Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	North County Cork 4
Centre ID:	OSV-0003294
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Anna Broderick
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	3

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:
30 March 2017 10:00	30 March 2017 17:00
31 March 2017 09:30	31 March 2017 15:30

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

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

Summary of findings from this inspection

Background to the inspection
This was the second inspection of a centre that had made an application to register as a designated centre with the Health Information and Quality Authority (HIQA). The centre was managed by COPE Foundation who provided a range of day, residential and respite services in Cork.

Description of the service:
The centre was a single storey building located in a quiet cul-de-sac within walking distance from a large town. A day service and separate respite premises were

located within the same grounds. The centre could accommodate 10 full time residents and had three respite beds available.

How we gathered our evidence:
The inspector met and spoke with all nine residents. All residents spoken with said they were happy with where they were living. The inspector also met with five families of residents during the course of the two days of the inspection. All families had very positive feedback on the service being provided. One family said that the staff were like part of the family.

The inspector observed staff practices and interactions with residents and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:
There was evidence of good practice. The COPE Foundation service had been innovative in obtaining residents' consent in relation to important issues in their lives. For example, in relation to assessing a resident's capacity in relation to where they wanted to live, the COPE Foundation psychologist had developed a questionnaire that built on the way the person communicated.

In relation to consent to treatment issues there were clear directions in place, as required, in relation to treatment and in particular in relation to directions as to when treatment was not to continue (do not attempt resuscitation (DNAR) orders). There was a clear rationale in place for any such order in resident records.

A number of residents were wards of court and there was comprehensive documentation available in the centre in relation to the wardship and what the wardship extended to.

However, improvement was required in relation to:
- residents' right to privacy and dignity was not respected as there was no evidence of any consultation with a resident about sharing their room (Outcome 1)
- one resident's evacuation plan did not provide clear direction in relation to how the resident was to be supported to evacuate (Outcome 7)
- there were potential restrictions on residents' lives, including most light switches in the premises requiring a "key" (Outcome 8)
- end of life care planning for residents was not in line with the COPE Foundation guidance around end of life care (Outcome 11)
- the availability of emergency medication was not always clear (Outcome 12)
- the skill mix of staff on duty at night required review, particularly as the assessed healthcare needs of residents at end of life indicated that nursing care may be required at night. Staff also required further training in relation to use of subcutaneous drug infusion by portable syringe driver (Outcome 17)
- relevant healthcare records were not easily accessible. In particular, all healthcare information in relation to residents' condition and any treatment or other intervention was not always available in the centre. In addition, "post-it" notes were being used in some residents' healthcare files in relation to healthcare treatment. (Outcome 18).

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

Findings:
Residents were consulted with and participated in decisions about their care and about the organisation of the centre. However, some improvement was required to ensure that residents' rights and dignity were being respected.

Residents had access to advocacy services and information about their rights. There were monthly advocacy meetings for all residents with issues discussed including activities and menu planning. During the inspection, one of the residents told the inspector about an issue they had with sharing their bedroom. The resident had received support from an advocate to bring this matter to the chief executive officer of the Cope Foundation.

In relation to residents' privacy; during the inspection it was observed that one resident's bedroom had a second bed in the room that was used by people accessing the service on respite breaks. There was no evidence of any consultation with the resident about sharing their bedroom. This finding was made in the context of one resident, at the most recent advocacy meeting, outlining their concerns with regard to privacy issues while people stayed in the centre on respite breaks. The complaints log for the centre also contained a complaint from a resident regarding respite care in the centre.

In other examples, the service had been innovative in obtaining residents' consent in relation to important issues in their lives. For example, in relation to assessing a resident's capacity in relation to where they wanted to live, the COPE Foundation psychologist had developed a questionnaire that built on the way the person

communicated. In relation to consent to treatment issues there were clear directions in place, as required, in relation to treatment and in particular in relation to directions as to when treatment was not to continue (do not attempt resuscitation (DNAR) orders). There was a clear rationale in place for any such order in resident records.

A number of residents were wards of court and there was comprehensive documentation available in the centre in relation to the wardship and what the wardship extended to.

