Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cork City North 17</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005518</td>
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<td>Centre county:</td>
<td>Cork</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>COPE Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anna Broderick</td>
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<tr>
<td>Lead inspector:</td>
<td>Julie Hennessy</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<td>Number of vacancies on the date of inspection:</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.
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 1 day(s).

**The inspection took place over the following dates and times**

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<th>From:</th>
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<tr>
<td>26 April 2017 09:30</td>
<td>26 April 2017 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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**Summary of findings from this inspection**

Background to the inspection:
This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). The first inspection took place on 6 December 2016 following an application by the provider to register the centre. At the time of the first inspection, the centre was not actively providing residential services and no residents were living in the centre. The purpose of the inspection was to review the quality and safety or care and support being provided to residents since their transfer to this centre from a large congregated setting in January 2017.

How we gathered our evidence:
The inspector met with four residents, the person in charge of the centre, a staff nurse, care staff and the representative of the provider. The inspector reviewed the arrangements in place with those staff as they related to providing a safe, quality service for any prospective residents. The inspector observed practices and supports provided to residents and also reviewed the physical premises and relevant documentation.
Description of the service:
The centre was a purpose-built single-storey premises in a gated complex. The designated centre comprised two units joined together by a link corridor to form one building. Both units contained a spacious living area, kitchen and dining area and bathrooms. A small outdoor space was also provided with a shaded patio area suitable for outside activities. The centre was modern, bright, warm, spacious and pleasantly decorated; bedrooms were in the process of being personally decorated by residents due to move in to this centre.

The service provided was intended to accommodate five adult male and female residents with an intellectual disability and there was one respite bed.

Overall judgment of our findings:
Residents were supported by staff to communicate their choices and wishes using their preferred method of communication. Staff demonstrated that they knew residents well, including non-verbal cues and signs. Residents appeared to be comfortable and content. Residents' transfer to this centre had been carefully planned and based on an assessment of needs. Residents’ families and representatives had been fully involved in the transfer process.

However, a significant number of arrangements as described at the previous inspection by the then person in charge had not been implemented and actions were outstanding from the previous inspection. Four major non-compliances were identified at this inspection, which was a demonstrable increase in the level of non-compliance in this centre in a relatively short period of time.

Major non-compliances identified related to:
- practices observed did not adhere to the ethos of this centre, which favoured a move from a group setting to the provision of individual person-centred support and community participation (outcome 1)
- a ceiling track hoist that was to be installed two months prior to this inspection in each of the six bedrooms and in the two accessible bathrooms to support residents with mobility needs had not been installed (outcome 6)
- fire doors had not been fitted with magnetic hold-open devices, as per the provider's previous action plan, resulting in fire doors being kept in a partially open position. As a result, measures in place for containing the spread of smoke and fire in the event of a fire were inadequate and residents could not freely move about their own home (outcome 7)
- failings were identified in relation to the governance and management of the centre; the provider had failed to appoint a person in charge who met all of the requirements of the regulations (outcome 14). The provider had also failed to comply with a condition attached to their certificate of registration, which had been granted in January 2017. This resulted in a significant breach of the Health Act 2007.

The provider was invited to attend a meeting in the HIQA head office the day following the inspection, to respond to the breach of their condition of registration. The provider was also issued with an immediate action plan relating to the specific conditions. The provider was also required to provide reassurance that they would nominate a person in charge who met all of the requirements of the regulations. The
provider responded in an appropriate manner and provided concrete reassurances in relation to the issues raised.

The reasons for these findings are explained under each outcome in the report and the regulations that were not met at the time of the inspection are included in the action plan at the end of this report.
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):
No actions were required from the previous inspection.

Findings:
Arrangements as described at the previous inspection were reviewed on this inspection, as they pertained to residents' rights, privacy and dignity and participation in meaningful activities. However, practices observed did not adhere to the ethos of this centre, which favoured a move towards more individual person-centred support and community participation.

At the previous inspection, the person in charge and care staff outlined arrangements for consulting with residents and their representatives. The person in charge said that resident forums would be held every two months and family forums would be held quarterly. At this inspection, resident and family forums had yet to be commenced. There was evidence of on-going communication with families throughout the transition process and a Mass and housewarming party had been arranged the previous month.

At the previous inspection, arrangements were outlined to ensure that support was provided in a dignified and respectful manner. There were no shared bedrooms in the centre and there were locks on bathroom doors. The inspector observed that there were rectangular glass panels on bedroom doors, which the person in charge explained were to allow for nightly checks of residents. There was a closing mechanism on the panel to prevent residents being seen from the hallway in between checks. The person in charge said that assessments would be completed to consider whether nightly checks were required and if so, at what frequency. At this inspection, while a rationale was provided for nightly checks for some residents, the assessments had yet to be completed.

