

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003301
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Bernadette O'Sullivan
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 14 June 2016 09:00 To: 14 June 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was the third inspection of this centre in response to an application by the provider to register the centre. The purpose of this inspection was to determine the level of improvement in key areas of quality and safety of care and support provided to residents in the centre.

**Description of the service**

The centre is part of COPE Foundation's community residential services and provides accommodation for adults with a mild to moderate intellectual disability. The centre was located in a city suburb and comprised two semi-detached residential houses between which access had been created to allow shared kitchen/dining space and free movement between both houses. The house is occupied seven days a week and can accommodate seven adults over 18 years. This includes one respite bed. Residents ranged in age from their 30s to 64 years of age.

### How we gathered our evidence

The inspector met four residents who lived in this house. Residents with whom inspectors spoke said that they were happy with the service they received, they knew who was in charge and they enjoyed going out to meet friends and to participate in various activities. Residents spoke about what they enjoyed doing, the holidays that they had been on, their family and friends. Two residents however said that they did not always have enough to do during the day.

The representative of the provider and a staff nurse who was involved in providing nursing support to residents in this centre attended the inspection as the person in charge of the centre was unavailable.

### Overall judgment of our findings

Overall, the inspector found that number of actions had been completed since previous inspections, such as in relation to ensuring residents had access to advocacy services, increased opportunities to access the community and the completion of training for staff in relation to safeguarding of vulnerable adults. Of note, the capacity of the centre had been reduced since previous inspection from nine to seven and this had addressed some concerns relating to privacy, dignity and the availability of facilities in the centre.

A major non-compliance was identified under Outcome 1: Residents' rights, dignity and consultation. It was not demonstrated that residents had the freedom to exercise choice and control in his or her daily life. Where a resident from another centre required increased supports, the provider had instead moved the resident to a respite bed in this centre where there was a waking night staff. As a result of a number of factors, another resident had subsequently moved bedroom. The resident who had to move bedroom had verbally complained that they were "very unhappy" about this move and staff had recorded this as a written complaint on two separate occasions. This complaint was still active and had not been resolved to the satisfaction of the resident concerned.

Other actions required further improvement, such as personal plans, risk assessment, issues relating to the premises and monitoring of the quality and safety of care provided to residents in the centre.

Findings are discussed in the body of this report and required actions to be taken to address any non-compliances are outlined in the action plan at the end of this report.

**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):**

No actions were required from the previous inspection.

**Findings:**

Aspects of this outcome were included as they related to failings identified on this inspection.

Since the previous inspection, the capacity of the centre has been reduced to seven, with one shared bedroom. The shared bedroom can accommodate a full-time resident and a respite bed. At the time of the two previous inspections, the respite bed was being used at weekends only. At this inspection, the inspector found that the respite bed was also being used four nights a week by a resident from another centre. When asked, the representative of the provider said that this was because there was a waking night-staff on duty in this centre. The provider had not increased supports in the other centre but had instead moved the resident to this centre. To accommodate this situation, another resident had ended up having to move bedroom for a number of reasons. The resident who had to move bedroom had verbally complained that they were "very unhappy" about this move and staff had recorded this as a written complaint on two separate occasions. This complaint was still active and had not been satisfactorily resolved.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

At the previous inspection of this centre, it was identified that one contract of care had not been signed by either the resident or a family representative. At this inspection, the contract remained unsigned. Other signed contracts were viewed as signed and witnessed.

**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):**

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

**Findings:**

Overall, progress had been made to address some failings identified on the previous inspection. However, further improvement was required in relation to the personal planning process and ensuring that residents personal development needs were assessed and adequately met.

At previous inspections, it was found that personal plans required improvement and development to meet the requirements of the regulations. A comprehensive assessment

of needs had not been completed for each resident and the review of the personal plan was not multidisciplinary. At this inspection, assessments of health and social care needs were available for review. However, a comprehensive assessment of residents personal development needs was not available in the centre to identify any skills development, training or employment needs and wishes. Also, two residents told the inspector that they did not always have enough to do during the day in the day service that they attended. Information was not available for review in relation to how all residents' personal developmental needs had been assessed or were met during weekdays. It was not clear whether this information was held in the day service but it was not available for review in the designated centre, as required to demonstrate compliance with the regulations.

