<table>
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<th>Centre name:</th>
<th>Cork City South 1</th>
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<td>OSV-0003695</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernadette O'Sullivan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Ryan</td>
</tr>
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<td>Support inspector(s):</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection:
The first inspection of this centre was undertaken on the 26 January 2016 following an application by the provider to register the centre. Inspectors reviewed and discussed the organisation of the designated centre and the arrangements in place for the person in charge of the centre. Inspectors found that the person in charge was responsible for this centre and three other designated centres. Having discussed the arrangements in detail, it could not be demonstrated that this arrangement ensured effective governance, operational management and administration of the designated centres concerned.

As a result, inspectors did not proceed with the planned 18-outcome inspection that was originally scheduled to inform the registration of this centre. The provider was requested to submit a proposal to HIQA within 10 working days with respect to ensuring the effective governance and management of the centre both with respect to reviewing the remit of the person in charge and reducing the size of the designated centre itself. A monitoring inspection was completed instead. Inspectors found a significant number of non-compliances against the Regulations. Of the ten outcomes inspected, two were at the level of major non-compliance, six at the level
of moderate non-compliance, one was substantially complaint and one outcome was fully compliant.

This second inspection was unannounced and carried out over 2 days.

Description of service:
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. It was found that the service was being provided as it was described in that document.

The centre consists of three community interlinked semi-detached residences which are based in the outskirts of a city. As stated in the centre’s statement of purpose, the centre provides residential accommodation to adults with mild, moderate and severe intellectual disability on a seven-day basis or Monday-Friday basis.

Unit one consists of two adjoining detached residences, in a quiet housing estate which is adapted for purpose, situated close to a village. The unit opens on a Monday-Friday basis. It has a large garden at the front and walled garden at rear which are all well maintained and it can accommodate ten people with intellectual disabilities. The unit consists of six individual bedrooms and two double bedrooms, a staff bedroom and toilet. The living area has two large sitting rooms and a large communal kitchen/dining area. There are two bathrooms, two shower rooms with toilets which are fitted with all necessary aids and appliances. A patio area is located at the back of the unit.

Unit two provides residential accommodation to adult males with mild/moderate intellectual disability and is one of two detached residences which are purpose built and recently renovated, situated in the city environs adjacent to a day service. It has gardens to the rear and side which are well maintained and it can accommodate eight adult males with intellectual disabilities. The unit consists of eight individual bedrooms, a staff bedroom and toilet. The living area has a sitting room and a large communal dining area off a modern kitchen with separate utility room. A small visitors/music room is situated at the back of the house. There are two shower rooms and a downstairs toilet in the hostel which are fitted with all necessary aids and appliances.

Unit three provides residential accommodation to adults with mild to severe intellectual disability. It is the second of two detached residences which are purpose built and recently renovated, situated in the city environs, adjacent a day centre. It has gardens to the rear and side which are well maintained and it can accommodate nine people with intellectual disabilities. The residence consists of eight individual bedrooms upstairs and one bedroom downstairs. The living area has a sitting room and a large communal dining area off a modern kitchen with separate utility room and a newly fitted office downstairs. There is one bathroom and one shower room upstairs and one shower room downstairs which are fitted with all appropriate aids and appliances, there is also a separate toilet downstairs. A patio area is located at the back of the unit.

The centre provides accommodation and support for 27 residents. There was one
vacancy, one bed assigned for respite and one resident at home on the days of inspection

How we gathered our evidence:
The inspector met and spent some time with 23 residents, sought permission to be in their home and to access their documentation. The following was reviewed: a sample of residents’ files, personal care plans, medication management, risk assessments, the complaints log and the premises was viewed.

Practices and interactions between residents and staff were observed. Staff engaged with residents in a respectful manner. Residents invited inspectors into their home and some residents spoke about their lives in the centre. Residents spoke in a positive manner about the staff, the meals on offer, the day service, access to further education.

Overall judgment of our findings:
On this inspection, the progress of 30 actions generated from the inspection undertaken on the 26 January and 27 January 2016 was reviewed. The following was noted:
- 22 actions were not addressed or completed in a satisfactory manner and by the timeframes submitted by the provider
- five actions were completed
- three actions concerned another centre no longer under this designated centre.

