Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Cork City North 4
Centre ID:	OSV-0003698
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Patricia Hetherington
Lead inspector:	Geraldine Ryan
Support inspector(s):	Julie Hennessy
Type of inspection	Announced
Number of residents on the date of inspection:	15
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 September 2016 08:30	06 September 2016 17:30
07 September 2016 08:30	07 September 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 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
On 05 and 06 of November 2014 an unannounced inspection was undertaken in the houses comprising the designated centre. During the inspection, non compliance with the regulations was found in 12 of the 13 outcomes inspected against:
- nine outcomes were judged as major non-compliant
- three outcomes were judged as moderate non-compliant
- one outcome was judged as compliant.

A request was made by the Authority for no admissions to the centre until further

notice. A warning letter was sent to the provider in relation to the Authority's serious concerns about the significant level of non compliance.

A further unannounced/triggered inspection, on foot of unsolicited information received by the Authority, was undertaken on the 31 March 2015 and 1 April 2015. This information concerned continued deficits in the provision of healthcare, safeguarding and safety measures.
During the inspection, non compliance with the regulations was found in the 14 outcomes inspected against:
- 11 outcomes were judged as major non-compliant
- three outcomes were judged as moderate non-compliant.
Furthermore, five immediate action plans were issued in relation to safeguarding and safety, healthcare needs and poor governance and management. Senior management agreed to suspend any admissions, including respite admissions, to the centre until further notice. An Improvement Notice was issued to the provider post this inspection.

A third unannounced inspection was carried out by the Authority on the 3 June 2015 and 4 June 2015 to follow up on progress since the issuance of an Improvement Notice in relation to continued deficits.
During the inspection, non compliance with the regulations was found in the 14 outcomes inspected against:
- nine outcomes were judged as major non-compliant
- five outcomes were judged as moderate non-compliant.
Furthermore, four immediate action plans were issued in relation to unsafe motor vehicles, suction machines required by staff in the event or a resident choking, not working, risk assessments for residents attending the on-site swimming pool were inadequate, a witnessed incident of alleged verbal abuse by a staff member towards a resident.

A fourth unannounced inspection was carried out by the Authority on the 1 September 2015 to following a notice of proposal to refuse and cancel this centre's registration following significant failings identified in a number of previous inspections.
While overall significant improvements were noted, an immediate action plan was issued in relation to the number and skill mix of staff on duty on a daily basis.
During the inspection, non compliance with the regulations was found in the 10 of the 14 outcomes inspected against:
- five outcomes were judged as moderate non-compliant
- five outcomes were judged as substantially compliant
- four outcomes were judged as compliant.

In January 2016, the provider reconfigured the centre resulting in this centre being established as a stand-alone designated centre. The inspection carried out on this centre on the 6 September and 7 September 2016 was an announced, 18 outcome, inspection.

How we gathered our evidence
On this inspection, inspectors reviewed a sample of files pertaining to residents with

co-existing healthcare needs and supports, personal care plans, medication management records, risk assessments, accident/incident logs, the complaints log, fire safety records and the centre's policies/procedures.

Practices and interactions between residents and staff were observed. Staff engaged with residents in a respectful manner and residents stated how nice staff were to them. Inspectors spoke with seven residents and spent some time with four residents. Residents' permission was sought by inspectors to be in residents' homes and to access their documentation. One resident asked that inspectors not enter her home and this request was respected.
Inspectors met with staff on duty, the person in charge, the provider representative, the persons participating in management and four relatives.
A number of questionnaires were received; six from relatives and one from a resident. Comments with regard to the care received were complimentary.

Description of the service
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document.
This centre is a designated centre for people with disabilities operated by Cope Foundation. The centre comprises four purpose built bungalows which are based on a campus in the outskirts of a city.
The centre provides full-time residential accommodation and services including 24 hour nursing care for adults (male and female) with all levels of intellectual disability and /or autism form the age of 18 years. Many of the residents display behaviours of concern which are addressed in collaboration with the positive behavior support team. The centre can provide accommodation and support for nineteen residents.

Overall judgment of our findings
Overall, inspectors found that residents had a good quality of life in three of the four houses comprising the designated centre; for example; the provider had provided a suitable premises and medication management promoted the rights and safety of residents.