The inspector reviewed a sample of assessments that were in place. Healthcare assessments identified areas of need and required supports. However, some health-related actions were not up to date and it was not clear from a review of the documentation whether required appointments had taken place. The staff nurse checked and confirmed that the appointments had taken place, meaning that the action pertained to the need to ensure that documentation in place reflected that residents' healthcare needs were being met. This will be addressed under Outcome 18: Records and documentation.

The inspector reviewed a sample of residents' personal plans. Many of the failings identified at previous inspections were again found to be present. Not all actions had a specific timeline for completion, a review date or a responsible allocated person to ensure completion of the action. Completed goals were however being logged, signed and a comment was included where relevant.

The representative of the provider outlined how all personal plans were being reviewed across the service by day service staff who were trained in using the tool that underlined the assessment and personal planning process. Residential staff had not received this training. It was outlined that the new personal planning process would also involve a full review of each resident's goals at a meeting that would involve the resident, their family, day and residential staff. In this centre, the new format had been used for one resident to date and the inspector reviewed that example. There was evidence that this review considered and supported the resident's wishes in a meaningful way e.g. to move workplace, join a community group and gain access to paid work in the community.

However, it was not demonstrated what arrangements were in place for the review of the personal plan to be multi-disciplinary, as required by the regulations.

At a previous inspection, it was found that residents activities were limited. At this inspection, residents told the inspector about activities that they enjoyed doing and said that they were able to go out when and where they liked. Activities outside of the house included playing table tennis, going to the social centre, watching and attending sports matches and visiting friends and family. Residents told the inspector of various outings, day trips and holiday breaks they had been on and that were planned over the summer months. Where residents chose to stay in on weekday evenings, staff had encouraged residents to pursue hobbies that they could enjoy at home (such as gardening), while continuing to also encourage and support residents to go out. In addition, an activity log

was available in each person's file, which also included the completion of household tasks.

**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):**

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

**Findings:**

A number of issues relating to the premises had been identified on the two previous inspections in terms of physical hazards, cleanliness of the centre, upkeep of the centre, access to the internet and the absence of sanitary facilities on the first floor. While some items had been attended to, others were outstanding.

Cleaning schedules had been introduced, a raised step at the entrance had been addressed and access to the internet had been secured since the previous inspection.

Failings were identified on previous inspections related to the general upkeep of the centre. In addition, where residents had to access the toilet at night-time, there was no toilet available upstairs.

Four residents' bedrooms were upstairs and one was downstairs. There was one bathroom with a toilet, hand-wash sink and a bath and another bathroom with a shower, toilet and hand-wash sink, both located downstairs. No resident had been identified as having mobility issues. In the provider's action plan, the provider said that an engineer's report had been completed and this report would inform any required works. However, the engineer's report was not available for review in the centre. In addition, an assessment had not been completed by a suitably qualified person to determine whether the centre was designed and laid out to meet the needs of residents in terms of the number and location of baths, toilets and showers. The provider undertook to submit the aforementioned engineer's report without delay and to arrange for such an assessment to be completed.

At the previous inspection, it was identified that where bedrooms were shared, there was a lack of privacy screening. The provider had identified also in the unannounced



visit for the centre that privacy screening was to be provided. The inspector sought reassurance that such screening would be offered as an option to protect privacy in shared bedrooms but that residents had a choice as to whether or not such screening would be used.

A number of obvious trip hazards were identified in the centre on this and previous inspections. This will be addressed under Outcome 7: Health, safety and risk management.

**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:**

Overall, it was found on previous inspections that arrangements were in place to protect the health and safety of residents, staff and others. However, actions that related to risk management and infection control had not been satisfactorily addressed.

At the previous inspection, it was identified that systems in place in the designated centre for the assessment, management and on-going review of risk required review. At this inspection, the inspector found that while the risk register had been updated, the risk management system was not robust. For example in some risk assessments, it was not clear from a review of risk assessments what the residual level of risk was following the introduction of control measures to manage a number of risks. In other risk assessments, it was not clear why the level of risk remained 'moderate' and what else was being done to reduce the level of risk further.

