

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 16
Centre ID:	OSV-0003292
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Liza Fitzgerald
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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:
19 July 2017 09:15	19 July 2017 17:00
20 July 2017 09:15	20 July 2017 17:00

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 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

Background to the inspection:

This was the first inspection of this centre since it had reconfigured as a standalone centre. The centre had previously been part of a larger centre. This centre was a designated centre for adults with disabilities that offered a residential service and respite service. The current inspection was scheduled to inform the registration of the centre.

How we gathered our evidence:

As part of the inspection, the inspector met with three residents and two respite recipients, two family representatives, a number of staff that included nurses and care assistants, the person in charge and the person representing the provider. The

residents were unable to share verbally with inspector their views of the service provided; however, the inspector spoke with two of their representatives and observed staff interactions with residents. The inspector read documentation such as a sample of resident personal plans, pre-inspection questionnaires submitted by residents and their representatives along with other relevant records kept in the centre.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. During this inspection, the person representing the provider made a number of changes to the statement of purpose to ensure that it accurately reflected both the residential and respite service that the centre provided. The statement of purpose identified that the centre catered for adults with a diagnosis of an intellectual disability. The person in charge informed the inspector that the residents at this centre required a high level of care and support from nursing and care staff members. The maximum number of residents that the centre could cater for was four and, at the time of this inspection, the centre also provided a respite service to four adults.

The centre was based in a suburb within walking distance to a bus service. It comprised of two dormer bungalows which were interconnected. There were two communal bathrooms available to residents. There were four bedrooms. The centre had a kitchen, a living room, a multi-sensory room and separate laundry facilities.

Overall judgments of our findings:

Overall, it was demonstrated that residents were supported in their health and well-being by staff, however, there were a number of regulations that were not being met.

Some areas of non compliances of a moderate nature were identified in relation to:

- written agreements were not specific (Outcome 4)
- personal planning arrangements had not all been reviewed by the residents, their representatives and a multidisciplinary team (Outcome 5)
- the centre was not fully clean and sufficiently decorated in some areas (Outcome 6)
- risk assessments (Outcome 7)
- the review of restrictive practices (Outcome 8)
- resource issues (Outcome 16)
- staffing levels and supervision (Outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):

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

Findings:

There were systems in place to promote rights, dignity and consultation with residents; however, a number of improvements were required to how residents were communicated with during house meetings, the management of complaints and the use of bedrooms for respite purposes.

The inspector was not able to converse with the residents over the course of the inspection to ascertain their views on the service. However, family representatives and staff were asked their views. The inspector also read questionnaires completed by family representatives. The majority of the representatives confirmed their satisfaction with the service received at the centre.

Staff were observed communicating effectively with the residents and engaging with them in a kind and respectful manner. They were seen to treat each resident as an individual and the management team were equally familiar with each resident. The atmosphere in the centre was pleasant. Residents were observed departing for outings to the community, with the support of staff.

Residents had access to advocacy services; however, the impact that this service had on the residents was not yet demonstrated.

Staff had organised an annual family forum in 2017 and family representatives were given an opportunity to have their say on various aspects of the centre. There was evidence that there had been regular in-house service user forums held individually with

residents throughout 2016 and 2017; however, the communication method chosen by staff members was not suited to the needs of the residents. The questions put to the residents did not accurately reflect the running and governance of the centre and were more suited to their personal planning.

There was a complaints system in place. There was an organisational complaints policy available to guide staff. There was a named complaints officer to which staff were aware. There was an easy to read complaints guide. The person in charge had received two complaints in the 12 months prior to the inspection and these were resolved to the satisfaction of the complainant. The inspector spoke with the person in charge about concerns, where these were raised by representatives and the person representing the provider confirmed awareness of these concerns and her plan to address same. Where dissatisfaction with the service had been expressed in the file of residents by representatives, the inspector did not find that these had always been reviewed accordingly by the person in charge. The person in charge commenced a review of these records during the inspection.