Residents could keep control of their own possessions. There was adequate space for clothes and personal possessions in all bedrooms and residents had locked presses if needed.

Judgment:
Non Compliant - Moderate

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were able to communicate at all times. Effective and supportive interventions were provided to residents as required to ensure their communication needs were met.

There was a policy on communication and in the sample of care plans reviewed there was evidence that residents were assisted and supported to communicate. The COPE Foundation clinical nurse specialist in communication had developed easy-to-read picture boards for residents to help them to communicate in relation to things like personal care, feelings and staying safe.

There were specific communication boards available with a staff rota available in picture format. These communication boards were also used to give certainty to residents about what was planned for the day. Menu planners in picture formats were available so residents could choose their meals while staying in the centre.

Television was provided in the main living room.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Families were involved in the lives of residents.

The inspector spoke with a number of families during the course of the two days of the inspection. All families had very positive feedback on the service being provided. One family said that the staff were like part of the family.

There was evidence of good communication between the service and families. As part of the annual review, the COPE Foundation service had engaged in consultation with the families of residents on the quality of care provided by the centre. The service was waiting on all responses to be sent in. Families were kept informed of changes to the service by letters, for example, when there was a change to management of the centre.

There was an open visiting policy and families with whom inspector spoke with confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which included the details of the services to be provided.

Each resident had written agreement in place in relation to the provision of services that had been agreed and signed by each resident and/or their families. The contracts included details of the:
- services and supports
- food and nutrition
- clothing
- personal property
- visits
- access to religious services
- availability of telephone
- care planning
- nursing and medical care
- finances
- resident rights
- absences.

For residents who attended the centre on a respite basis, these admissions were coordinated through a respite admissions coordinator.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support.

In the support plans reviewed by the inspector, there was a summary profile that included information that staff and carers must know about the resident like health

needs, nutrition, personal care and mobility. It also included things that were important to the resident; communication needs, their health needs, pain and issues relating to personal care. Similar information was also included in a "hospital passport" which was used to support the resident when in contact with hospital services, either for an appointment or when admitted for a medical reason. The passport was in a traffic light format with:
- priority (red) for "Things you must know about me"
- priority(amber) "Things that are important to me" and
- priority (green) "My likes and dislikes".

There were assessments of residents' healthcare needs and social care needs in the personal planning process. In relation to healthcare needs, comprehensive "health action plans" were in place to direct the care and support to be provided to residents.

In relation to social care needs, the person-centred plans had been developed to ensure that that each resident was supported to achieve priority goals. The plan outlined the person's vision for their life, with goals in place and supports identified to help the person achieve their goals.

There was evidence that the resident had engaged in an annual review of support needs. Families, who spoke to the inspector, said that the family was invited to each annual review and they found it be "a very positive thing". There were multidisciplinary reviews of each resident's personal plan on at least an annual basis. In addition, healthcare professionals like the psychologist, behaviour specialist and dietician were available and as required by each resident.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre was a single storey building located in a quiet cul-de-sac within walking

distance from a large town. A day service and separate respite premises were located within the same grounds. Pleasant outside space was provided which included an attractive seating area and walking area.

The centre was clean, suitably decorated and well maintained. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

Four single and four twin bedrooms were provided. Two of the bedrooms had ensuite shower and toilet facilities. There was a large living-dining area, a separate living room and a smaller quiet room.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of clinical waste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The health and safety of residents, visitors and staff was promoted and protected. Some improvement was required in relation to residents' personal emergency evacuation plans.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards on the centre risk register and had been separately assessed and risk rated.

There was an incident reporting system in place. From July 2016 to December 2016 there had been 17 incidents recorded. All incidents had been followed up appropriately by the person in charge and escalated to senior management of the service at a regional level as required.