Also, a number of obvious slip/trip/fall hazards were identified in the centre on this and previous inspections that had no risk assessment, such a steep driveway and doorway saddles between frequently accessed rooms (e.g. the kitchen and dining area). At this inspection, while a risk assessment had been completed by staff in the centre in relation to the doorway saddles, the risk assessment had not involved input from a suitably qualified person in terms of assessing and addressing such hazards. As a result, the controls were not adequate as due consideration had not been given to removing the source of harm. In addition, the annual health and safety audit was overdue, which the provider representative said is completed by a suitably qualified person in terms of assessing and addressing such hazards. Also, a risk assessment had not been completed

for the steep driveway. The provider contacted the health and safety department during the inspection to query the date for completion of the annual health and safety audit, which would in turn include risk assessment of the aforementioned hazards.

In addition, while there were risk assessments that related to safeguarding, these were not adequate. This will be discussed under Outcome 8: Safeguarding and safety.

At this inspection, it was identified that fire doors were not in place throughout the centre where required, for the purposes of containing smoke and fire in the event of a fire.

At the previous inspection, it was identified that the procedures to be followed in the event of fire were not displayed in a prominent place or made readily available as appropriate in the designated centre. Gaps in infection control practices and in training were also identified. At this inspection, it was found that the procedures to be followed in the event of fire were now displayed in a prominent place. A review of training records indicated that a staff member was overdue refresher fire safety training.

However, all staff were overdue hand hygiene assessment/training, in accordance with the organisation's policy. In addition, there were no audits of infection control or cleanliness of the centre available for review and to monitor practices in place in the centre. This was noteworthy given the wear and tear to parts of the premises, such as the shower doors and surrounds.

**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:**

Improvements were required in relation to the arrangements in place for safeguarding residents.

At previous inspections, it was found that staff required training in relation to positive behaviour support and the prevention, detection and response to abuse. At this inspection, from the sample of training records viewed, staff had received this training.

At this inspection and as previously mentioned under Outcome 7, the inspector found that information as it related to safeguarding was not adequate. A safeguarding issue had been identified in the house and steps had been taken to safeguard residents (such as a sleep-over staff in the house at night). Some brief information was included in residents files. Risk assessments had been completed for residents who may be at risk. However, there was no safeguarding plan in place and it was not clear what the nature of the risk actually was. There was no information available for review in the centre that related to previous alleged incidents. The risk assessment completed by the person in charge identified the level of risk as 'moderate' but it was not clear what informed this judgement. Input from other relevant multi-disciplinary team members involved in the resident's care and support was not evidenced in the risk assessment process. When asked, the provider representative and staff nurse said that all staff were clear in relation to what was involved and any measures in place, although the provision of this information was relayed verbally and informally.

At the previous inspection, where behavioural issues had been identified, there was no associated care plan in place. At this inspection, the inspector found that a behaviour support plan was in place to support a resident around a certain issue and this had been developed by the nurse specialist in challenging behaviour. The plan was however dated July 2013. The provider representative said that they had checked this with the nurse specialist who confirmed that it was still applicable. This will be addressed under Outcome 18: Records and documentation.

**Judgment:**

Non Compliant - Moderate

**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:**

At the previous inspections, it was identified that access to dietetics was not always facilitated.

At this inspection, the inspector reviewed a sample of residents files and spoke with the staff nurse about residents' identified healthcare needs. The staff nurse demonstrated

that she was familiar with residents' healthcare needs and the required supports. Where residents' healthcare assessment had identified healthcare needs, the inspector found that a care plan was in place. Actions contained within the care plans were being completed. Where monitoring was required, this was being carried out by staff.

With respect to access to dietetics, it was found that the dietician had provided information to staff in relation to a special diet. The general practitioner (G.P.) had not recommended any referral to the dietician and there was no indication of any resident being at risk of malnutrition or dehydration, so no referrals were outstanding at the this inspection. Residents were offered private appointments if they wished to avail of same. However, referral pathways for allied health referrals were not clear and required review. This will be addressed under Outcome 14: Governance and management.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

### **Findings:**

At the previous inspection it was identified that no resident was self-administering medication and there were no assessments in place to indicate whether residents could be supported to self-administer medication.