Furthermore, during this inspection, non-compliance with the regulations was found in nine of the 10 outcomes inspected against, five of the outcomes were judged to be in major non-compliance; three in moderate non-compliance, one as substantially compliant and one was judged as compliant.

Non-compliances were noted in the following outcomes:
- residents' rights, dignity and consultation (outcome 1)
- communication strategies for residents (outcome 2)
- multidisciplinary (MDT) review of residents' personal care plans (outcome 5)
- risk management (outcome 7)
- safeguarding and safety (outcome 8)
- medication management (outcome 12)
- governance and management (outcome 14)
- staffing skill mix and staff training (outcome 17)
- maintenance of documentation (outcome 18).
One outcome reviewed was compliant: healthcare needs (outcome 11).

The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Six actions were generated from the inspection undertaken on the 26 January 2016. On this inspection, there was evidence that four of the six actions had not been addressed in a satisfactory manner and by the timeline submitted by the provider:

- one action concerning an absence of a privacy curtain in a two-bedded room had not been actioned. Furthermore, residents had no access to a private space should they choose to meet a visitor in private
- there was limited evidence that residents were not always afforded the opportunity to provide consent about their care and support; while intimate care plans were in place for residents, it was not evident that the plan was devised in consultation with the resident
- residents did not have a choice to exercise control in his/her daily life; for example; as 17 residents' personal plans were either partially reviewed or not reviewed, residents had not been afforded the opportunity to provide consent about their care and support
- access to social activities were curtailed in one house due to staffing levels in the evening time. This was further evidenced in two complaints raised by residents in one house in relation to staffing levels and how it impacted on the residents, for example, not being able to attend a planned evening activity.

Two actions generated in relation to the management of complaints were addressed; the provider representative stated that a second person was nominated to oversee how complaints were managed. Staff spoken to were aware of the identity of the second person. However, the complaints procedure had not been updated with this information. The provider representative stated that the updated policy had not yet been printed off.
The second action concerned complainants being informed in a prompt manner of the outcome of their complaint; there was evidence that residents were informed promptly of the outcome of their complaint. Residents informed the inspector that they would bring any concern they had to the attention of the person in charge, the provider representative or any staff member.

On review of the complaints log it was noted that staff included incidents of peer to peer incidents as complaints. This was shown to the person in charge who concurred with the inspector in that this was an incorrect practice. Furthermore, these peer to peer incidents were not captured in the resident's care plan.

Staff interactions with residents were noted to be respectful, warm and inclusive. Residents spoke warmly about the staff and of how kind staff were.

There was evidence of efforts made to ensure that residents provided consent, for example; for receiving the 'flu vaccine.

Residents stated that they attended, for example, choir, yoga, third level college courses, sporting activities, social outings, concerts and visiting family. However, as highlighted in the previous inspection, and by the residents, staffing arrangements, particularly after five o’clock, curtailed residents' choice and options. For example, in one house, there was one staff member on duty in the evening time with up to nine residents (male and female). As a result, decisions had to be made collectively as a group as to where to go or what to do. The person in charge concurred with this and stated that all efforts were made to facilitate individual's choice where possible, such as making transport arrangements with other houses. The person in charge stated that additional staffing was arranged where events were pre-planned.

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

**Findings:**
The action generated in the inspection undertaken on the 26 January 2016 was not completed in a satisfactory manner. While each resident had a communication passport which was supposed to capture pertinent and resident specific information, the medical
history of a sample of residents’ passports reviewed did not include that the resident had an intellectual disability.

While the communication passports were completed by the day service staff, the person in charge required to have full oversight of the documentation to ensure that it was up-to-date and contained relevant information. No resident had a hospital passport which would be used when a resident was transferred to or attending another healthcare facility. Currently the communication passport was used as a hospital passport. This arrangement required review and for a number of reasons:
- the communication passport was a lengthy document and only captured all matters relevant to the communication requirements of the resident
- information gleaned from clinical risk assessments was not available
- information pertaining to specific behavioural issues was not available
- the medical history was not comprehensive or fully inclusive of detail pertinent to the resident (the resident’s primary diagnosis).