All staff had been trained in fire safety within the last year. Some residents had attended

an information session on general fire safety and had received certificates of training on the use of fire extinguishers. All residents spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. It was observed on the first day of the inspection that a fire door was kept open with a wedge, thus making the door ineffective in the event of a fire. This wedge was removed immediately by the person in charge.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of servicing of:
- fire alarm system and alarm panel February 2017
- emergency lighting system February 2017
- fire extinguishers June 2016

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. However, it was noted that one resident's evacuation plan did not provide clear direction in relation to how the resident was to be supported to evacuate. There were records of evacuation drills being carried out at least every three months. There was emergency signage identifying escape routes and there was daily checking of the means of escape routes.

This inspection had been postponed due to the outbreak of an infection in the centre. There was evidence that this outbreak had been managed in accordance with best practice in relation to the control of infection. There were cleaning schedules in place and staff spoken with were aware of infection control principles. There was signage on display in relation to hand hygiene and the inspector saw that all sinks had soap dispensers for hand washing. Since the last inspection a hand-washing sink had been installed in the laundry room.

One resident had been identified as having a long-standing infectious disease. Staff were aware of this and a care plan was in the resident's healthcare file that identified the precautions in place to support the resident.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Adequate systems were in place to protect residents from being harmed. Some improvement was required in relation to potential restrictions for residents.

There was a policy on protection of vulnerable adults. All staff had received training on the safeguarding vulnerable adults. There was a separate policy on intimate care and the sample healthcare files contained intimate care plans.

It is a requirement of the regulations that all serious adverse incidents, including allegations of abuse were reported to HIQA. There was one significant allegations of abuse submitted to the Chief Inspector since April 2016. Documentation in relation to this incident was reviewed during the inspection. The incident had been "screened" by the designated officer and a safeguarding plan approved.

There was a policy on the provision of behavioural support and a separate policy for the prevention of and use of restrictive intervention. As required, residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a clinical nurse specialist in behavioural support available to residents. Where required, residents had positive behavioural support strategies in place which provided clear guidance to all on how residents were to be supported. There was evidence of regular reviews by the clinical nurse specialist.

Since the previous inspection improvement was noted in relation to the use of chemical restraint and it was noted that the use of medication as required had significantly reduced. The documentation made available to the inspector demonstrated that the use of as required medicines was in line with evidence based practice and that less restrictive alternatives were always considered.

The service is obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). HIQA was notified in December 2016 of the use of one lapbelt in place as a restraint and one use of a bedrail. There was evidence that the person who was subject to the restrictive procedures was being closely monitored to evaluate the risks to their physical, psychological and emotional wellbeing and to ensure the procedures are minimal in time and in extent.

During the inspection it was noted that residents did not have free access to all areas of the centre as the kitchen had a digilock on the door and residents were unable to freely enter and exit this area. This potential restriction was on the centre risk register but had not been referred for review by the service restrictive practice committee. It was also noted that most of the light switches throughout the building could only be turned on with a "key". There was no risk assessment in place in relation to this practice.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A comprehensive assessment of residents' educational, employment and training goals was available to ensure that their skills development, education and training was suited to individual resident's abilities.

The centre demonstrated a committment to residents engaging in further education, training and lifelong learning. Each resident had what was described as an "activation assessment" that outlined what each person liked to do. This assessment was used to tailor person-centred activities for each resident. Some residents had undertaken further training and education including certificates in art and design.

All of the residents attended a day service that was appropriate to their needs.

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 on an individual basis to achieve and enjoy the best possible health.

In the sample of residents' healthcare files seen by the inspector, each resident had access to a general practitioner (GP). There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required. There was also evidence of good access to specialist care in psychiatry.

Staff told the inspectors that residents had good access to the specialist palliative care services. However, individual end-of-life care plans did not address the topic of spirituality and dying in line with residents' emotional, psychological and physical needs. Neither did the end-of-life care plan ensure that the multidisciplinary team contact details as required by the COPE Foundation procedures document on end of life care.

The inspectors saw evidence of reviews as required by the speech and language therapist with reports available outlining safe swallow recommendations and advice on food consistency for individual residents. Staff were aware of residents' requirements and were observed to follow them. Current nutritional assessments which were completed by a dietician were available for a number of residents.