Since the previous inspection, a nurse had met with all residents in relation to the self-administration of medication. Where residents chose to self-administer medicines, an assessment had been completed and they were being supported to do so. Where residents declined to self-administer medicines, this choice was respected. The provider representative did also say that this was an on-going process and residents would continue to be offered the support to self-administer medicines in the future, even if they initially decline to do so.

At this inspection, the inspector reviewed a recent (June 2016) medicines management audit, completed by the staff nurse. A number of gaps were identified on this audit, including in relation to the recording of medicines administered and training gaps. An action plan was in place to address the gaps. The previous audit had been completed a year previously (June 2015). The gaps identified on this audit indicated that the time-frame between audits was too long to ensure effective oversight of practices in place. A recent audit by the provider also identified training gaps in relation to medicines

management This will also be addressed under Outcome 14: Governance and management.

At other inspections of this service, it was identified that the medicines management policy required revision. The representative of the provider told the inspector that the policy was being updated to include topical and inhaled medicines and that the management of rescue medication was also being reviewed. This will be addressed under Outcome 18: Records and documentation.

**Judgment:**

Non Compliant - Moderate

**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:**

At this inspection, the statement of purpose was reviewed in light of findings as they related to the use of the respite bed and the premises. Some amendments were required to the statement of purpose to adequately reflect the services and faculties provided in the centre.

The inspector found that the statement of purpose did not clearly define when or for what purpose it was intended that the respite bed would be used. In addition, the criteria for admissions to the centre was too broad in terms of the age range and gender of residents for whom the centre is intended to accommodate. Finally, the facilities of the statement of purpose did not address the constraints of the centre in terms of five of the six bedrooms being upstairs and the fact that all sanitary facilities are located downstairs.

**Judgment:**

Substantially 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:**

Aspects of this outcome were included as they related to findings on the day of inspection.

The remit of the person in charge had been reviewed since the previous inspection and reduced to four centres. The remit of the representative of the provider had also been reviewed since the previous inspection and reduced by three centres to 13 centres. The representative of the provider was currently carrying out unannounced visits in all of the centres within her remit and had a schedule to complete same.

The provider had ensured that an unannounced visit was completed within the previous six months by the provider representative. The inspector reviewed the report of a visit that took place on 12 June 2016. The report was comprehensive and addressed key items also identified on this inspection, such as issues relating to the premises. Issues that required attention were raised with the person in charge on the day and action taken to commence addressing such issues. For example, training gaps in relation to medicines management and the need for a medicines management audit were identified during the visit. In addition, issues relating to the unavailability of transport one weekend were explored. The live complaint mentioned under Outcome 1 in this report was also included in the report. The provider representative had also identified that there were insufficient audits and that this gap needed immediate attention. An action plan was developed arising from the visit. Actions included the commencement of family forums and the development of an audit schedule. However, there was no satisfactory action plan to address the live complaint and this has been addressed under Outcome 1. The absence of audits in relation to infection control and the overdue health and safety audit were also mentioned under Outcome 7 of this report.

One item not captured in the provider's visit was mentioned under Outcome 11, whereby referral pathways for allied health referrals were not clear.

Finally and as mentioned under Outcome 12, gaps identified in the medicines management audit indicated that the time-frame between audits was too long to ensure effective oversight of practices in place.

In addition, a review of the floor plans submitted to HIQA as part of the registration process indicated that a downstairs bedroom was not identified on the plans as a bedroom.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

At the previous inspection, it was found that staff did not have access to appropriate training, including refresher training, as part of a continuous professional development programme.

At this inspection, full training records were not available for review on the day of the inspection., A sample of training records for the four rostered staff on duty were however provided for review by the inspector. Training records indicated that all staff had received training in relation to the protection of vulnerable adults and positive behaviour support. However, all staff required refresher training in infection control, as per the organisation's policy. One staff required refresher fire safety training. In addition, training in relation to personal planning was not provided for staff. There was no record of food safety training in the training records provided. The provider representative had identified that there were also gaps in medicines management training.

**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:**

Aspects of this outcome were included to address failings identified on this inspection that related to records and documentation.