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Five actions were generated from the previous inspection undertaken on the 25 January 2016. One action concerned another centre, however, four actions were not completed in a satisfactory manner and by the timeline submitted by the provider (31 May 2016). The four outstanding actions were in relation to:
- personal care planning (PCP) in consultation with residents.
  There was evidence that this action was not completed in a satisfactory manner.
- ensuring that the designated centre was suitable for the purposes of meeting the assessed needs of each resident. The provider’s response to this action generated from the inspection of the 25 January 2016, included that a schedule of review of each
resident's plan would be created and that the review would include the suitability of the residents’ living accommodation as per the residents’ wishes, their assessed need and included multidisciplinary (MDT) input. There was evidence that this had not been addressed.

- implementing a formal process to ensure that residents' personal plans were reviewed annually. This action was not completed in a satisfactory manner.

- ensuring that the residents' personal plan reviews are undertaken by a multidisciplinary team. On this inspection, it was evident that there was continued non compliance in this matter in that MDT review was not undertaken as required by the Regulations.

- ensuring that residents' goals were based on a comprehensive assessment of residents' needs, abilities and wishes. There was evidence that this action had not been addressed.

While the centre had a process to review the personal plan, this review was assigned to the day services staff because the day staff had attended training in PCP planning. The person in charge confirmed that no staff in the designated centre had attended training on PCP planning.

A review of a sample of residents' PCPs evidenced differing levels of progress in a number of residents' personal care planning process. The inspector requested an updated status of the residents’ PCPs from the person in charge. This indicated that of the 24 residents accommodated in the centre:
- seven residents' PCPs were completed but had no MDT input
- 14 residents' PCPS were at different stages of completion but had no MDT input
- three residents' PCPs had not been reviewed.

Actions related to the above are reissued in the action plan at the end of this report.

Furthermore, staff confirmed that some residents’ relatives were invited to participate in their relative’s PCP planning. However, as on the previous inspection, it was not demonstrated that families were formally invited to participate in the development of personal plans with residents, where appropriate and in accordance with residents’ wishes, age and the nature of his or her disability.

While a comprehensive assessment was in place with respect to residents’ healthcare needs, an assessment was not in place with respect to residents’ social, employment, training and personal development needs, as required by the Regulations.

Residents' goals were not based on a comprehensive assessment of resident's needs, abilities and wishes. It was evident on inspection that some residents had increasing mobility needs, and that some residents, previously independent, now required different levels of assistance. The person in charge and the provider representative confirmed and concurred with this point and stated that, due to the increasing care and mobility needs of one resident, a MDT assessment of needs had been undertaken for that resident. However, this had not happened for other residents, and in particular residents’ whose needs and circumstances were changing. Furthermore, the inspector
noted documented in the resident's physiotherapy assessment that the resident required increased supervision due to decreased mobility. This resident was accommodated on the first floor of a house and there was no plan in place to address future needs in regard to this matter.

No residents' PCP reviewed, captured an assessment of future needs or where a resident may wish to live in the future.

There was evidence that short term goals were identified for residents to achieve; for example; visit the library, go out for coffee, gardening, go on an overnight trip. While staff confirmed that these goals were achieved, inconsistencies were noted in records of whose responsibility it was to track/action the goal. Residents informed the inspector that; for example; they were in a choir and attended third level education. There was evidence in some residents’ PCPs that the identified goals were reviewed monthly. However this was not in place for all residents.

There was continued evidence that a comprehensive assessment of the health, personal and social care and support needs of each resident had not been carried out. There was no assessment undertaken to ensure that the suitability of the centre met the assessed needs of the residents While there was input from allied professionals as required, there was no cohesive plan in place to collectively engage all appropriate personnel in the annual review of the resident.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
Five actions were generated from the inspection undertaken on the 26 January 2016 the inspector found that none of the actions were addressed in a satisfactory manner. Improvements were required in relation to the management of falls. Not all residents had a falls risk assessment undertaken. Some residents' falls risk assessments were not rated so as to inform staff if the resident was assessed as being a high, medium or low risk of falls.

There was evidence that wedges (door stops) were used to keep residents' bedroom doors open. The person in charge and the provider representative stated that some
residents liked their bedroom door open at night. This risk was not accounted for in the residents' risk assessment and controls to ensure fire doors were not wedged open had not been implemented. The provider in their previous action plan response stated this would be addressed, however the inspector found this had not been addressed.

Each resident had a personal emergency evacuation plan (PEEPs) in place which indicated what supports, if any, residents needed to leave the building in the event of a fire. However, information in the PEEPs did not capture the increased mobility needs of a resident. Furthermore, PEEPs for residents with impaired hearing were not sufficient in that they did not contain information on how to alert a resident in the event of a fire drill or evacuation.