This service provided a mixed residential and respite service and at the time of this inspection there were two bedrooms, already occupied by residents, that had been used for respite services in the 12 months prior to this inspection (one room more frequently than the other). There was some documentation on file that showed that family representatives were aware of these arrangements and that they consented (on behalf of the resident) to the use of the room for this purpose. However, overall there was inadequate written evidence to show that the residents and or their family representatives had been fully consulted and participated in the decision making process around this.

Judgment:

Substantially 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):

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

Findings:

There were systems in place for admissions, transfers and discharges; however, arrangements in place for written agreements were not suitable.

At the previous inspection a written agreement was found to be in place but not signed by the resident or their representative. This action was still outstanding at the time of this inspection.

During this inspection, the inspector reviewed a sample of written agreements and found that the majority of them had been signed by either the resident and or their representative. The respite residents' written agreements were not suitable as they made reference at times to children's services and not adults. Where applicable, the written agreements did not set out the specifics on how a resident's bedroom may be used by respite recipients.

The inspector was informed by the person representing the provider that the written agreements required review, within the organisation, to ensure that they were specific to the terms and conditions of each residency.

Since the previous inspection there had been no new admission to the designated centre but the organisation maintained policies and procedures around admissions and discharges.

Judgment:

Non Compliant - Moderate

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:

There were systems in place to ensure that all residents had personal plans in place based on an assessment of need; however, improvements were identified in the involvement of representatives and the multidisciplinary team in the review process.

At the previous inspection, there had been a number of actions in the area of goals and consultation with family members. At this inspection, most actions had been addressed; however, consultation with family members about personal planning arrangements was

still being addressed and observed by the person in charge as an area that required improvement.

The inspector found that while assessments had been completed, these were not comprehensive and did not include an assessment of the residents personal and social care needs.

Residents had access to their personal plans in an accessible format, in their person centred plans which were pictorial.

The inspector reviewed a sample of personal planning arrangements for residents. Each resident had personal planning information, such as, their support network, summary of multidisciplinary supports, how people should communicate with them, their interests, likes and dislikes. Their person centred plan referenced areas such as; their education and learning, safeguarding, community inclusion, maximising independence and personal information.

The inspector viewed a sample of goals that a resident, with the support of staff, had chosen to develop in 2017 and found that progress towards achieving these goals was being recorded; however, these records were not always maintained monthly therefore the records appeared to have gaps.

There were some concerns raised by staff and representatives around the quantity of social outings that the residents enjoyed. This has been commented further in Outcome 16.

The inspector viewed records of personal planning review meetings. Person centred goals were set for each resident including trips away and social activities. The personal plans were in the most part up-to-date but had not all been reviewed annually with the resident, their family representative and or a multidisciplinary team. This had been identified by the provider as a gap in their own six-month unannounced inspection of the centre. The person in charge and person representing the provider both informed the inspector all residents were scheduled to have their personal planning arrangements reviewed in November 2017 by the multidisciplinary team attached to the organisation. This was confirmed in written communications viewed by the inspector.

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:

Overall, aspects of the centre were homely and the exterior was in keeping with neighbouring houses; however, improvements were required to the interior of the centre.

The centre comprised of two dormer bungalows that were inter-connected which had a kitchen, living room, four bedrooms, a utility room, a laundry, an office area and toilet. A second communal room was described as a multi-sensory room. There were photographs of residents and events they have been involved in, throughout the centre.

The front and rear garden of the centre were well-maintained and landscaped. The gardens were planted seasonal flowers. The rear garden was particularly well landscaped and was a pleasant space for the residents.

Residents' bedrooms were observed to be colourfully decorated and personalised with photographs and ornaments.

There were two communal rooms in the centre, of which one was a sitting room and the other described as a multi-sensory room. The sitting room was well-decorated and was a pleasant space for residents and their representatives to enjoy. The multi-sensory room was, in contrast, poorly maintained. The room was quite sparse. Toys and play equipment were locked away or placed out of reach. The room required paintwork to be refreshed. The curtains required cleaning or replacement. There were significant scratch marks on lower walls. This room did not present as a room that was comfortable for all residents to enjoy.