However, on this inspection, the following non-compliances were identified:
two outcomes were judged as major non-compliant:
• residents' rights dignity and consultation (outcome 1)
• admissions (outcome 4)
six outcomes were judged as moderate non-compliant:
• social care needs (outcome 5)
• health and safety and risk management (outcome 7)
• safeguarding and safety (outcome 8)
• healthcare needs (outcome 11)
• governance and management (outcome 14)
• workforce (outcome 17)
one outcome was judged as substantially compliant:
• records and documentation (outcome 18)
nine outcomes were judged as compliant:
• communication (outcome 2)

- family and personal relationships and links with the community (outcome 3)
- safe and suitable premises (outcome 6)
- notification of incidents (outcome 9)
- general welfare and development (outcome 10)
- medication management (outcome 12)
- statement of purpose (outcome 13)
- absence of the person in charge (outcome 15)
- use of resources (outcome 16).

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

Findings:
Residents were consulted about how the centre was planned and run. Resident forum meetings were convened in each house. Minutes of resident forum meetings reviewed evidenced that residents were asked four questions:
• if there were happy living in the centre
• activities; if they enjoyed the activities available
• meal choices
• the staff. Residents' responses were very positive in relation to activities and the staff. However, issues pertaining to meal choices and the fact that one resident voiced that they did not like living in a particular house were noted. Both these issues were raised in two resident forum meetings held 2015 and one in 2016. There was evidence that the issue with regard to meal choice was addressed; residents were facilitated to access the campus canteen. It was not evident that the matter of a resident, who expressed their desire to live elsewhere, was addressed in a satisfactory manner. The person in charge did explain a particular circumstance as to why this was not an option for a resident at this particular time. However, cognisant of the particular circumstance and the fact that the resident had raised it on a number of times, this matter was not documented in the resident's care plan; there was no information if the resident's request was actioned/or not, or if a plan was in place to assist the resident achieve this expressed wish. In addition, the compatibility of residents in one house required review.

The centre had policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all residents and displayed in public places.
However, the centre' s policy required review to ensure that a person other than the

person nominated to deal with complaints by or on behalf of residents was nominated, as required by the regulations. While the person in charge verbally confirmed the identity of the nominated person before the end of the inspection, the policy and procedures required updating to reflect this information. There was evidence that complaints were not recorded in the complaints log and staff spoken to were not aware that complaints were to be recorded. Two complaints relating to housekeeping and a disused piece of furniture were noted in the complaints log; however, incidents concerning peer to peer safeguarding issues were also recorded in the complaint log. Actions arising from the residents' forum issue were not included in the centre's complaint log. Relatives spoken to were aware of the complaints process and were very complimentary of the care of their relative, and of the staff. Relatives stated, for example, that 'nothing was a problem', 'everybody very welcoming'.

Family surveys were undertaken in 2015. Responses were positive; there was one reference in relation to seeking occupational therapy (OT) input in regard to sourcing sensory objects. There was evidence that this was addressed and residents were facilitated to have particular items of choice on their person and/or accessible to them. Residents had access to a large multi-sensory room furnished with a combination of sensory equipment.

It was evident that staff members treated residents with dignity and respect and that both residents and staff got on well. However, a loud and inappropriate verbal interaction between a staff member and a resident, as evidenced by an inspector, in the presence of another resident's relative, was brought to the attention of the person in charge.
Personal care practices respected residents privacy and dignity and resident were assisted, where appropriate, to maintain their own privacy and dignity. Residents had access to private space where they could entertain family or friends.

It was evident that efforts focussed on maximising residents' capacity to exercise personal independence and choice with regard to their daily lives; for example; residents could have a 'lie in', go for a spin in the bus, go to the day activation centre, swimming, yoga, walking and shopping. The centre had access to activation therapists, Monday to Friday, who tailored resident specific activities. Individual residents engaged in their own specific interests outside of the centre; educational courses, yoga.

Routines, practices and facilities promoted residents' independence and preferences in three of the four houses comprising the centre. There was evidence that the incompatibility of residents in one house had a negative impact on the residents accommodated there. This was evidenced by inspectors and the provider had also noted the negative impact of inappropriate placement of some residents in the centre in the centre's annual review undertaken by the provider.

There was a policy on residents' personal property, personal finances and possessions. Residents' personal property including money was kept safe through appropriate practices and record keeping. A sample of records reviewed evidenced this.

Residents' bedrooms were homely, well maintained and personable containing residents' own possessions. Ample storage was provided in residents' bedrooms.

Each house had its own laundry room where residents could help out where possible.