Facilities were available for hand hygiene and personal protective equipment was available. However, continued deficits were noted in the provision of staff training:
- 19 staff had not received training in hand hygiene.
- 20 staff had not attended training in the prevention of infection. The person in charge concurred with this finding.

This outcome was judged as a major non compliance at the previous inspection undertaken on the 26 January 2016. Due to the continued non-compliance, actions not completed and by the timelines submitted by the provider, this outcome remains a major non compliance.

**Judgment:**
Non Compliant - Major

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
One action was generated from the previous inspection undertaken on the 26 January 2016. This action was not addressed in a satisfactory manner. A number of peer to peer incidents in one house were not reviewed to identify and alleviate the cause of the residents' behaviour.
A sample of behaviour support plans were reviewed and inconstancies were noted. Not all residents who exhibited behaviours that challenge had a behaviour support plan or a record of exhibited behaviours. Staff were not putting individual plans in place to manage behaviours.

Residents had access to psychiatry, behavioural therapy and psychology on a referral basis.

Residents informed the inspector that they liked living in the centre and felt safe and identified who they would speak to if they had a concern. Intimate care plans were in place for residents.

In addition on this inspection, continued deficits were noted in the provision of staff training:
- two staff had no training in safeguarding and safety
- nine staff had no training in relation to the management of behaviours that challenge
- 22 staff had no training on the management of potential or actual aggression (MAPA).

Staff training deficits were noted in the unannounced visits and the annual review, however no robust plan was put in place to address this continued non compliance.

**Judgment:**
Non Compliant - Major

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**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):**
No actions were required from the previous inspection.

**Findings:**
Residents had access to healthcare services. Each resident had a comprehensive health assessment and defined health goals. Goals were specific and clearly identified any required healthcare checks, appointments or referrals.

Residents had access to a general practitioner (GP), an out-of-hours GP service and consultants as required. Residents were supported by a visiting consultant psychiatrist and a consultant neurologist in a neurology outreach clinic. Referrals and reports were maintained in residents' files.

Residents had access to allied health professionals including occupational therapy, dietetics and speech and language therapy (SALT).
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:
The three actions generated from the most recent inspection undertaken on the 26 January 2016 all of which were completed in a satisfactory manner. For example, where residents received p.r.n (“as required”) medication, there was now a p.r.n. protocol in place for that medication. However, on this inspection it was noted on review that some residents' medication prescription and administrative documentation was not in compliance with legislation.

The inspector found that medications prescribed as regular medications were documented on the 'as required' sheet and some residents' records had no detail of allergies, date of birth, no detail of GP and no indication when the residents' medication was last reviewed. Some residents' medication documentation had no photographic identification; this was addressed during the inspection.

Medication was stored in a medication fridge and the temperature of the medication fridge was recorded daily.

Judgment:
Non Compliant - Moderate

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:
This designated centre was reconfigured since the last inspection undertaken on the 26 January 2016. However, the person in charge remained responsible for this centre and three other designated centres, and in addition had oversight of four other independent living homes. The oversight of the independent homes included answering calls requesting maintenance (as evidenced on the first day of inspection) and carrying out fire drills.

This centre comprised three semi-detached houses with each semi-detached interlinked. The total capacity of this centre was 27 residents. The combined capacity of the other three centres for which the person in charge currently had a remit for was 38 residents. Cognisant of the geographical distance between all centres which increased the extensive remit of the person in charge, it was not demonstrated that the arrangements in place could ensure the effective governance, operational management and administration of the designated centres concerned by the person in charge. This was evidenced over the course of the inspection by, for example, the number of on-going non-compliances identified in this report (22 of 30 actions from the previous inspection were not addressed by the provider) in addition to further actions found on this inspection.

The provider representative stated that the provider had advertised for a clinical nurse manager two post and the closing date for applications was 18 November 2016. The provider representative stated that the appointment of this staff member would reduce the number of centres currently under the auspices of the present person in charge.

There continued to be no schedule of formal staff meetings in place to facilitate staff raise concerns about the quality and safety of the care and support.

The provider had completed the regulatory unannounced visits to the units comprising the designated centre. In addition, three annual reports had been produced for the designated centre.