The kitchen was small and could not fit comfortably all four residents and the staff caring for them. The person in charge told the inspector that the current needs of the residents was such that they preferred, and required, individual time and space during their meal-times and staff therefore scheduled set meal-times for them. The kitchen was therefore suitable for the needs of the current residents; however, may not be suitable in general as a room to house four residents who may like to eat together with staff. The provider had committed in the previous action plan to the on-going reviewing of this issue, taking into account the changing needs of residents. A committee from the organisation reviewed this issue again in early 2017 and had issued written recommendations to the person in charge that the kitchen be extended. However, the inspector was informed that this action had not yet been progressed at the time of this inspection.

It had been noted by the same committee that the centre required an overhead hoist to be installed for manual handling purposes and this was not yet in place.

The front door of the centre required varnishing due to scratches. A number of internal

doors were poorly maintained. A number of walls required re-painting.

There was sufficient storage space throughout, although, a large box was found in one bedroom and the person in charge confirmed that the box was inappropriately stored on this occasion.

The surfaces of the centre were clean in all areas. However, corners of the floors and skirting boards in most areas of the centre were observed to not be sufficiently clean. An audit of cleanliness at the centre had not identified these issues. This was brought to the attention of the person representing the provider who agreed that a through clean in these areas was required.

The office area was limited in size and shelves containing policies and other information were difficult to reach.

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:

The health and safety of residents, staff and visitors were promoted in the designated centre. However, improvements were required in fire safety systems and risk assessment.

At the time of this inspection, the provider did not have written up-to-date assurances in writing that the centre was in compliance with fire safety legislation. However, a fire alarm system, emergency lighting and fire fighting equipment including fire extinguishers were present in the centre. Emergency lighting was seen to be operational on the day of inspection, although a recent fire safety checklist performed by a staff member identified a fault in an emergency light and the person in charge was not fully aware if this had been resolved. Fire exits were seen to be unobstructed; however, there was equipment stored in a hallway that led to a fire exit, which may be an issue as residents and staff walk through this hallway, particularly at night-time. The person in charge immediately addressed this issue and confirmed to the inspector, following the inspection, that equipment kept in the hallway would be removed into a communal room at night-time. Evacuation procedures were on display. The inspector saw records of

certificates of maintenance carried out by external bodies at the required intervals for the emergency lighting and the fire extinguishers.

The inspector reviewed a training matrix for staff working in the centre and found that they had undergone fire safety training and manual handling training within the previous 24 months. There was a new member of staff appointed the month of the inspection who was scheduled to attend this training.

Staff members spoken with during inspection confirmed that they had participated in fire drills and were aware of the evacuation procedure to be followed. Residents had personal emergency evacuation plans in place and fire drills were being carried out at regular intervals. However, a recent drill took over four minutes for everyone to evacuate and there was insufficient evidence to show that this issue was being addressed by the provider. The person representing the provider gave verbal assurances to the inspector that the person in charge would organise a drill to be repeated to test evacuation times. In addition, personal emergency evacuation plans would be updated where necessary and following this equipment would be purchased if necessary to aid in the evacuation of residents.

The person in charge maintained a centre risk register. Each resident also had a set of individualised risk assessments contained in their personal plan. At the time of inspection there were a number of issues identified by the inspector in these risk assessments. Some assessments were incorrectly completed. Some hazards identified by this inspector were not identified as hazards; such as, the risk posed to a resident when left alone in a room while staff attended to the personal care needs of other residents.

The person in charge informed the inspector of the number of and nature of all incidents, accidents and near misses, which she described as low in their occurrence. She could account for any patterns and trends.

There were systems in place regarding the logging of maintenance issues.

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):

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

Findings:

There were systems in place to keep the residents safe and protected. However, an environmental restrictive practice required review.

There was a policy in place that guided staff on the safeguarding of vulnerable adults. The core team of staff were trained in the safeguarding of vulnerable adults. There were policies maintained by the organisation to guide staff in this area. The organisation had appointed a staff member as a designated officer.

On the day of the inspection, staff members were observed being respectful of residents and their needs and wishes. The person in charge confirmed to the inspector that in the 12 months prior to this inspection, there had been no safeguarding incidents had occurred. During interview with staff members, they confirmed to the inspector their awareness of safeguarding and they outlined the appropriate procedures that they would follow should they be concerned about a resident.

