintained in accordance with requirements and contained the necessary biographical information. Administration sheets referenced the medications

identified on the prescription sheet along with the signatures of administering staff. However, in some instances where PRN (as required) medication was prescribed the maximum dose was not recorded and the balance of medication checked in one instance did not reconcile with that recorded. Action in this regard is recorded against Outcome 18 on Documentation and Records.

At time of inspection no residents were self-administering. However, no assessments were in place to indicate whether or not residents could be supported in taking more responsibility for this aspect of their welfare. Systems for reviewing and monitoring safe medication management practices were in place with an audit last completed on 23 October 2015. However, in some instances staff had not received appropriate training in the safe administration of medication. Action in this regard is recorded against Outcome 17 on Workforce.

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):

No actions were required from the previous inspection.

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):

No actions were required from the previous inspection.

Findings:

The governance arrangements for the centre being inspected were satisfactory with delivery of care directed via a designated person in charge who was suitably qualified and experienced and was employed on a full-time basis. The person in charge currently had responsibility for three additional centres in the region. The provider nominee also held responsibility for a number of other centres across the region. Both the provider nominee and person in charge stated that measures were being put in place to increase management resources. However, as underlined by the findings throughout this inspection, the inspectors were not satisfied that the current arrangements could ensure effective governance, operational management and administration of all four designated centres. The provider nominee was in regular attendance on-site and maintained on-going contact with the person in charge. The provider nominee had also undertaken an unannounced visit to the centre in the previous six months and had completed an annual review on the safety and quality of care.

Staff spoken with demonstrated a good knowledge of the standards and regulatory requirements and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre. Staff and management were found to be committed to providing quality, person-centred care to their residents. Governance was supported by effective systems of communication and supervision. Appropriate arrangements were in place for the deputisation of the person in charge. The person in charge had audit systems in place to ensure the delivery of a safe and appropriate service at this centre. Audits completed in the previous six months included personal care plans, hand hygiene, fire safety, privacy and dignity and the environment.

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:

Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days. There had been no such period of absence by the person in charge since the last inspection. 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.

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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of staff. Staff spoken with were appropriately qualified and competent to deliver care and support to residents. Staff were aware of, and understood, their statutory duties in relation to the general welfare and protection of residents. A planned and actual staff rota was in place that included staff quotas for both day and night duties with effective arrangements to ensure continuity of care for all residents both on-site, in transit and whilst participating in off-site training, activities or personal pursuits. The inspector was also satisfied that the staff numbers and skill mix were appropriate to meet the needs of residents. The person in charge demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care. Staff received on-going training to support them in the delivery of care including food safety, hand hygiene and emergency first aid. However, as identified at Outcome 12 not all staff had been trained in the safe administration of medication. In addition, several staff had not been trained in manual handling. The person in charge explained that an appraisal system was in place that provided formal support and management of performance in relation to staff conduct of duties and personal development.

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. Records were available and accessible. Documentation in relation to volunteers was also maintained in keeping with the relevant Regulation.

Judgment:

Non Compliant - Moderate

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:

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 policies on risk management, restraint medication management and client property. 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. 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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003301
Date of Inspection:	03 and 04 November 2015
Date of response:	21 December 2015

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:

In the case of one resident a contract had not been signed by either the resident or a family representative.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

Resident's mother (next of kin) has agreed to meet with Social Worker on 05/01/15 to discuss her concerns regarding signing contract of care and has assured PIC that once certain issues are resolved she will sign contract.

Proposed Timescale: 01/02/2016

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:

In the case of one resident where behavioural issues had been identified and were documented there was no associated care plan in place.

2. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

All personal plans are being reviewed to assess the effectiveness of the plan for each individual. These reviews will document any changes in circumstances and new developments for that person. Each individual's goals are being reviewed. Care plans will be put in place from findings following the reviews

Proposed Timescale: 01/02/2016

Theme: Effective Services

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

In some instances there was limited information on how or when a goal would be achieved or who was responsible.

3. Action Required:

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

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

The review of each personal plan will state :

- Proposed change/s
- The rationale for the proposed change/s

- The person who will be responsible for implementing these change/s
- The timescale for completion of change/s
- Recording of outcomes when they occur

Proposed Timescale: 01/02/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Bathroom facilities were located on the ground floor and were not easily accessible by residents at first floor level.

4. Action Required:

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

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

COPE Foundation will undertake a review of the accommodation at Silverheights. Cope Foundation will engage the services of an independent consulting engineer to assess various options to address the accessibility of bathroom facilities. This engineers report will form the basis of assessing the costs associated with carrying out any such works.

Proposed Timescale: 01/02/2016

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:

Hazards identified at the centre such a steep driveway and doorway saddles within the building had not been risk assessed.

5. Action Required:

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

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

The identified hazards are being risk assessed and action plans to minimise or remove risks are being drawn up. Measures to control/ limit the risks will be documented. Review of risks will be done, the PIC will collate and analyse risks in Silverheights to identify trends, to support quality improvement and minimise risk of recurrence at least

biannually or more frequently as needed.

Proposed Timescale: 01/02/2016

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 members of staff had received relevant training in providing behavioural support.

6. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

A plan for staff attendance at MAPA Training has been drawn up. Training will commence on 4th and 5th Jan 2016

Proposed Timescale: 01/02/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

In some instances referrals to a dietician were not implemented.

7. 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 will be referred to community dietetics via GP, these referrals are being processed at present

Proposed Timescale: 29/02/2016

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:

Assessments were not in place to indicate whether or not residents could be supported in self-administering medication.

8. 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:

Cope Foundation is committed to supporting and facilitating opportunities to individual residents who express a desire to administer their own medication. A Self Administration Medication Assessment will be carried out the appropriate staff (train the trainer in medication management) in the designated centre commencing on 04/01/16. This will involve assessment and documentation of choice, capacity, competence, cognitive function and manual dexterity. The differing levels of support that residents require will be documented and individual plans drawn up

Proposed Timescale: 31/01/2016

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 governance arrangements were such that the person in charge had responsibility for three additional centres in the region; this did not ensure effective governance, operational management and administration of all four designated centres.

9. 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:

The governance arrangements for the PIC are being reviewed. This review includes the proposal for an additional PIC to enable the effective governance, operational management and administration of the four designated centres presently under the governance of current PIC

Proposed Timescale: 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff had not had any training in the safe administration of medication.

10. Action Required:

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

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

Staff successfully completed 2 days training in 'Safe & Responsible Medication Management' on the 9th and 10th November, 2015

Proposed Timescale: 10/11/2015

Theme: Responsive Workforce

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

Several staff had not been trained in manual handling.

11. Action Required:

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

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

A training needs analysis for staff was conducted. This analysis included appropriate training to include mandatory training and refresher training and will be provided for staff as part of a continuing programme of professional development. Some staff have already successfully completed 1 day training in manual handling. The manual handling team will meet mid-January 2016 to plan future dates for training and places will be booked for all other staff.

Proposed Timescale: 29/02/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies on risk management, restraint, medication management and client property required review to reflect best practice and ensure relevance to the specific centre.

12. 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:

Policies on risk management, restraint, medication management and client property are presently being reviewed to reflect best practice, site specific policies are being drawn up to ensure relevance to the designated centre

Proposed Timescale: 14/02/2016

Theme: Use of Information

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

There were some gaps in record keeping such as instances where PRN (as required) medication was prescribed and the maximum dose was not recorded.

13. Action Required:

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

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

All drug administration records have been updated to include where PRN (as required) medication was prescribed that the maximum dose is recorded

Proposed Timescale: 21/12/2015