The inspector reviewed the reports arising from such visits and found that visits required review in order to meet the requirements of the Regulations. While actions were generated from such reviews, there was evidence on this inspection that actions noted in one review as being completed, for example, staff training, was not completed. In addition, while the annual report undertaken by the provider in relation to this house did reference the deficits in staff training (food safety), no plan was put in place to address it.

Some timeframes for the completion of actions identified in the unannounced visits and the annual review were not adhered to; for example timeframe for completion of staff training was February 2016. A timeframe for the completion of residents' PCPs was June 2016; neither had occurred.
Arrangements in place did not indicate that the designated centre, as it was configured, functioned as a single centre. For example, practices across a number of units within the centre were inconsistent such as residents' documentation, the management of complaints and the use of communication passports. Overall, differing non compliances and timelines for addressing same, were noted in the unannounced reviews and the annual reports of the three units comprising the designated centre. There was no evidence of a collective, cohesive and consistent approach to addressing of all the actions and inconsistencies noted in the designated centre.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
As addressed in the previous inspection and noted on this inspection, staffing arrangements at evening time limited residents' choice in relation to whether or not to participate in activities and options to pursue their individual interests. Residents had made complaints in relation to this matter.

One volunteer attended one of the units in the designated centre and on one evening per week.

Not all mandatory training or training required to meet residents' needs was completed as required by the Regulations. This was also actioned in the previous inspection and at the time of this inspection had not been addressed by the provider.

The person in charge maintained a staff training matrix. From a review of this deficits were identified in relation to food safety training which 23 staff did not have. Other deficits in training included medication management training, hand hygiene, fire safety, safe manual handling practices, prevention of infection and communication training for staff.
Judgment:
Non Compliant - Major

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

Findings:
As found on the previous inspection residents' records required review to ensure that the most up-to-date information was detailed. Some residents' folders continued to contain information that was out-of-date and no longer pertinent to the current status of the residents.

Judgment:
Substantially Compliant

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

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

Report Compiled by:
Geraldine Ryan
Inspector of Social Services
Provider’s response to inspection report

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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:

There was limited evidence that residents were not always afforded the opportunity to provide consent about their care and support; while intimate care plans were in place for residents, it was not evident that the plan was devised in consultation with the resident.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

Please state the actions you have taken or are planning to take:
A schedule of reviews will be created for all intimate care plans. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative. The residents’ wishes will be ascertained in as far as is practical with regard to the nature of his or her disability and agreed supports where necessary will be documented.

Proposed Timescale: 31/01/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no privacy curtain installed in two-bedded bedrooms.

Residents had no access to private space should they choose to meet a visitor in private.

2. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and 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:
The resident who shared a room was met with on 10/11/16. This resident was given the choice to take up residence in another residence within the designated centre, where there was a vacant room. The resident would have previously spent some weekends in this residence as the other residence was open Monday to Friday only. The resident agreed to the move and was happy with the independence to walk to his day service which is close to the residence. The resident’s guardian was informed and also supported the move. A transition plan was drawn up with the resident; he commenced residing in the residence at weekends on 11/11/16. On December 26th the resident will return from Christmas holidays and take up full time residence in the new residence on a seven day basis.
As a result of this move two other residents who shared have now been given the choice to move to the vacant bedroom. This move will happen week commencing 02/01/17. Following these moves all residents within the designated centre will have single bedrooms.

Proposed Timescale: 07/01/2017
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing arrangements, particularly after five o'clock, curtailed residents' choice and options. For example, in one house, there was one staff member on duty in the evening time with up to nine residents (male and female).

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

Please state the actions you have taken or are planning to take:
PIC in conjunction with the provider nominee will conduct a review of the skill mix at designated centre. This will 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.

Proposed Timescale: 28/02/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No resident had a hospital passport which would be used when a resident was transferred to or attending another healthcare facility. Currently the communication passport was used as a hospital passport. This arrangement required review and for a number of reasons:
- the communication passport was a lengthy document and only captured all matters relevant to the communication requirements of the resident
- information gleaned from clinical risk assessments was not available
- information pertaining to specific behavioural issues was not available
- the medical history was not comprehensive or fully inclusive of detail pertinent to the resident (the resident's primary diagnosis).

Furthermore, some residents had impaired hearing and there was no information in the communication passport as to how the resident was to be alerted in the event of a fire/ fire drill.

4. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
A schedule of reviews will be created for all hospital passports and communication passports to be updated with current information pertinent to each resident. The review
will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative. The residents’ wishes will be ascertained in as far as is practical with regard to the nature of his or her disability and agreed supports where necessary will be documented.

**Proposed Timescale:** 31/01/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all residents had personal plan reviews conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.

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

**Please state the actions you have taken or are planning to take:**
A schedule to review each resident’s plan will be created and reviewed yearly. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative and multidisciplinary team input as required. The residents’ wishes will be ascertained in as far as is practical with regard to the nature of his or her disability and agreed supports where necessary will be documented.

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no assessment undertaken to ensure that the suitability of the centre met the assessed needs of the residents.

**6. Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
A schedule to review each resident’s plan will be created and reviewed yearly. The
The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative and multidisciplinary input as required. The residents’ wishes will be ascertained in as far as is practical with regard to the nature of his or her disability and agreed supports where necessary will be documented. The review will include the input of the Dementia Care Team to ensure that the suitability of the centre meets the assessed needs of the residents.

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no formal process in place to review residents' personal plans annually or as required if there was a change in residents’ needs or circumstances.

7. **Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
A schedule to review each residents plan will be created and reviewed annually or more frequently if there is a change in needs or circumstances. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative and multidisciplinary input as required. The residents’ wishes will be ascertained in as far as is practical with regard to the nature of his or her disability and agreed supports where necessary will be documented.

**Proposed Timescale:** 31/03/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had a falls risk assessment.

Where falls risk assessments were in place they were not rated so as to inform staff if the resident was assessed as being a high, medium or low risk of falls.

8. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Please state the actions you have taken or are planning to take:
A schedule to review each resident's plan will be created and reviewed annually or more frequently if there is a change in needs or circumstances. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative and multidisciplinary input as required. The residents’ wishes will be ascertained in as far as is practical with regard to the nature of his or her disability and agreed supports where necessary will be documented. As part of this review, falls risk assessments will be updated/completed for all residents who have a history or risk of falls. All results to be rated. Action plan to be put in place to meet the resident needs following assessment.

**Proposed Timescale:** 31/03/2017  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
19 staff had not received training in hand hygiene.

20 staff had not attended training in the prevention of infection.

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

Please state the actions you have taken or are planning to take:
The PIC will ensure that all staff will have hand hygiene training and assessment completed. Audits of infection control and cleanliness will be carried out every month by staff at the designated centre and available for all staff to review at the centre.

**Proposed Timescale:** 31/01/2017  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
PEEPs for residents with impaired hearing were not sufficient in that they did not contain information on how to alert a resident in the event of a fire drill or evacuation.

**10. Action Required:**
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

Please state the actions you have taken or are planning to take:
PEEPs for residents with impaired hearing will be reviewed and updated with how to
alert a resident in the evident of a fire drill or evacuation.  
A request for an alert light in bedrooms requested on QFM (maintenance request on 22/12/16), this will be followed up by the PIC as a matter of urgency.

**Proposed Timescale:** 06/01/2017  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The use of door wedges had not been adequately accounted for in the risk register or the residents' individual risk assessments.

Controls to ensure that fire doors were not wedged open were not considered or implemented.

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

**Please state the actions you have taken or are planning to take:**  
The PIC in conjunction with staff & residents will conduct an audit on the use of door wedges, following this, PIC will review risk register to include this risk if necessary.

**Proposed Timescale:** 31/01/2017

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**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Nine staff had no training in relation to the management of behaviours that challenge.

22 staff had no training on the management of potential or actual aggression (MAPA.)

12. **Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**  
The PIC will roster staff to attend appropriate training/ including refresher training, to respond to behaviour that is challenging and to support residents to manage their behaviour as part of a continuous professional development programme. PIC will maintain training matrix.
**Proposed Timescale:** 28/02/2017  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Not all residents who exhibited behaviours that challenge had a behaviour support plan or a record of exhibited behaviours.

Staff were not putting individual plans in place to manage behaviours.

**13. Action Required:**  
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**  
The behaviour therapist who has input into the designated centre, has been requested by the PIC to commence a review of all residents who present with behaviours that challenge, Multi Element Behaviour Plans are being drawn up for highlighted residents. This plan is reviewed yearly or when necessary. Further input is necessary from the multidisciplinary team for an environmental assessment for one resident. This referral will be discussed at an MDT meeting in January 2017.