Judgment:
Non Compliant - Major

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:
The centre had a policy on communication. A number of the residents were non-verbal and engaged a number of techniques to communicate. Staff demonstrated their knowledge with regard to the individual communication strategies adapted and used by residents. Staff verified how they communicated with residents and how residents communicated; for example; if they wished to go out, have something to eat, take,or not take, their medication, if they were in pain or wished to rest.

Each resident had a comprehensive communication plan outlining their particular needs. There was evidence of input from external professionals (the speech and language therapist (SALT) where necessary. Detailed recommendations informed the residents' care plan. There was evidence that the recommendations were incorporated in a visual display to guide staff on residents' specific dietary requirements and of any assistance a resident may require with their meal/fluids.

A distress assessment tool (DISDAT) was used for residents who may not be able to communicate verbally if they were in pain or discomfort.

LÁMH (Lámh is a manual sign system used by children and adults with intellectual disability and communication needs) signs were in use and visually displayed. The person in charge stated that she had scheduled staff training with the SALT the week after inspection with the purpose of devising a collection of resident specific LÁMH signs.

Residents were facilitated to access assistive technology and aids where required to promote the residents' full capabilities. Residents had access to radio, television, computers, social media, internet, information on local events. Some residents had their own personal iPod or music system.

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:
There was evidence that positive relationships between residents and their families were promoted and supported. Residents visited, where possible, their family home, their relatives or stayed overnight. Residents were facilitated to receive visitors in private with no restrictions on visits except where requested by the resident.

There was evidence that families and residents attended person centre plan (PCP) meetings and reviews.

Records reviewed evidenced that regular contact and as necessary was maintained with each resident's family.

Community access or efforts to facilitate residents' access to the community was evidenced in residents' PCPs. Where it was evident that this was explored, discussed and planned, there was evidence that a resident did not always choose to access the community as the activity did not suit their daily routine.

Six questionnaires submitted by relatives contained positive comments and compliments of the personalised care provided to their relative and of the kindness of the staff.
One questionnaire submitted by a resident detailed that the resident had choice; 'I can ring the kitchen and tell them what food I want', I like that I can go in and out of the office when I like'.
Another resident informed inspectors that they have daily morning tea with the person in charge/management. This was evident on the day of inspection.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The centre had a policy for admissions to the centre, including transfers, discharge and the temporary absence of residents. The centre's statement of purpose contained detail with regard to the criteria for admission, transfer and management of emergency admissions. However, there was evidence that the centre did not concur with its statement of purpose and the centre's policy for admissions.

A resident had been internally transferred from another centre and there was robust evidence that this had a negative impact on residents' quality of life. The compatibility of the residents accommodated did not maximise the residents' capacity to exercise personal independence and choice. The inappropriate placement of a resident in one house negatively impacted on the safety of the residents accommodated there. Records of peer to peer incidents viewed corresponded with notifications submitted to the Authority with the majority of incidents occurring between two particular residents. While this resident had been recently transferred from another service within the organisation, no assessment had been undertaken to ascertain:
• the suitability of the placement of the resident in this particular house
• if the placement suited the assessed needs of the resident
• the impact of this placement on the other residents.
Furthermore, it was evidenced in one of the other resident's care plan and multi-behavioural support (MEBS) plan that the introduction of new people would escalate this resident's behaviours. There was evidence of escalated incidents of peer to peer incidents occurring between these two residents.
One such incident was witnessed by inspectors during the second day of inspection. While there was detailed guidance to staff on how to de-escalate incidents and apply certain strategies in such a situation, there was little evidence that staff had the necessary expertise and training to engage with a resident during this incident. This matter was discussed in detail with the provider representative and the person in charge

It was confirmed by the person in charge and staff that the increased number of residents in the house aggravated the behaviours of one particular resident. This was further evidenced in documented notes in the resident's MEB and in the records of incidents of peer to peer safe guarding incidents.

The centre's admission process did not ensure that the wishes, needs and safety of the resident and the safety of other residents currently living in the centre.

A sample of residents' contract of care was reviewed and each contained the terms and conditions of admissions and outlined the support, care and welfare and details of the services to be provided for the resident.

Judgment:
Non Compliant - Major

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:
There was evidence that residents were actively involved in the development of their PCPs and in particular their goals; short term and long term.

Six personal care plans were reviewed in detail. Plans were presented in an organised manner and were easy to read. There was evidence that:
• the PCPs were reviewed and updated as required
• short and long term goals were tracked, reviewed and updated. Goals included; for example; attending a concert, going on a holiday, attending a course, visit family, attend a party. There was evidence that these goals were achieved.

