

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	North County Cork 3
Centre ID:	OSV-0003314
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:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 08 March 2017 10:00 To: 08 March 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 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 provided short-breaks to people attending COPE Foundation's day service located on the same site. The centre was open for three nights on alternate weeks. It was also open for one weekend every month. The service was available to 20 adult

men and women who had a diagnosis of an intellectual disability and or autism. The centre provided respite for four adult residents at any one time. The house was decorated and maintained to a very high standard and each of the bedrooms had ensuite bathroom facilities.

How we gathered our evidence:

On the day of inspection two residents specifically came down to talk with the inspector. In addition, the inspector met with five other residents who accessed the centre on respite, while they were in their day service. A mother of one resident met with the inspector also and said that she was very happy with the centre and said "she couldn't speak highly enough of the great work that COPE Foundation do". The inspector also reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:

There was evidence of good practice. The centre was very much a part of the community and the house had been donated by a trust fund following fundraising by the local community. Families were very committed to the service and COPE Foundation had also commenced a family forum whereby families could bring issues for discussion. The person in charge said that the first meeting had been held in March 2017 and it was very well attended. Residents who spoke with the inspector said they were very happy with the service.

However, improvement was also required in relation to:

- the numbers of staff on duty in particular during the weekend when respite care was being provided (Outcome 17)
- the management arrangements to ensure that the service being provided to residents was being effectively monitored (Outcome 14)
- a risk assessment was required where a resident was using public transport (Outcome 8)

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. Residents also had access to advocacy services and information about their rights.

Residents were consulted with and participated in decisions about their care and the organisation of the centre. There were weekly meetings with residents and issues discussed included activities and menu planning. One of the residents confirmed to the inspector that "I decide on what activities I like to do during the week I'm here".

There was a local advocacy group in place, which was facilitated by the COPE Foundation services and included representatives from across day services and people living in residential services. There was also an "open forum" advocacy group in the day service that was attended by all the residents. Prior to the inspection one of the residents had attended a recent national advocacy conference in Cork.

Residents could keep control of their own possessions. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. The inspector reviewed the complaints log since January 2016. There had been one recorded complaint that had been resolved via the complaints policy.

There was closed circuit television (CCTV) on the external doors only and there were signs advising that CCTV was in use.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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. A number of other policies were available in easy to read format including the statement of purpose, safeguarding policy and how to make a complaint.

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 rooms.

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.

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. Families had identified positive features of the service including that residents "were treated like family" and that there was a "lovely relaxed atmosphere". A number of areas for improvement were also identified including that as it was a respite service families felt that the centre could be "open more often". One family had identified the need for a handrail to support residents going up the stairs and this had been fitted.

The centre had also commenced a family forum whereby families could bring issues to the attention of COPE Foundation. The person in charge said that the first meeting had been held in March 2017 and it was very well attended.

Residents were supported to use local services such as leisure and sports facilities. One of the residents said that "in the evenings we go for a walk. In the weekend time we go out to the pub, restaurants, the cinema, bowling and for mass".

Because the length of stay for residents in the centre was short, families were very involved in the lives of residents and close contact was maintained either through visits by the family or telephone calls.

There was an open visiting policy and families with whom inspectors spoke 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):

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

Findings:

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

As this was a respite service the centre was only open for three nights on alternate weeks. It was also open for one weekend every month. The admissions to the centre were coordinated through a respite admissions coordinator. One of the residents told the inspector that "I receive a letter offering me the weeks that I can come here".

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.

The service did not ask for a financial contribution towards the running of the centre.

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 like communication needs, their health needs, pain and issues relating to personal care.

In relation to social care needs each resident was supported to identify what was important to them during the respite break. The person centred plan identified particular goals for the resident while they were on the respite break. In some of the plans there had been input from the resident, their families, support workers from the day service and support staff from the respite service. The plan also identified things the person liked to do (for example, the cinema) but also things the person didn't like (for example, crowded places).

A residents' meeting was held at the beginning of each week or period of respite care to encourage choice and participation and to ensure person-centred care needs were addressed. Items discussed included diet, meals, activities and any issues relevant to the respite break.

There were assessments of residents' healthcare needs in the personal planning process. For identified healthcare needs, there was evidence that care plans were being developed to direct the care and support to be provided to residents.

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 house had been donated by a trust fund following fundraising by the local community. The centre was a detached house based on the outskirts of a large town in

North Cork. It provided respite breaks for four adult residents at any one time.

The house was very well maintained and decorated to a very high standard. It had a large kitchen/dining room, a large sitting room and a second sitting/sun room. Each resident had their own bedroom which had its own shower and bathroom facilities.

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.

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. Each resident had also participated in identifying specific hazards relating to their lives. These were contained in a personal risk management plan.

There was an incident reporting system in place, however there had not been any incidents in the centre in 2016.

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
- servicing of emergency lighting system February 2017

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

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. There were records of evacuation drills being carried out at least every three months. There was emergency signage identifying escape routes and emergency lighting had recently been installed. There was daily checking of the means of escape routes.