At the time of this inspection, the inspector was informed by the person in charge that none of the residents required behavioural support plans to assist staff in responding appropriately to them.

The inspector viewed an intimate care plan in place and the needs of the resident had been suitably assessed in this area. This plan gave clear guidance to staff on aspects of personal care the resident required support and assistance with.

There was some use of restrictive practices at the centre. The provider had released an updated policy in 2017 regarding the use of restrictive practices and the person in charge told the inspector that staff would commence implementing the new policy following their training. The person representing the provider informed the inspector that training for all staff within the organisation would be commencing in September 2017.

There were clinical prescriptions available from healthcare professionals recommending the use of mechanical restrictive practices, however, the date of these prescriptions were in some occasions outside of 12 months.

There was an environmental restrictive practice in place at the time of this inspection, pertaining to one resident, who was restricted in their free access around their home when staff were attending to the personal care needs of residents. However, the documentation did not demonstrate that due process had taken place with respect to exhausting all other methods prior to this practice being employed. The person representing the provider and person in charge agreed to immediately review this practice to ensure that it was applied in conjunction with organisational policy.

Judgment:

Non Compliant - Moderate

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: A record of all incidents occurring at the centre was maintained and there were systems in place to ensure that incidents, where necessary, were notified to HIQA in a timely manner. Quarterly returns were also submitted.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Residents had opportunities for new experiences, social participation, education, training and employment. At the time of this inspection, all residents attended training and day services outside of the centre. Some attended these services on a reduced timetable and this was suitably explained by the person in charge. The organisation maintained a policy on education and training. There was reference to the needs of residents in this area in their personal planning documentation
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:

Residents were supported to enjoy good health within the designated centre.

Residents' specific healthcare needs were assessed and corresponding care plans put in place.

Residents had access to a range of allied health professionals if required. A record of attendance at appointments was maintained. Such records clearly showed the allied health professionals residents had attended; including, physiotherapists, chiropodists and dental - along with any actions resulting from these appointments.

Some residents were prescribed rescue medications in the event of an emergency, such as a seizure. The inspector reviewed a sample of healthcare plans and protocols to address this area and these were found to be within date and prescribed accordingly.

The inspector found and observed good practice in relation the management of percutaneous endoscopic gastrostomy (PEG).

A number of residents had care plans relating to swallowing. The inspector found one file that contained a number of these plans on file for staff to follow, and this was confusing. The person in charge attended to this immediately and arranged the file in such a manner that it was clear for staff to follow and that all former care plans were archived. Each resident had their own individualised folder set out in the kitchen that contained their particular eating and drinking regime. These regimes were dated within the previous 12 months. Staff were aware of the individual needs of each resident in this regard.

The inspector saw evidence that routine checks such as blood pressure and weight were maintained; however, a direction from a dietitian regarding the frequency of weight checks, following a change in a feeding regime, was not fully followed. The person in charge accepted that this was a gap.

Residents had hospital passports contained in their personal plans, which outlined key information relating to residents, should they be admitted to hospital.

The inspector was satisfied that residents were supported to consume food that they enjoyed and that was consistent with their preferences and their healthcare

requirements. Residents also had accessed to snacks and refreshments if required. Residents ate their main meal while at their day service and staff prepared meals for them at the weekend.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to protect residents in the administration of medicines.

The organisation maintained a policy on medicines management and this has been updated in 2017. At the time of this inspection, nursing staff generally administered medicines. One care staff member had received training in this area.

A secure cupboard was in place for the storage of medicines with a separate space available for out-of-date or returned medicines. A locked fridge for storing medicines was also available in the designated centre. At the time of this inspection, there were no medicines on site that required stricter controls.

A sample of prescription and administration records were reviewed by the inspector. It was found that the required information such as the medicines' names, the medicines' dosage and the residents' date of birth were contained in these records. Records indicated that medicines were administered at the time indicated in the prescription sheets. However, it was noted that the protocol for a medicine taken as required (PRN), in the prescription charts of respite recipients did not clearly state the maximum dose to be administered.