Dinner was prepared in the kitchen on site by staff and meals were adapted to individual residents' food preferences or dietary requirements. The meals times were observed to be a social occasion with staff assisting residents in a sensitive manner and engaged in a positive way with residents throughout the meal.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for

medication management.

Theme:
Health and Development

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

Findings:
Each resident was protected by the centre's policies and procedures for medicines management. However, it was not clear if emergency medicines were available at all times to residents who required it.

One of the residents required medicine for the management of pain. This medicine was on schedule 2 of the Misuse of Drugs Acts (commonly referred to as controlled drugs; schedule 2 drugs). Staff had received training on the use administration of this pain medication and there were clear instructions on how the medication was to be administered.

There was a register for the recording stock balance of this schedule 2 medication. On this inspection, it was found that there were adequate security systems in place for monitoring and checking a stock balance at each transaction of the pain medication as two staff were counting the medication. In addition, at changeover of shifts there two staff completing the count of this medication.

The inspector was told that each resident had the choice of pharmacist who was available to them. Staff described in detail the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. Staff demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. Residents' medicines were stored and secured in a locked cupboard and there was a robust key holding procedure.

A sample of medication prescription and administration records was reviewed by the inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

The inspector saw a protocol in place for one resident in relation to the management of epilepsy in the event of an emergency. The protocol had been signed by the resident's doctor. However, it was unclear as to whether this emergency medicine was available at all times to the resident.

The person in charge had completed an audit of medication practice in March 2017. Items audited included storage, contents of the medication cabinet and medication administration records. No issues had been identified on this audit. An external audit of medication practice had taken place in February 2017. This identified some issues, all of which had been resolved.

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

Findings:
There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge had been appointed in 2015 and was a registered nurse in intellectual disability. She had a degree in nursing studies from UCC and postgraduate qualifications in healthcare regulations. The person in charge was suitably qualified and experienced to discharge their role. Since the previous inspection, a review of the remit of the person in charge had taken place. At present she had responsibility for two additional designated centres.

The person in charge had introduced a schedule of audits to measure the quality of safety and care provided to residents. This included reviews of fire safety, mealtime audits and a safety audit.

The COPE Foundation service had ensured that unannounced visits to the designated centre in relation to the quality and safety of care had been completed, with the most recent in January 2017. The review had a detailed action plan to address any deficiencies identified. These had been effective in identifying areas for improvement that had since been addressed.

An annual review of the quality and safety of care of the service had been completed in September 2016. Following this annual review improvements were noted on inspection including:
- medication management audits
- assessment of each residents' needs by the multidisciplinary team
- review of the remit of the person in charge

Judgment:
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:
Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

Judgment:
Compliant

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

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was told that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture were provided in accordance with residents' wishes. The inspector viewed the maintenance log and saw that all requests for maintenace were carried out as quickly as possible. Contracts were in place to manage issues including security of the premises, waste management, gas and fire extinguishers.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Based on the assessed needs of residents, particularly residents at end of life, the skill

mix of staff on duty at night required review to respond to the assessed healthcare needs of residents as required.

The comments from residents about the staff were very positive. One resident who spoke with the inspector said that the staff were "always nice to me". Another resident said that the staff "look after me always". The inspector met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

An actual and planned staff rota was maintained. During the day there was nursing staff available. However, at night, nursing staff were not part of the roster. Based on the assessed healthcare needs of the residents this lack of availability of nursing staff at night required review.

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. All mandatory training in fire safety, crisis prevention and safeguarding had been completed. However, for residents at end of life, staff had not undertaken all necessary training. The person in charge confirmed that staff nurses would receive training coordinated by the local hospice on the management and use of subcutaneous drug infusion by portable syringe driver.

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:
The management of healthcare records required improvement.

In some cases, residents were accompanied by their families to doctor or specialist appointments, with staff receiving information on the visit afterwards from the parents. For example, in one resident's healthcare plan. it was recorded that the resident had been recently seen by a consultant. However, there was no information in the resident's healthcare file in the centre in relation to this review or if any new appointments had been given. This practice meant that staff did not have all information relevant to the resident's healthcare needs and any treatment or other intervention.