At this inspection, an intimate care template included the identification of residents'
ability to perform tasks in relation to personal hygiene and dressing and the supports required. Staff were observed to interact with residents in a warm and appropriate manner.

At the previous inspection, the inspector observed that closed circuit television (CCTV) was in use and that this was of the external areas only. Two television screens were in the centre; one in the office and the second in the kitchen. The CCTV was a live feed (monitoring only) camera. While the organisation had a policy in place for the use of CCTV, there was no centre-specific policy for it's use in this centre. A policy or procedure for the use of CCTV in this centre had yet to be developed at the time of this inspection. This will be addressed under Outcome 18: Records and documentation.

At this inspection, the inspector was told that an assessment had recently taken place, by occupational therapists, of the equipment available to residents to participate in activities in the community (for example, the type of wheelchair required). The report of that assessment was not yet available and this will be included in the action under Outcome 18: Records and documentation. An individual assessment had been completed by staff of each resident’s interests, wishes and preferences. Residents either attended a day service or were supported by staff in the centre each day. Outings had taken place, such as a trip to a local wildlife park. However, it was not clearly demonstrated that adequate options to participate in meaningful activities in the community formed part of residents' daily routine. For example, on the day of inspection, no resident was offered the choice or facilitated to leave the centre despite it being a bright sunny morning and there being adequate staffing levels available.

In addition, residents in this centre had moved from a large congregated setting to two interconnecting houses of two smaller groups of three. However, on the day of inspection, the two groups were combined in one house. This practice was contrary to the ethos of the centre that favoured smaller groups and more individual support, as described by the (then) person in charge at the previous inspection and by a staff nurse on duty. No clear reason for this practice was evident.

Non-nursing staff had been provided with training in relation to the administration of rescue medication to support any resident with epilepsy to access the community. However, this access was not then being automatically supported as the organisation's policy required permission to be first sought from the parents of adult residents. This practice meant that residents could potentially be unnecessarily denied opportunities to participate in the community.

Judgment:
Non Compliant - Major

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

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

### Findings:
Overall, arrangements had been satisfactorily implemented that ensured that admissions to this centre took place in a planned and safe manner in line with the organisation's policy and the statement of purpose. However, contracts of care had not been updated to reflect the transfer of residents to this centre.

The organisation had a policy in place relating to admissions, transfers and discharge of residents, which outlined the criteria for admission. An individualised transition plan had been developed for residents, which considered elements required to support a successful transition. The plan was based on a multidisciplinary assessment of needs. The transition plan included positives and any barriers to the move, the plan details, any supports required to ensure a successful transition and individualised risk assessments. The plan details outlined how each resident would be introduced to their new home in a gradual manner, commencing with short visits and building up to overnight stays over a four-week period.

At the previous inspection, the provider outlined that all contracts of care were currently being updated and renewed across the service and this would also be the case for any residents who would residing in this centre. At this inspection, contracts of care had not been updated to reflect the transfer of residents to this centre and any associated changes to the terms and conditions of the contract or fees to be charged.

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

**Findings:**
Overall, arrangements had been put in place to ensure that a comprehensive assessment of needs had been completed prior to admission to the centre with follow up since admission. However, residents personal plans had not been prepared within 28 days of admission to the centre and they did not reflect recent multi-disciplinary assessments of need.

A comprehensive assessment of the health, personal, social care and support needs of each resident had been completed prior to admission. Sample assessments of needs viewed had been completed by the multidisciplinary team. The assessment of needs outlined any supports that residents would require following their admission to the centre, including in relation to mobility, nutrition and hydration, intimate care, personal development and accessing the community. At the previous inspection, the then person in charge outlined that these assessments would inform residents' personal plans. At this inspection, the inspector found that the occupational therapy team had re-visited the centre shortly before this inspection, to review the premises, now that it was occupied, and any additional support requirements for residents. Support requirements included to support intimate care needs and equipment needed to facilitate participation in the community. In addition, clinical assessments were up to date and an assessment of residents' interests and preferences had also been completed. However, residents' personal plans had not been updated to ensure that they were informed by the multidisciplinary assessments and as required by the regulations. For example, manual handling support plans viewed did not reflect the most recent multidisciplinary assessment and did not pertain to this environment. Also, while one resident's plan contained up to date goals for 2017, other plans viewed did not. At the close of the inspection, the representative of the provider said that annual multidisciplinary assessments of need would be arranged for each resident with dates to be arranged later in the year.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The inspector reviewed a template for the booklet and saw that the template recorded comprehensive information in relation to the needs of the resident including any communication supports and any support required during mealtimes or to take medication.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Effective Services

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

**Findings:**
Overall, the centre was modern, spacious, bright and warm. However, significant failings were identified in relation to the provision of equipment to better support residents' mobility needs and to ensure the centre was accessible for all.