Some residents were prescribed an emergency rescue medication used in the event of a seizure. Specific training is required to administer this medication and there was evidence to show that the core team of staff, including care staff, had received this training.

None of the residents had undergone an assessment in relation their capacity to self-administer medications and this was not in line with the regulations.

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:

The statement of purpose contained most of the information as set out by the Regulations.

The statement confirmed the aims, objectives and ethos of the centre. It was kept under regular review.

The statement did not contain reference to; the arrangements of supervision of therapeutic techniques used at the centre, the arrangements for residents to access education, training and employment and the arrangements made for residents to attend religious services of their choice.

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):

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

Findings:

There was a clear management structure at the centre; however, some improvements were required in this area.

The management system at the centre was clear. Care assistants reported to nursing staff who in turn reported to the person in charge. The person in charge reported to the person representing the provider. During interview, staff were clear about who was in charge and the management structure. On-call services were provided during out of hours.

There were systems in place for the completion of the annual review of the centre for 2017 and the person representing the provider (appointed in 2017) was aware of the requirements of the regulations in this regard. However, the annual review of the service for the year 2016 was not made available to the inspector. A family forum had been organised by the person in charge for the representatives of families in 2017 during which their views of the service were ascertained.

In the 12 months prior to this inspection one six monthly unannounced inspection had taken place; however, the actions arising from this six monthly unannounced inspection had only recently been made known to the person in charge and she was therefore familiarising herself with same during the inspection. An earlier six monthly unannounced inspection report was not made available to the inspector.

There were some audits completed within the centre and the wider organisation on aspects of the delivery of service. The training audits were effective in identifying issues regarding training records and this ensured that the records were up-to-date and easy to navigate. However, an action arising from a fire safety audit was outstanding. The cleaning audits completed by staff members did not highlight issues identified at this inspection. There were no auditing systems in place for the review of personal planning of respite recipients and their files were generally kept off-site.

A performance management development system was in place at the centre.

The centre was managed by a clinical nurse manager (the person in charge). At the time of this inspection, she was person in charge of three designated centres. The statement of purpose set out accordingly the whole time equivalent of her post.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was no occasion when the person in charge was absent for a period that required notification to HIQA. The person representing the provider was aware of the requirement to notify HIQA in the event of the absence of the person in charge for 28 days or more.

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):

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

Findings:

The inspector found that the centre was not sufficiently resourced in all aspects to meet the assessed needs of the residents and that this was still outstanding from the previous inspection.

Staffing levels required for aspects of personal care for some residents was cited as the rationale for the use of an environmental restrictive practice.

Staff were awaiting an overhead hoist, set out as a need in an organisational quality report.

The lack of a dedicated vehicle for residents was cited by staff as an issue as to why residents did not access a greater quantity of social outings.

These resource issues had not been analysed sufficiently in writing and the person in charge and person representing the provider was not able to quantify the need for these resources. They told the inspector that there may be a need for additional resources but that this was only in some circumstances and not others; for example, at different times of this year these issues became more problematic than in other times. These issues were not all addressed in the six month unannounced inspection of the centre and as an annual review of the service could not be located for the previous year there was

insufficient evidence to show the analysis of these resource issues.

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:

During the course of this inspection, staff levels were maintained in the centre in accordance with the statement of purpose. However, the previous inspection had highlighted the inadequacy of staffing levels to support the resident's social participation. At this inspection, this action was still not resolved.

The inspector reviewed a sample of staff rosters and found that the numbers of staff present in the centre to meet the needs of residents was as was set out in the statement of purpose. The numbers of staff attending to the needs of the residents appeared sufficient. However, there was an exception to this; during the personal care of some residents, staff employed the use of an environmental restrictive practice for short periods of time and this affected one resident.

The inspector reviewed a sample of staff files and found that required information was contained in these files.

There were no systems in place to ensure formal supervision was occurring in the centre.

There were up-to-date records of staff training maintained by the person in charge.