Life skills were promoted in the centre. Inspectors observed a resident, with the aid of a staff member, baking biscuits. Other residents carried out 'chores' in the centre and were actively involved in potting plants.

There was evidence that residents were consulted with and participated in the development of a comprehensive personal plan in consultation with their family and the residential service. However, while residents had access to allied services (SALT, occupational therapy, physiotherapy, dietetics), a GP, a consultant psychiatrist and social work, a multi-disciplinary annual review attended by the relevant specialisms, to assess the effectiveness of the PCP and take into account changes in circumstances, was not carried out.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
The design and layout of the houses in the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The design also promoted residents' safety, dignity, independence and wellbeing. There were sufficient provision of furnishings, comfortable seating, tables, chairs and mobile privacy screens.

The centre was clean, tidy and well maintained internally. All bathrooms were accessible to all residents. Each resident had a bedroom of a suitable size with appropriate furniture and curtaining.

Appropriate assistive equipment was available; for example; hoists, specialised resident specific wheelchairs, appropriate delph and cutlery to aid a resident with reduced manual dexterity, grab rails and accessible door handles.

External maintenance was carried out by an organisational team and the person in charge stated that she was waiting for a schedule of maintenance to address issues, as identified by her (cleaning of gutters, footpaths and window sills).

External furniture was available and plants, potted by residents, were located around the grounds.

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 centre had a site specific policy for risk management and emergency planning and the policy covered the matters as set out in Regulation 26. The risk register was reviewed and required review as it was not centre specific and concerned organisational risks.

The centre had policies and procedures relation to incidents where a resident goes missing.

While satisfactory procedures were in place for the prevention and control on infection, the centre did not have a site specific policy to guide and inform staff in this matter. Guidance and booklets from external agencies on the prevention of infection were available to staff. Housekeeping was of a high standard. The centre was clean and warm. Housekeeping store rooms were secure.

While minutes of meetings reviewed evidenced that the health and safety committee met regularly, arrangements for investigating and learning from incidents were not robust. The incident log was reviewed and while incidents were documented, actions taken to prevent a reoccurrence were not recorded; for example; five incidents recorded between two residents between 11 August 2016 and 26 August 2016 contained no action to prevent a reoccurrence.
Of particular note was the fact that some incidents from another centre were also recorded. The person in charge stated that conscious efforts had been made to ensure that matters discussed were pertaining to this centre only.

There was evidence to indicate that vehicles used to transport residents were regularly serviced by an appropriately qualified person.

Suitable fire equipment was provided and means of escape were easily identifiable. Emergency lighting was in place and fire exits were unobstructed.
Procedures for the safe evacuation of residents and staff in the event of fire were displayed. Each resident had an updated evacuation plan.
Staff spoken to, were aware of what to do in the event of a fire. Two residents spoken to were able to state what they would do in the event of an evacuation.
There was evidence that fire drills were regularly undertaken. However, the time taken to carry out a fire drill in one house required review; for example; the timeframe noted for a fire drill carried out on the 5 September 2016 was seven to eight minutes. Furthermore, some of the residents accommodated in this house were very dependent and had particular and significant communication and sensory needs and there was no evidence that these were identified or captured in the fire drills or that measures were put in place to address this matter.
While daily fire safety inspections were routinely recorded, some gaps were noted in the weekly checks; for example; the weekly checks in one house were recorded twice in May 2016 and once in March and April 2016.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
The centre had a policy on and procedures in place for the prevention, detection and response to abuse. Staff members were observed treating residents with respect and warmth. Staff were aware of what abuse was, and knew what to do in the event of an allegation, suspicion or disclosure of abuse including who to report any incidents to.

Residents spoken to were aware of whom to report any incidents to.

The centre had a policy to guide staff on the provision of intimate care. Residents had a care plan detailing the supports they required/or not with regard to their intimate care.

The centre had a policy to guide staff on the provision of behavioural support inclusive of guidelines to staff on how to manage behaviour that is challenging and de-escalation and intervention techniques. However, on the second day of inspection an inspector heard an inappropriate interaction between a staff member and a resident and in the presence of a relative visiting another resident.

Inspectors noted that residents had a comprehensive multi-element behavioural support plan in place. Inspectors observed a resident in a very agitated state and that the volume of the verbal outburst was upsetting for the other residents; resulting in a situation escalating and impacting in a negative manner on all residents present. However, staff did not follow with or comply with the guidance clearly stated on the resident's MEBs. This was brought to the attention of the provider representative and the person in charge.
There was ample evidence of reviews of the resident by the consultant psychiatrist, the GP and the MEBs team.