There was a policy in relation to control and prevention of infection and the centre was visibly clean. There were cleaning schedules in place and staff spoken with were aware of infection control principles.

Judgment:

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:

Measures to protect residents were in place and residents were supported to develop skills needed for self-care and protection. However, a risk assessment was required where a resident was using public transport.

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. While there was a risk assessment available for one vulnerable resident for social outings, a risk assessment had not been undertaken for a resident who used public transport.

There was a policy on the provision of behavioural support and a separate policy for the prevention of and use of restrictive intervention. Staff confirmed that that there was no use of restrictive measures.

Judgment:

Substantially Compliant

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>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.</p>
<p>Judgment: Compliant</p>

<p>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></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>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 residents' abilities.</p> <p>The centre demonstrated a commitment to residents engaging in further education, training and lifelong learning. Some residents had undertaken further training and education including certificates in art and design.</p> <p>All of the residents attended a day service that was appropriate to their needs. The person in charge outlined that the day service incorporated a life skills training programme. This was also supported in the centre with independent living skills and home activities to equip residents with the skills to manage their home including finances and shopping and also how to access activities in the community.</p>
<p>Judgment: Compliant</p>

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.

The person in charge outlined that if residents became unwell while attending the service on a respite basis the resident had the option of attending their own general practitioner (GP) or the out of hours service, if required. Staff spoken with were knowledgeable about the emergency arrangements in place if, for example, a resident needed to attend hospital during out of hours or at the weekend.

There was evidence that the COPE Foundation allied health professionals were available to residents if required. For example, one resident had been referred to a dietician for support with a dietetic issue.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. There was a weekly menu plan discussed at the residents' meeting. All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents' likes and dislikes.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Each resident was protected by the centre's policies and procedures for medication

management.

Prior to each resident attending the respite service a complete and up to date prescription was available from their general practitioner (GP) so that a valid prescription was available for each resident.

Residents were required to bring their own medication with them. Staff undertook a medication reconciliation process for each admission so that the medication the resident brought with them matched the prescription written by the doctor.

A process was in place to whereby each resident was encouraged to take responsibility for their own medicine in accordance with their wishes. The person in charge outlined that the assessments for this process were starting shortly.

Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service provided 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.

The statement of purpose also outlined an arrangement whereby a resident of another designated centre used the living accommodation when the respite house was not in use.

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):

Some action(s) required from the previous inspection were not 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. However, improvement was required to the management arrangements to ensure that the service being provided to residents was being effectively monitored.

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 and was responsible for day service provision. The inspector was told by the COPE Foundation service that this remit was to change in the near future.

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 privacy/dignity for residents, a review of residents' personal space, 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 fixed. For example, each resident now had a locked press in their bedroom for personal belongings and each resident had received a contract of care.

An annual review of the quality and safety of care of the service had been completed in May 2016. Following this annual review improvements were noted on inspection

including:

- surveys issued to families on the quality and safety of care provided to residents
- increased access to advocacy services for residents
- improved visual schedules for residents
- person-centred plans updated.

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:

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 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 was provided in accordance with residents' wishes. The inspector viewed the maintenance log and saw that all requests for maintenance 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, the numbers of staff on duty required review; in particular during the weekend when respite care was being provided.

An actual and planned staff rota was maintained. A copy of this rota was available in a picture format so that residents were aware of which staff were on duty. While there were two staff working in this centre, they each were 0.5 of a whole time equivalent post, making up one full position. The person in charge advised that there had been only one occasion in the last two years when this respite centre had to close due to sick leave or other leave.

During the weekend that the centre was open for respite, there was only one the staff on duty on their own from 16.30hrs on a Friday afternoon until 10:00hrs on a Monday morning. Staff acknowledged that it was difficult at times to ensure that the residents were facilitated to undertake individual activities outside the centre when four residents were present and only one member of staff. The COPE Foundation service was undertaking a review of the staffing levels

The inspector met with staff during the inspection and staff had good knowledge of each resident's individual needs. There were regular staff meetings with the most recent discussing issues like cleaning, medication management, food choices and the residents'

forum.

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.

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 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.

Judgment:

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003314
Date of Inspection:	08 March 2017
Date of response:	10 April 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 08: Safeguarding and Safety

Theme: Safe Services

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

A risk assessment was required where a resident was using public transport.

1. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed

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

for self-care and protection.

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

A risk assessment has now been completed in conjunction with resident and their family

Proposed Timescale: 07/04/2017

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:

Improvement was required to the management arrangements to ensure that the service being provided to residents was being effectively monitored

2. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

As and from the 24-03-17, the Day Centre adjacent to the residential service is now managed separately by another Division. As responsibility for the Centre is no longer under the remit of the PIC this will allow her to focus exclusively on residential services.

Proposed Timescale: 23/03/2017

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 needs of residents, the numbers of staff on duty required review, in particular during the weekend when respite care was being provided.

3. 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:

A staff member has been identified to work each Saturday from 12.00-18.00 hrs to facilitate weekend outings and activities. This will commence from the next weekend that centre is scheduled to open for short-breaks (i.e. April 21st -23rd).

Proposed Timescale: 21/04/2017