At the time of the previous inspection, a ceiling track hoist was due to be installed in each of the six bedrooms and in the two accessible bathrooms to support residents with mobility needs. Two or three of six residents in this centre required a hoist (depending on the mobility requirements of the resident availing of respite at any one time). While a mobile hoist was available, a ceiling track hoist was due to be installed to better support residents mobility requirements. The provider confirmed in their action plan following that inspection that this work would be completed by 28 February 2017. This action was attached as a condition of the certificate of registration of this centre. At this inspection, the action was outstanding and the timeframe had passed with no date available for this equipment to be installed. The representative of the provider was required to take immediate action to address this breach of the Health Act. The representative of the provider consulted with the chief executive officer (CEO) and an engineer, and provided reassurance that this action would be completed by a specific date.

Since the previous inspection bedrooms had been personalised and individually decorated. The centre was warm and bright. However, walls and paintwork were scuffed and damaged in places, which staff said was due to trying to manoeuvre wheelchairs and other equipment through the heavy fire doors, which had not been fitted with mechanisms to allow them to be safely held open. The inspector observed that it was difficult to manoeuvre equipment such as mobile hoists through these doors and staff said that it also impacted on residents' ability to circulate freely around their house in their wheelchairs.

**Judgment:**
Non Compliant - Major

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**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
Findings:

Overall, the arrangements in place for the assessment and management of risk and for preventing and detecting fires were not satisfactory.

At the previous inspection, the person in charge identified a possible risk of heavy fire doors being wedged or propped open and a risk assessment had not been completed to control the risk. The provider confirmed in their action plan following that inspection, that a risk assessment would be completed and magnetic hold-open devices would be fitted to prevent the wedging open of fire doors. This work was due to be completed by the end of January 2017. This action was attached as a condition of the certificate of registration of this centre, with a completion date of 28 February 2017.

At this inspection, the action relating to the fitting of the magnetic hold-open devices was outstanding and the timeframe had passed with no date available for these devices to be installed. Also, the inspector observed that the office door was wedged open using a suction machine. In addition, the office contained flammable material including a full oxygen cylinder. Fire doors throughout the centre were partially kept open and it could not be confirmed that they were closed at night-time. As a result, measures in place for containing the spread of smoke and fire in the event of a fire were inadequate. The representative of the provider was required to take immediate action to address this breach of the Health Act. The representative of the provider consulted with an engineer and provided reassurance that this work would commence within one working week.

Personal emergency evacuation plans had not been completed for residents since transferring into this centre. A drill had taken place during day-time conditions that demonstrated that the centre could be evacuated safely with the day-time staffing compliment of four. However, the arrangements for evacuating residents at night-time were not clearly demonstrated as a drill that simulated night-time conditions and a staffing compliment of two was yet to take place. All fire safety checks were completed and fire safety equipment was serviced as required.

Where residents may require enteral nutrition, enteral feeding guidelines were in place. One aspect of the guidelines required review to ensure that it was in line with evidence-based practice, as it related to the prevention of infection. This will be addressed under Outcome 18: Records and documentation. An enteral nutritional regime had been devised by the dietician and any required checks and observations had been identified and were being monitored and recorded. However, suitable storage facilities identified at the previous inspection for the clean storage of enteral nutrition and any associated equipment that had been previously identified now contained non-food and unclean items such as coats, bags, outdoor shoes and a dustpan and brush. Also, the enteral feed itself was being prepared in an unclean area, presenting a risk of cross-contamination.

At this inspection, the inspector observed that bedrails were fitted to five of six beds, with an alternative provided in the form of a low bed for one resident. However, the risk assessment for the use of bedrails had been completed for another centre, from which residents had transitioned. No risk assessment had been completed to consider any
movement of the rails that may have occurred during or as a result of the transfer. Also, while nightly checks were completed hourly, the safety of bedrails when in use that considered the risks specifically associated with the use of bedrails, for example the risk of entrapment, was not checked

At this inspection, the inspector reviewed the risk register. Risks identified at the previous inspection had been assessed and controls put in place by the previous person in charge. However, a risk assessment had not been completed for a number of readily identifiable hazards. For example, a risk assessment had not been completed for the storage of oxygen in the staff office, the use of oxygen, the storage and preparation of enteral feeds or for the use of bedrails following the physical transfer of the beds and their rails to this centre.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
Overall, there were systems and arrangements in place to protect residents from abuse. However, staff required training in positive behaviour support.