There was evidence that the use of medication to manage challenging behaviour was regularly monitored.

The centre had a policy to guide staff on the use of restrictive procedures; physical, environmental and chemical restraints. One resident availed of the use of bed rails and there was evidence that the bed rails were regularly checked.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
A review of the record of incidents occurring in the centre concurred with notifications forwarded to the Authority.

Notifications as required by the Regulations had been forwarded to the Authority.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
A review of residents' PCPs evidenced that residents' opportunities for new experiences, social participation, education and training were facilitated and supported.

Residents were supported to attend the day activation service. As some residents were in the day activation service on site, inspectors visited the service and met with residents and relatives and staff. Three staff facilitated different activities throughout the day. Residents' PCPs evidenced activities the residents were participating in. Staff were knowledgeable as to what activities residents with significant needs liked to participate.

One resident attended an off-site day activation centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Residents were facilitated with regular and timely access to specialist medical services and their GP. Residents had access to a consultant psychiatrist who visited weekly and as required. However, residents' access, particular residents with significant issues, to psychology services was limited. This was confirmed by the person in charge.

Residents' PCPs indicated that residents' health needs were appropriately assessed and met by the care provided in the centre. For example, relevant health care plans were in place for intimate care and general health care.

Each resident had a suite of risk assessments; for example; falls, malnutrition universal screening tool (MUST), epilepsy, mental health and choking.

Residents' clinical observations were carried out on a monthly basis; temperature, pulse, respirations, blood pressure and weight. However, gaps were noted in some residents' documentation. In one resident's chart it was noted that the clinical observations were not recorded for January to June 2016 inclusive.

All residents had an annual 'OK Health check'.

Where required, staff recorded residents' food intake and there was evidence that this was checked, particularly where a resident experienced a loss of weight. There was evidence that this was being closely monitored by the GP and the consultant psychiatrist.

Residents were reviewed by SALT and by the dietetic service. There was evidence of choice at meal time and residents had access to snacks and drinks throughout the day. There was an ample stock of food in the refrigerators and kitchen presses. While breakfast and evening tea were cooked in the house, lunch was delivered from a central kitchen Monday to Friday. Staff cooked lunch at the weekends. Appropriate food temperature checks were recorded.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Residents were protected by the centres policies and procedures for medication management.

No resident self administered medications but were supported in the administration of their medication. Medications were administered by the staff nurse and some social care staff had attended training in the safe administration of medications.
Medication was supplied by an external contractor. Arrangements were in place for the daily collection of medications no longer used or out of date. Records of returned medications were maintained.
A review of a sample of medication prescription and administration records indicated that medications were:
• signed and dated
• discontinued medications were signed and dated by the GP
• reviewed regularly by the GP
• medications taken as required (PRN) were charted and the maximum dose, the frequency of the dose were detailed
• a legible staff signature sheet was in place.
The use of chemical restraint was carefully monitored by the residents' GP and consultant psychiatrist, both whom attended the centre very regularly and as required.

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:
The centre had a statement of purpose that accurately described the service that was provided in the centre. It contained all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
An annual review of the centre was carried out on the 28 April and 29 April 2016. An associated action plan identifying the responsible person to complete actions and with a timeframe accompanied the annual review. Issues identified by the provider included:
• residents' goals in PCPs to be updated
• grounds to be kept in good repair
• gaps noted in the fire register
• bedrail checklists to be completed
• all risk assessments to be updated
• compatibility review of residents living together had been completed in some houses
• staff shortages with human resources.
However, tracking of the progress of actions was not informative; some actions were noted as 'ongoing' with no actual progress of same actions being recorded.

There was evidence that the provider representative had carried out an unannounced visit on the 10 June 2016. An action plan was subsequently generated from this review. While it was noted that audits were carried out; for example; residents' bedrooms,

environmental, the day room and cleaning; it was not clear if these audits were centre specific or included another centre (another centre was referenced). Furthermore, there was no reference to; for example;
• time taken to carry out fire drills in one house (seven to eight minutes),
• weekly fire safety checks not being carried out
• number of peer to peer incidents in one house
• incompatibility of residents in one house
• lack of residents' access to psychology services.