One resident has a protocol completed for the administration of PRN medication (only resident on PRN medication) which has been developed with the input from the behaviour therapist, PIC staff and psychiatrist.

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**Proposed Timescale:** 31/03/2017  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Two staff had no training in safeguarding and safety.

**14. Action Required:**  
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**  
All staff to have completed training in safeguarding and safety.

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**Proposed Timescale:** 31/12/2016
Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medications prescribed as regular medications were documented on the 'as required' sheet.

Some residents' records had no detail of allergies, date of birth, no detail of GP and no indication when the residents' medication was last reviewed.

15. Action Required:
Under Regulation 29 (2) you are required to: Facilitate a pharmacist in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland and provide appropriate support for the resident if required, in his/her dealings with the pharmacist.

Please state the actions you have taken or are planning to take:
Audits will be carried out on a monthly basis on all documentation and medication (when monthly medications are dispensed from pharmacy) going forward to ensure effective oversight of practices in place at the designated centre.

Proposed Timescale: 09/01/2017

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:
The person in charge was responsible for this centre and three other designated centres, and in addition, had oversight of four other independent living homes. This oversight included answering calls requesting maintenance (as evidenced on the first day of inspection) and carrying out fire drills. Given the extensive remit it was not demonstrated that the arrangements in place could ensure effective governance, operational management and administration of the designated centre.

16. 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:
PIC appointed on 25/11/2016 that has sole oversight of the designated centre.
### Proposed Timescale: 25/11/2016
### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no schedule of formal staff meetings in place to facilitate staff raise concerns about the quality and safety of the care and support.

**17. Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
The PIC will schedule bi monthly staff meetings commencing 18/01/2017

**Proposed Timescale:**
First meeting on 18/01/2017

### Proposed Timescale: 18/01/2017
### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was not demonstrated that management systems in place in the designated centre ensured that the service provided was effectively monitored.

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

**Please state the actions you have taken or are planning to take:**
PIC appointed on 25/11/2016 that has sole oversight of the designated centre.

### Proposed Timescale: 25/11/2016
### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Overall, differing non compliances and timelines for addressing same were noted in the unannounced reviews of the three units comprising the designated centre. There was no evidence of a collective, cohesive and consistent approach to the addressing of and
learning from the actions and inconsistencies noted in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that the unannounced reviews at the three residences in the designated centre are comprehensive and consistent in outlining the safety and quality of care and support provided in the centre and that a plan is put in place to address any concerns regarding the standard of care and support.

**Proposed Timescale:** 31/03/2017  
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Overall, differing non compliances and timelines for addressing same were noted in the three annual reports of the three units comprising the designated centre. There was no evidence of a collective, cohesive and consistent approach to the addressing of and learning from the actions and inconsistencies noted in the designated centre.

20. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The Provider will ensure that the annual reviews at the three residences in the designated centre are comprehensive and consistent in outlining the safety and quality of care and support provided in the centre and that such care and support is in accordance with standards.

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

**Outcome 17: Workforce**  
**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing arrangements at evening time limited residents' choice in relation to whether or
not to participate in activities and options to pursue their individual interests.

21. **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:**
Provider Nominee and PIC will review staffing at the residences to ensure systems are in place so that Residents are supported to participate in activities and options that they choose. The Provider and PIC will request the input of volunteers at the designated centre to support Residents to participate in activities.

**Proposed Timescale:** 31/01/2017
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were responsible for food preparation and cooking in the centre in the evening, morning and at weekends. However, 23 staff had no training on food safety.

Other deficits were noted in, for example, medication management training, hand hygiene, fire safety, safe manual handling practices, prevention of infection and communication training for staff.

22. **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:**
The PIC will ensure that all staff who are administering medication will have updated medication management training (staff nurses to up skill on HSEland online) as part of their continuous professional development.

**Proposed Timescale:** 28/02/2017

**Outcome 18: Records and documentation**
**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' folders contained information that was out of date and no longer pertinent to the current status of the residents.
23. **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:**
A schedule of reviews will be created for all resident’s plans, as part of this review all residents' folders will be reviewed, any information that was out of date and no longer pertinent to the current status of the residents will be sent for filing to resident’s master file.

**Proposed Timescale: 31/03/2017**