A number of staff meetings did occur in 2016 and 2017; however, the quality of the documentation of these meetings was poor. The minutes were not always legible and there was not always a person identified to address actions identified.

The inspector was informed that there were no volunteers involved with the centre at the time of inspection.

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):

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

Findings:

There were systems in place to ensure that records were maintained at the centre; however, some improvements were identified.

All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff. Some of the policies were dated 2013 and 2014 and had review dates of months within 2017, some of which had passed. The person representing the provider informed the inspector that at the time of the inspection all such policies were in the process of being reviewed in 2017.

The records for respite residents were not all available for the inspector to review. The minutes of staff team meetings were difficult to navigate.

The residents' directory was reviewed during the inspection by the inspector and some gaps were found; however, most of these issues were attended to during the inspection by the person in charge.

The updated resident guide submitted to HIQA following the inspection contained reference to some of the information, as set out by the regulations, but not all.

The centre was appropriately insured.

Judgment:

Substantially Compliant

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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:

Carol Maricle
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-0003292
Date of Inspection:	19 & 20 July 2017
Date of response:	02 October 2017

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:

The minutes of resident's meetings did not show how they were involved and consulted about the running of the centre.

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

All residents will be consulted to participate in the organisation and running of the centre. Where required the residents keyworker/advocate/family representative shall be involved. Appropriate methods of communication shall be explored to ensure that each resident is fully informed and involved

Proposed Timescale: 31/10/2017

Theme: Individualised Supports and Care

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

Where there was evidence of dissatisfaction raised by representatives in written records, these had not always been processed in line with the organisational complaints policy.

2. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

All complaints shall be dealt with in accordance with the Organisation's policy on complaints. This will also include any expressions of dissatisfaction.

Proposed Timescale: 22/09/2017

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 written agreement was not signed between a resident, their representatives and the organisation. The written agreements on file for respite recipients were not suitable. The written agreements did not set out, where applicable, the arrangements in place for the use of a resident's bedroom for respite purposes.

3. 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:

Person in Charge is reviewing and will update all contracts of care for all residents and users of short break services.

Proposed Timescale: 31/10/2017

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 that there was a formal review to assess the effectiveness of personal plans.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A formal review process will be put in place to assess effectiveness of personal plans

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

The assessment of residents did not include an assessment of the residents' personal and social care needs.

5. 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:

Each resident will have an assessment of personal and social care needs undertaken .

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Personal plans were not subject to multi-disciplinary review.

6. 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:

Personal plans will have a scheduled annual review on the 2/11/2017 .

Proposed Timescale: 02/11/2017

Theme: Effective Services

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

Residents and their representatives were not participating in their annual personal planning review meetings.

7. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Personal plan reviews will include the maximum participation of each resident and where appropriate their representative.

Proposed Timescale: 30/11/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

It had been recommended by a quality, safety and governance committee that the centre required an overhead hoist to be installed and this was not yet in place.

8. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

An assessment of need shall be carried out to assess the need for an overhead hoist .

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Not all aspects of the centre were clean and suitably decorated. The multi-sensory room was not suitably decorated, clean and suitably equipped.

9. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A request for decoration and supply of equipment shall be submitted for budget 2018. A deep clean shall be carried out in the centre.

All staff will work in accordance with cleaning schedule.

Person in charge along with staff will assess the need for multi sensory equipment that is tailored to the specific needs of service users.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

A quality, safety and governance committee had recommended that the kitchen be extended in early 2017. These recommendations had not been put in place.

10. 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:

An assessment for the need for extension to kitchen shall be undertaken with input from Person in Charge . Should there be an identified need for extension it shall be costed and submitted for Budget 2018.

Proposed Timescale: 30/11/2017

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:

Not all hazards identified during this inspection were appropriately identified as hazards,

risk assessed, controlled and reviewed.

11. 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:

Risk Register will be updated to reflect all identified risks in the centre.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

The provider could not provide assurances that the centre was in compliance with fire safety legislation.

12. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

A fire assessment of the property shall be carried out by a competent person and any identified actions escalated and actioned appropriately .

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

There was equipment stored in a hallway that may hinder the route of passage to a fire exit, in particular, at night-time.

13. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

All equipment is now stored elsewhere at night.

Proposed Timescale: 02/10/2017

Theme: Effective Services

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

The provider had not reviewed the outcome of a recent fire drill in order to satisfy themselves that all arrangements were in place to address learning from this drill.

14. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Most recent fire drill showed a significant reduction in the time taken to evacuate. All fire drills will have post drill evaluation to address any issues of concern and gain learning

Proposed Timescale: 22/09/2017

Theme: Effective Services

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

A recent fire safety checklist performed by a staff member identified a fault in an emergency light and the person in charge was not fully aware if this had been resolved.

15. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Audit is now carried out on a pre arranged date with the Person In Charge having oversight of same.

Proposed Timescale: 02/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

An environmental restrictive practice used at the centre was not demonstrated to be applied in accordance with evidence based policy. The clinical prescriptions for mechanical restrictive practices required updating.

16. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All restrictive practices shall be applied in accordance with policy. Learning has been gained from other centres in the management of such restrictive practise and will be applied as appropriate. Paperwork shall demonstrate that policy is followed.

Proposed Timescale: 31/10/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A direction from a dietitian regarding the frequency of weight checks was not followed as prescribed.

17. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Health Care plans will be clearly set out in personal plans. Where recommendations are set out these shall be adhered to. The PIC will audit plans to ensure compliance

Proposed Timescale: 31/10/2017

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:

None of the residents had undergone an assessment in relation their capacity to self-administer medications and this was not in line with the regulations.

18. 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:

An Assessment of capacity to self-administer medication shall be carried out.

Proposed Timescale: 31/10/2017

Theme: Health and Development

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

The maximum dose of an 'as required' (PRN) medicine of respite recipients did not clearly state the maximum dose to be administered.

19. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The maximum dose of PRN medication of respite recipients will be clearly stated on prescription charts.

Proposed Timescale: 22/09/2017

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 did not contain reference to; the arrangements of supervision of therapeutic techniques used at the centre, the arrangements for residents to access education, training and employment and the arrangements made for residents to attend religious services of their choice.

20. Action Required:

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

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

The Statement of Purpose has been updated to contain all information set out in Schedule 1 of the Health Act .

Proposed Timescale: 02/10/2017

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 six monthly unannounced inspection report of the centre was not available for the inspector to review.

21. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

A six monthly unannounced inspection report will be scheduled for the centre .

Proposed Timescale: 31/12/2017

Theme: Leadership, Governance and Management

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

An annual review of the centre was not available for 2016.

22. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Annual review shall be scheduled for 2017

Proposed Timescale: 31/12/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not suitably resourced in the area of; staffing, transport and equipment.

23. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the

statement of purpose.

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

A staffing review of the centre will be undertaken by the Registered Provider.

A review of all transport will be conducted by the Registered Provider.

A submission for equipment will be made for consideration for Budget 2018.

Proposed Timescale: 30/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels were not always adequate to support the effective delivery of service around times of personal care.

24. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Person in Charge and Provider nominee meet regularly to review staffing levels in centre. Where gaps are identified these are addressed. A review of skill mix is currently being undertaken by the registered provider.

Proposed Timescale: 31/10/2017

Theme: Responsive Workforce

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

There were no systems in place to ensure formal supervision was occurring in the centre.

25. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

An organisational policy on supervision is currently being developed.

Proposed Timescale: 30/11/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies were outside of the three year reviewing period.

26. Action Required:

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

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

All policies are currently being reviewed and updated as necessary.

Proposed Timescale: 30/11/2017

Theme: Use of Information

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

The records of respite residents were not all available for the inspector to review.

The residents' guide did not contain reference to the terms and conditions of residency, the arrangements for residents to be involved in the running of the centre and information on how to access inspection reports.

There were some gaps identified in the directory of residence.

27. 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:

Respite records will be made available on site. The residents guide will be reviewed to contain reference to terms and conditions of residency . and how residents will be involved in the running of the centre . Easy read guidance on how to access inspection reports will be included in residents guide.

Proposed Timescale: 31/10/2017