The external pharmacy supplier had carried out a comprehensive audit on medication management practices in the centre, complete with actions to be addressed. There was evidence that actions were addressed; for example; residents' photos on all medication management documentation; a sample of same evidenced that residents' photos were on the medication management documentation. The absence of securing the medication trolley to a wall was also noted in the pharmacy audit and there was evidence that this action was also addressed.

A regular schedule of audit was not evident and the person in charge concurred with this and stated that this planning would be put in place.

Staff meetings were regularly scheduled and the agenda included; for example; maintenance and housekeeping issues, HIQA awareness, staff issues, the risk resister and staff training.

The person in charge was full time and supported by three persons participating in management (one person was a person in charge for an adjacent centre and two persons were directly involved in the centre). The person in charge reported to the provider representative. The provider representative provided a schedule of proposed meetings to be held with the centre's senior management.
The person in charge and the PPIMs stated that they were well supported by the provider representative.

The centre was managed by a suitably skilled, qualified and experienced manager who demonstrated her knowledge of the legislation and her statutory responsibilities. Staff stated that they were well supported by the person in charge. Residents and relatives were complimentary of the care and kindness of the person in charge and stated they could talk to her about anything.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

Findings:
There were arrangements in place for the management of the centre in the event the person in charge was absent. The centre had three identified persons participating in management (PPIMS). The PPIMs were on duty during the times of the inspection.

Inspectors met with two of the PPIMs and both were very knowledgeable of their responsibilities and of the residents in the centre and stated that they would cover in the event the person in charge was 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 appropriately resourced to meet the needs of the residents and to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

The premises was clean, warm and well maintained. Sufficient and appropriate equipment were provided.

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

Findings:
The staff numbers and skill mix in three of the four houses were appropriate to meet the assessed needs of residents and the safe delivery of services. However, it was evident in one house that the skill mix and number of staff did not meet the assessed needs of the residents accommodated there:

• there was an increased occurrence of incidents between residents (five incidents between two residents documented between 11 August 2016 and 26 August 2016). One such incident was witnessed by inspectors during the second day of inspection. While there was detailed guidance to staff on how to de-escalate incidents and apply certain strategies in such a situation, there was little evidence that staff had the necessary expertise and training to engage with a resident during this incident.

• one resident's MEBs plan stated that the resident required one to one staff when exhibiting behaviours that challenge. There was no evidence that the staff roster captured this or what supports were in place to achieve this recommendation.

• adequate supervision was not in place in this house to support staff, particularly new staff. The staff nurse from one house confirmed that on occasion, it was necessary to 'cover' for another staff nurse in a different centre, albeit adjacent to this house. This resulted in one staff remaining in this house where a resident with escalating behaviours was accommodated.

An action generated in the most recent inspection concerned staff cover for annual leave or sick leave. On this inspection it was noted that there were no contingencies in place to cover core staff that were on leave; for example; one of the activation staff was on leave; there was no staff in place to cover the leave. This action is reissued at the end of this report.

A training programme was in place for staff. The following was noted:
• one staff required training in manual handling (planned)
• 2 staff required training in management of actual or potential aggression (MAPA) (planned).

Refresher training for staff in MAPA, manual handling was scheduled.

There was evidence that staff had received training in; for example; communication, PCP training, dysphagia, (difficulty in swallowing) and hand hygiene.
However, as evidenced on inspection:

• some staff required further training on how to communicate with residents in an appropriate manner
• some staff required further training on how to implement residents' MEBs plan in order to manage a resident exhibiting an escalation of behaviours that challenge.

A sample of staff files reviewed indicated that the requirements of Schedule 2 of the Regulations in relation to staff documentation were met.

All relevant members of staff had an up-to-date registration with their relevant professional body.

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:
Generally, residents' records were well maintained, legible and easy to retrieve. Records were kept secure.

The local system implemented to record residents' financials was robust.

Residents had access to their records and it was evident that residents, where possible, signed their own care plan.

While there was a guide for residents, it required updating to include:
• a copy of a contract of care
• guidance to residents/relatives on how to access inspection reports
• information on the complaints procedure.

The centre had most of the written operational policies as required by Schedule 5 of the regulations; however; the prevention of infection guidance was not centre specific.

The centre's policies and procedures were available to staff.

While the centre had a health and safety statement, it was dated May 2014 with a review date of May 2015. This had not been completed.

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
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003698
Date of Inspection:	06 and 07 September 2016
Date of response:	18 November 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was evidence that the incompatibility of residents in one house had a negative impact on the residents accommodated there. This was evidenced by inspectors and it was noted in the centre's annual review undertaken by the provider.