As mentioned under Outcome 8, the date on a behaviour support plan (dated 2013) did not reflect information received from staff that this plan was current and to be followed.

As mentioned under Outcome 11, residents' healthcare action plans required review and updating as some information was not current.

As mentioned under Outcome 12, the medicines management policy required revision to include topical and inhaled medicines and the management of rescue medication.

The inspector also observed that the policy on access to education, training and development for residents did not outline how the relevant regulation (regulation 13) would be met by the provider.

**Judgment:**

Substantially Compliant



## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Julie Hennessy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003301
<b>Date of Inspection:</b>	14 June 2016
<b>Date of response:</b>	22 July 2016

### 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:**

It was not demonstrated that each resident had the freedom to exercise choice and control in his or her daily life. A resident was not happy with having to move bedroom and there was no evidence that this issue would be resolved to the satisfaction of the resident concerned.

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

**1. Action Required:**

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The resident that had moved bedroom was met by staff, the issue was discussed, following discussion it was agreed to trial the bedroom move for a further month. The resident was met by the PIC on 17/07/16 it was agreed that the trial move was not successful, PIC committed to move resident back to his previous bedroom, this move will occur before the 08/08/16 following residents' holidays.

**Proposed Timescale:** 08/08/2016

**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:**

A contract of care had not been signed by either the resident or a family representative.

**2. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The contract of care has now been signed by his family representative and is contained in the residents' file.

**Proposed Timescale:** 15/07/2016

**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:**

It was not demonstrated what arrangements were in place for the review of the personal plan to be multi-disciplinary, as required by the regulations.

**3. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A schedule to review each residents plan will be created. The review of each individual's personal plan will include multidisciplinary input as required.

**Proposed Timescale: 30/11/2016**

**Theme: Effective Services**

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

A comprehensive assessment of residents personal development needs was not available in the centre to identify any skills development, training or employment needs and wishes. In addition, as this assessment was not available in the centre, it was not clear what life skills staff should be supporting for each individual living in the residential centre.

**4. Action Required:**

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

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

Consultation with Day Services has begun. An assessment of residents personal development needs will be completed in conjunction with each residents person centred plan and kept in the residential centre.

**Proposed Timescale: 30/11/2016**

**Theme: Effective Services**

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

As detailed within the findings, improvement was required to the development and review of personal plans. While this had been achieved for one resident, the same improvement was required for other residents.

**5. 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:**

A schedule to review each resident's personal plan will be completed, the comprehensive multidisciplinary review will be recorded and include any proposed changes to the plan, the names of those responsible for pursuing objectives in the plan, all within agreed timescale

**Proposed Timescale: 30/11/2016**

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

As detailed within the findings, it was not demonstrated how failings identified on previous inspections that related to the general upkeep of the centre and access to toileting facilities at night-time were being addressed:

an assessment had not been completed by a suitably qualified person to determine whether the centre was designed and laid out to meet the needs of residents in terms of the number and location of baths, toilets and showers;

an engineers' report that had been completed was not available for review in the centre.

### **6. 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:**

The Occupational Therapy Manager and Facilities Manager (Engineer) completed assessments to determine whether the centre was designed and laid out to meet the needs of residents in terms of the number and location of baths, toilets and showers.

The Occupational Therapy Managers report which is included concludes that the premises meet the needs of the men currently residing there. Structural changes to houses 33 and 35 would improve the property, particularly in relation to toilet/shower room access and are recommended in the future to address any change in needs that might arise as the men age. These works are not essential at this time, as the men have good mobility and can access all necessary facilities now and into the foreseeable future. An Engineer's report is included with the action plan.

Actions will be carried out as follows:

1. The primary access to the property is now at number 35 which eliminates the use of number 33 with the steep gradient.
2. Replacement of all internal doors to include door saddles will be completed by 31/10/2016.
3. The Provider will monitor, in consultation with the person in charge any changes in the residents functioning and needs with involvement of the occupational therapist.
4. A plan will be drawn up to carry out a scheduled review on a six monthly basis.

**Proposed Timescale:** 30/06/2017

## 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:**

As detailed within the findings. systems in place in the designated centre for the assessment, management and on-going review of risk required review.

In addition, a risk assessment had not been completed with input from a competent person in relation to two premises-related hazards.