A policy was in place to support residents with behaviour that challenges, the protection of vulnerable adults and in relation to restrictive practices.

At the previous inspection, a training schedule had been developed that identified staff training needs in relation to behaviour support and the prevention and detection of abuse. However, all staff required positive behaviour support training. This will be included in the action under Outcome 17: Workforce. No resident required a behaviour support plan and personal plans supported any other needs, such as in relation to heightened emotions or supports required during intimate care.

There were systems in place in relation to the oversight of restrictive practices and a service-wide committee would review and approve any practices in use. The inspector
reviewed the template that was used for making referrals to that committee. Improvements required to risks associated with bedrails were previously discussed under outcome 7.

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### Outcome 11. Healthcare Needs

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

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<td>Health and Development</td>
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<th>Outstanding requirement(s) from previous inspection(s):</th>
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<th>Findings:</th>
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<td>Overall, arrangements were in place to assess and meet residents' healthcare needs. Some improvement was required to ensure nursing assessments reflected residents' actual needs.</td>
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Arrangements were in place to meet residents’ healthcare needs through timely access to health care services and appropriate treatment and therapies.

Residents had access to supports including occupational therapy, speech and language, medical and dietetics. Clinical assessments were up to date, including in relation to skin integrity, nutrition and hydration, epilepsy, pain and moving and handling. Healthcare plans had been completed to reflect residents’ healthcare needs. A discrepancy was observed whereby health screening identified to support a particular syndrome was not reflected in a resident's nursing assessment and as a result, a corresponding healthcare plan had not been developed.

The main meal was prepared in the service's central kitchen and delivered in hot trolleys during weekdays and prepared by staff in the house at weekends. The fridge and cupboard were stocked weekly to ensure that residents would be offered choice and alternative options to the main meal being offered. Breakfast and tea were prepared in the house.

Suitable facilities were provided for meal preparation with a well-equipped kitchen and dining area in each house. There was adequate provision for the storage of food in hygienic conditions. It was evidenced that dietary needs were being met and reviewed as required.

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**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:**  
Overall, there were policies and protocols in place in relation to medication management. However, some improvement was required to ensure that all practices were in line with the organisation's medication management policy.

At the previous inspection, the protocol for the management of medication errors did not reflect a systems based approach to medication errors. This protocol had been amended since the previous inspection.

Measures were in place for the secure storage of medicines. A medication fridge had been ordered since the previous inspection, was kept locked and the temperature of the fridge was checked and recorded. Medicines that did not require refrigeration were kept in a locked cupboard and the keys were kept by the nurse on duty. Procedures in place for the safe storage, ordering, administration and return of used or out-of-date medicines were clearly outlined by the nurse on duty. Provisions were in place for any medicines that required additional controls and there were no medicines in use that required additional controls at the time of inspection.

However, the policy regarding the reconciliation of medicines on arrival of residents at the centre for respite purposes had not been followed. The inspector found that of three medicines, a pharmacy label was available for only one of those medicines and this had not been addressed by staff.

Staff had received training in relation to medication management and non-nursing staff had also received training in relation to the administration of rescue medication. Improvement required to the medication management policy to support residents' right to access the community was previously addressed under outcome 1.

**Judgment:**  
Substantially Compliant

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Overall, significant failings were identified in relation to the governance and management of the centre and in relation to compliance with conditions of registration of the centre and the failure to appoint a person in charge who met all of the requirements of the regulations.

A certificate of registration was issued to this centre in January 2017 with a condition attached with a timeframe of 28 February 2017. Key actions in this condition were referenced under outcomes 6 and 7 and related to the installation of ceiling track hoists in residents' bedrooms and two accessible bathrooms and the fitting of appropriate devices to safely hold open fire doors to ensure adequate fire containment and accessibility for all. At the time of this inspection, these actions had not been completed, which resulted in a breach of the Health Act 2007. The representative of the provider was invited into the HIQA head office in relation to this breach and to provide reassurances that these actions would be progressed without further delay. In addition, an immediate action plan was issued. Adequate reassurances were provided in a timely manner. Reassurances were also provided that a person in charge would be nominated who met the requirements of the regulations.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. Care staff reported to the person in charge. The person in charge in turn reported to the representative of the provider, who reported to the chief executive officer and was a member of the senior management team.