1. Action Required:

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

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:
1. Compatibility review to take place in specific house, with recommendations to support possible transitioning / relocating of some residents – 31 December 2016.
2. Proposal to reconfigure current residence to incorporate one bedroom apartment has been submitted to leadership team of registered provider and approval granted for same
3. Capital funding will be sourced by the organisation in early 2017 to fund renovation of current residence

Proposed Timescale: 31/03/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A person, other than the person nominated in Regulation 34(2)(a), was not available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

2. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
1. Organisational policy and procedures will be updated to reflect the nomination of the person other than the person nominated in Regulation 34(2)(a), to be printed in January 2017.

2. Statement of purpose and resident's guide in centre have been amended to include information re nomination of a person other than the person nominated in Regulation 34(2)(a).

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 evidence that complaints were not recorded in the complaints log and staff spoken to were not aware that complaints were to be recorded.

3. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
1. Staff training on complaints policy and procedures will be provided for all staff.
2. All complaints are to be recorded in complaints log, with written record sheet kept on resident's file.

Proposed Timescale: 31/12/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admission policy and practices did not take into account of the need to protect residents from abuse by their peers.

4. Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
Registered provider will review admissions policy and practices to ensure that residents are protected from abuse by their peers.

Proposed Timescale: 31/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's admission process did not ensure that the wishes, needs and safety of the resident and the safety of other residents currently living in the centre.

5. Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The review of the admissions policy will ensure that a thorough assessment to include

suitability and impact of placement will be undertaken prior to any proposed admission to service.

Proposed Timescale: 31/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A multi-disciplinary annual review attended by the relevant specialisms, to assess the effectiveness of the PCP and take into account changes in circumstances was not carried out.

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

Please state the actions you have taken or are planning to take:
A multi-disciplinary annual review attended by the relevant specialisms, to assess the effectiveness of the PCP and take into account changes shall be completed by 31 December 2016.

Proposed Timescale: 31/12/2016

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:
The risk register required review as it was not centre specific and concerned organisational risks.

7. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Organisational risks will be reviewed and centre specific risks to be included in consultation with relevant stakeholders.

Proposed Timescale: 31/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no effective system in place for investigating and learning from incidents.

8. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
1. The centre specific risk management policy and procedures will include learning from incidents – 25 November 2016.
2. Managers will also ensure that all sections of incident forms are to be completed, e.g. "actions to be taken to prevent reoccurrence of such incidents" section.
– 17 November 2016.
3. Local safety meeting to include learning from incidents and management of residual risks - 25 November 2016.
4. Residual risk management plans will be developed for all residents where individual risk ratings continue to be problematic.
5. Auditing to be carried out where residual risks are identified.

Proposed Timescale: 31/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a site specific policy to guide and inform staff on 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:
1. A site specific policy to guide and inform staff on the prevention of infection will be developed – 30 November 2016.
2. Specific information to be provided to all staff in procedures and protocols.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The time taken to carry out a fire drill in one house required review; for example; the timeframe noted for a fire drill carried out on the 5 September 2016 was seven to eight minutes.

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

Please state the actions you have taken or are planning to take:
1. Three resident's individual personal emergency evacuation plans have been reviewed and additional equipment sourced.
2. External consultant has been commissioned to provide additional equipment and strategies - 30 November 2016.
3. Health and safety officer has recommended compartmental / horizontal evacuations to assist residents and staff when evacuating from specific house to other adjoining house - 17 November 2016.
4. Fire drills to be conducted with staff to ensure evacuations occur in 4 minutes or less using additional equipment.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The weekly fire safety checks in one house were recorded twice in May 2016 and once in March and April 2016.

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

Please state the actions you have taken or are planning to take:
Weekly fire safety checks to be completed by staff, and be monitored by PIC/PPIM.

Proposed Timescale: 17/11/2016

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:
When a resident exhibited behaviours that were challenging, staff did not follow with or comply with the guidance clearly stated on a resident's MEBs

It was evident that staff practices did not concur with the centre's policy on managing behaviours that challenge.

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:
1. Oversight of staff practice, including use of MEBS plan will be reviewed and evaluated on a daily basis with guidance and mentoring provided by PIC/PPIM.
2. Staff will be facilitated to update their skills regarding use of MEBS.

Proposed Timescale: 31/12/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An inspector heard an inappropriate interaction between a staff member and a resident and in the presence of a relative visiting another resident.