Also, the annual health and safety audit was overdue.

**7. 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 PIC will review the risk assessments and on-going risks as follows at the designated centre

- Review all risks at the designated centre with specific review of risks following the introduction of control measures
- Additional risk assessments with input from the Safety Officer will be completed for the following risks, steep driveway and doorway saddles between frequently accessed rooms (e.g. the kitchen and dining area).

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

It was not demonstrated that residents were protected from are protected from healthcare associated infections by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. For example,

all staff were overdue hand hygiene assessment/training;

there were no audits of infection control or cleanliness available for review in the centre.

**8. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The PIC will ensure that all staff will have hand hygiene training and assessment completed.

Audits of infection control and cleanliness will be carried out every month by staff at the designated centre and available for all staff to review at the centre.

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

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

Fire doors were not in place throughout the centre where required, for the purposes of containing smoke and fire in the event of a fire.

**9. Action Required:**

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

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

An assessment has been carried out by the Facilities Manager (Engineer). It has been recommended that internal doors need to be replaced with fire doors, these need to be installed to meet Part B of Building Regulations. Quotations have been sought from competent Building Contractors

**Proposed Timescale:** 31/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

It was not demonstrated that the system in place for protecting residents were robust. As detailed within the findings, information pertaining to a safeguarding issue was limited, risk assessments in place were not developed with input from relevant multi-disciplinary team members and there was no safeguarding plan(s) in place.

**10. Action Required:**

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

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

Safe guarding measures at the designated centre were put in place at the time of the identification of the risk. These measures will be documented in the form of a safeguarding plan for the resident. The residents file will be further updated to reflect any potential risk.

**Proposed Timescale: 31/08/2016**

### **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:**

Results of a recent medicines management audit indicated that medicines were not always administered as prescribed.

**11. 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:**

Audits will be carried out on a monthly basis (when monthly medications are dispensed from pharmacy) going forward by the staff nurse to ensure effective oversight of practices in place at the designated centre.

**Proposed Timescale: 31/08/2016**

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose required review to adequately reflect the respite services provided in the centre, the facilities provided to meet residents' needs and the age range and gender for whom the centre could accommodate.

**12. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The updated statement of purpose to reflect residents age range and gender has been submitted to the Authority.

**Proposed Timescale: 29/07/2016**



## 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:**

A review of the floor plans submitted to HIQA as part of the registration process indicated that a downstairs bedroom was not identified on the plans as a bedroom.

**13. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The updated floor plans will be re submitted to the Authority.

**Proposed Timescale:** 19/08/2016

**Theme:** Leadership, Governance and Management

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

There were insufficient audits being carried out in the centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There were no audits relating to infection control and the health and safety annual audit was overdue. In addition, gaps identified in the medicines management audit indicated that the time-frame between audits was too long to ensure effective oversight of practices in place. Finally, referral pathways for allied health referrals were not clear.

**14. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

PIC to develop referral pathways for allied health referrals. Algorithm of pathways to be displayed in the designated centre to assist with referrals and their follow up.

**Proposed Timescale:** 31/08/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

As detailed in the findings, staff training records indicated that not all required training was up to date.

**15. 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:**

PIC will continue to roster staff to attend appropriate training including refresher training, as part of a continuous professional development programme. PIC will continue to maintain training matrix.

**Proposed Timescale:** 30/11/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The medicines management policy required revision to include topical and inhaled medicines and the management of rescue medication.

The policy on access to education, training and development for residents did not outline how the relevant regulation (regulation 13) would be met by the provider.

**16. 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 Provider has reviewed The Policy and Procedures on the Administration of Medications Policy which now includes topical and inhaled medicines and the management of rescue medication.

**Proposed Timescale:** 30/09/2016

**Theme:** Use of Information

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

Improvement was required to some records in respect of each resident:

The date on a behaviour support plan (dated 2013) did not reflect information received from staff that this plan was current and to be followed.

Residents' healthcare action plans required review and updating as some information was not current.

**17. 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:**

This resident's behaviour support plan (dated 2013) will be updated and a review date will be added to reflect that information contained within the plan is current and to be followed.

**Proposed Timescale:** 31/08/2016