The inspector saw "post-it" notes being used in some residents' healthcare files, one of which had instructions on it, apparently following a healthcare appointment in relation to "monitoring bloods". This filing method could not guarantee the confidentiality of residents' personal information. In addition, it was not always clear if a plan of care for these identified healthcare needs was being developed prior to and following these healthcare appointments.

In healthcare files seen by the inspector, relevant documentation was filed in the back "pocket" of the healthcare record. This included results of investigations and reports from healthcare professionals. This system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents.

The COPE Foundation services had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. The policies available on the date of inspection were centre specific and some were available in an easy-to-read format.

A copy of the residents' guide was available in each resident's personal file.

A directory of residents was maintained in the centre and was made available to the inspector. This directory included the residents who attended the centre on a respite basis.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Kieran Murphy
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[1]

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003294
Date of Inspection:	30 and 31 March 2017
Date of response:	03 May 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:
Residents' right to privacy and dignity was not respected as there was no evidence of any consultation with a resident about sharing their room.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A referral has been sent to the speech and language therapy department to support in the creating of a social story to communicate to resident when their room is to be shared.

Proposed Timescale: 31/05/2017

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:
It was noted that one resident's evacuation plan did not provide clear direction in relation to how the resident was to be supported to evacuate.

2. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
Resident's evacuation plan has been reviewed and clearly reflects the supports this resident requires in the event of a fire.

Proposed Timescale: complete

Proposed Timescale: 04/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
7(4) During the inspection it was noted that residents did not have free access to all areas of the centre as the kitchen had a digilock on the door and residents were unable to freely enter and exit this area. This potential restriction was on the centre risk register but had not been referred for review by the service restrictive practice committee. It was also noted that most of the light switches throughout the building could only be turned on with a "key". There was no risk assessment in place in relation to this practice.

3. 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:
A risk assessment will be carried out to reflect the use of a " key" to switch on/off the lights throughout the centre, this assessment will be added to the centre site specific register.

Proposed Timescale: Complete

Proposed Timescale: 04/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Individual end of life care plans did not address the topic of spirituality and dying in line with residents' emotional, psychological and physical needs. Neither did the end of life care plan ensure that the multidisciplinary team contact details as required by the COPE Foundation procedures document on end of life care.

4. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
Individual end of life care plan will be reviewed and developed to reflect a holistic approach in meeting the resident's needs. This care plan will include the contact details of the multidisciplinary team whom will provide support to the person.

Proposed Timescale: 12/06/2017

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:
The inspector saw a protocol in place for one resident in relation to the management of epilepsy in the event of an emergency. The protocol had been signed by the resident's doctor. However, it was unclear as to whether this emergency medicine was available at all times to the resident.

5. 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 protocol has be reviewed and updated to reflect emergency medicine will be available to the resident at all times including times when resident is accessing external amenities independently.

Proposed Timescale: complete

Proposed Timescale: 04/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Based on the assessed healthcare needs of the residents, particularly residents at end of life, the lack of availability of nursing staff at night required review.

6. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
Where there has been a change in residents' healthcare needs the planned staffing rota has changed to provide 24 hour nurse cover until the resident condition improved. Currently the organisation is reviewing the skill mix and allocation of nursing staff within the organisation.

Proposed Timescale: 11/09/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
For residents at end of life, staff had not undertaken all necessary training. The person in charge confirmed that staff nurses would receive training coordinated by the local hospice on the management and use of subcutaneous drug infusion by portable syringe driver.

7. 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:
All Nurses currently working in the centre and the PIC have applied for the appropriate training course coordinated by local hospice.

Proposed Timescale: 31/07/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
- relevant healthcare records were not easily accessible
- all healthcare information in relation to residents' condition and any treatment or other intervention was not available in the centre
- post-it" notes being used in some residents' healthcare files, one of which had instructions on it

8. 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:
Files have been reviewed, tided and information has been reorganised within the file. "Post-it" notes have been removed from file and information recorded on same has being documented in the correct manner within the file.

All staff within the centre will attend an information training session on "the importance and relevance of appropriate documentation and record keeping".

Proposed Timescale: 31/07/2017