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

Please state the actions you have taken or are planning to take:
1. Matter was discussed with staff member immediately.
2. Safeguarding and Trust in Care policy training was completed with staff member, with the importance of communicating in a respectful and dignified manner emphasised.

Proposed Timescale: 07/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents did not have timely access to psychology services.

14. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
All referrals to psychology services are assessed and prioritised by the psychology dept. Where it is deemed by the PIC that waiting time is excessive, alternative psychology supports have/will be sought.

Proposed Timescale: 17/11/2016

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In one resident's chart it was noted that the clinical observations were not recorded for January to June 2016 inclusive.

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

Please state the actions you have taken or are planning to take:
1. Oversight of recording of clinical observations will be conducted by PPIM.
2. Where a resident refuses to have observations taken, it is to be clearly documented as a refusal in specific recording sheets.

Proposed Timescale: 17/11/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While it was noted that audits were carried out; for example; residents' bedrooms, environmental, the day room and cleaning; it was not clear if these audits were centre specific or included another centre (another centre was referenced).
There was no reference; for example; to timing of fire drills in one house (seven to eight minutes), weekly fire safety checks not being carried out, number of peer to peer incidents in one house, incompatibility of residents in one house or lack of residents' access to psychology services.

16. 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:

1. Provider representative will carry out an unannounced visit to the designated centre at least on a six monthly basis.
2. The monthly safety, audit and risk meetings will track the actions and implementation of the annual review and unannounced inspections.
3. An audit schedule plan has been devised to commence in November 2016.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was evident in one house that the skill mix and number of staff did not meet the assessed needs of the residents accommodated there.

There were no contingencies in place to cover staff that were on leave; for example; one of the activation staff was on leave; there was no staff in place to cover the leave.

The staff nurse from one house confirmed that on occasion, it was necessary to 'cover' for another staff nurse in a different centre, albeit adjacent to this house. This resulted in one staff remaining in the centre.

17. 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:
1. One additional experienced RNID post has been recruited to the team, and commenced in their post.
2. Protocol on annual leave has been developed to ensure that the number, qualifications and skill mix of staff is appropriate.
3. Protocol in place to ensure that a staff member will not be on their own when staff nurse is required to provide short term cover to a different house.

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Adequate supervision was not in place in one house to support staff, particularly new staff.

18. Action Required:

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

Please state the actions you have taken or are planning to take:
1. PIC/ PPIM will provide supervision of staff, particularly new staff.
2. A mentoring / "buddy system" has been developed to support new staff.

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As evidenced on inspection:
• some staff required further training on how to communicate with residents in an appropriate manner

• some staff required further training on how to implement residents' MEBs plan in order to manage a resident exhibiting an escalation of behaviours that challenge.

19. 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:
1. Communication training has taken place, with future training planned same to be completed by 31 December 2016.It is planned that communication training will be ongoing for staff in order to allow staff develop skills required to communicate effectively with the people we support.
2. MEBS Training has been arranged, same to be completed by 31 December 2016.
3. Staff who have completed MEBS training will be afforded the opportunity to refresh their training.

Proposed Timescale: 31/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The prevention of infection guidance was not centre specific.

20. Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in

Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
Centre specific guidance document on infection control to be developed.

Proposed Timescale: 30/11/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While the centre had a health and safety statement, it was dated May 2014 with a review date of May 2015. This had not been completed.

21. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Registered Provider has reviewed Health & Safety Statement, with same to be printed in January 2017.

Proposed Timescale: 31/01/2017

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The resident's guide prepared in respect of the designated centre did not include the complaints procedure.

22. Action Required:
Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

Please state the actions you have taken or are planning to take:
Resident’s guide to be updated to include the complaints procedure.

Proposed Timescale: 20/11/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The resident's guide did not include how to access any inspection reports on the centre.

23. Action Required:
Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

Please state the actions you have taken or are planning to take:
Resident's guide to be reviewed to include information on how to access any inspection reports.

Proposed Timescale: 20/11/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The resident's guide did not include any detail on arrangements for resident involvement in the running of the centre.

24. Action Required:
Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

Please state the actions you have taken or are planning to take:
Resident's guide to be amended to include information on how residents can inform decisions made in the running of the centre.

Proposed Timescale: 20/11/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The resident's guide did not include detail with regard to the terms and conditions relating to residency.

25. Action Required:
Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

Please state the actions you have taken or are planning to take:
Residents guide will be amended to include a copy of contract of care.

Proposed Timescale: 20/11/2016