A new person in charge had commenced in the centre seven weeks prior to this inspection. The person in charge was a registered nurse in intellectual disability nursing. The role of the person in charge was full-time and she had also been appointed as the person in charge in one other centre. During such times that the person in charge was not in this centre, a clinical nurse manager (CNM1) or staff nurse was in charge. CNM1s had been identified as persons participating in the management of the centre. The person in charge described that she was in contact with staff in the centre by phone on a daily basis when on duty and visited the centre for approximately between five and seven hours per week. However, the provider had failed to nominate a person in charge who met all of the requirements of the regulations as the nominated person in charge did not possess a management qualification, as required to ensure the effective
governance and management of the centre.

The representative of the provider outlined that unannounced biannual visits of the centre and an annual review of the quality and safety of care would be completed within the timeframe required by the regulations.

A system was in place within the organisation for the completion of audits of different aspects of the safety and quality of care being delivered but a schedule of audits had yet to be implemented.

**Judgment:**
Non Compliant - Major

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

**Findings:**
Overall, staff numbers and skill mix of staff required for this centre had been assessed and identified. A staff training programme was in place to meet residents’ support requirements.

At the previous inspection, not all of the required documents were contained in a sample of staff files reviewed. At this inspection, the inspector reviewed a sample of staff files and found that they contained the required documentation, as outlined in Schedule 2 of the regulations.

Staffing levels had been assessed before, and again since residents transitioned to this centre. Staffing levels were confirmed as being four staff by day and two staff at night, which included a staff nurse on duty at all times. The inspector found that staffing levels as described were being maintained.

Staff team meetings had commenced with minutes of meetings available for review. Minutes demonstrated that topics discussed included holidays for residents, individual supports to residents, staff starting times, fire drills, documentation relating to respite, staffing levels and any premises issues to better support residents' mobility needs.
A training matrix was available for review, which required updating to include some additional training provided to staff, such as infection control or hand hygiene training. As previously mentioned under outcome 8, all staff required training in relation to positive behaviour support.

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

Findings:
Overall, policies and procedures were in place as required by the regulations. However, a number of policies and procedures required review or development. Also, not all records pertaining to residents were available for review at the time of the inspection.

A number of failings were identified under outcome 1 and are included for action under this outcome. A policy or procedure for the use of CCTV in this centre had yet to be developed at the time of this inspection. A report of a recent occupational therapy assessment of the environment and any equipment required to support residents mobility needs was not available at the time of the inspection and this was requested by the inspector. The medication management policy contained a direction that could potentially impact on residents’ rights to participate in the community.

As identified under outcome 7, one aspect of the enteral nutrition guidelines required review to ensure that it was in line with evidence-based practice, as it related to the prevention of infection.

Judgment:
Non Compliant - Moderate
**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Julie Hennessy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by COPE Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005518</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>26 April 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 May 2017</td>
</tr>
</tbody>
</table>

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:
Resident forums and family forums as outlined at the previous inspection had yet to be held.

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

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

**Please state the actions you have taken or are planning to take:**
A family forum was held on the 8th May and arrangements are in place to ensure forums will be held quarterly. A resident forum was held on 27 April arrangements are in place to ensure these forums are held bi monthly.

**Proposed Timescale:** 16/05/2017  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was not satisfactorily demonstrated that each resident's privacy and dignity was 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 in the following ways:

- assessments that would consider whether nightly checks were required and if so, at what frequency had not been completed to support residents' right to privacy;

- it was not demonstrated that residents' rights to avail of their own personal and living space was recognised. On the day of inspection, residents from one house were brought to another adjoining house. This practice was contrary to the ethos of the centre that favoured smaller groups and more individual support. No clear reason for this practice was evident;

- residents' right to participate in the community was not protected by policies and practices in place.

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:**
An assessment of needs around nightly checks has been completed for each resident accessing the centre.

Within the centre there is adequate facilities to ensure residents are supported to avail of their own personal and living space. A meeting was held with staff supporting the residents to discuss the ethos and vision for residents whom reside within the centre.

Family members/representatives have been informed that non nursing staff have received training in relation to the administration of rescue medication to support residents who present with epilepsy. This training will facilitate residents in accessing opportunities within their wider community.
Proposed Timescale: 16/05/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clearly demonstrated that adequate options to participate in meaningful activities in the community formed part of residents' daily routine. For example, on the day of inspection, no resident was offered the choice or facilitated to leave the centre despite it being a bright sunny morning and there being adequate staffing levels available.

3. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
A review of residents interests and development needs was carried out by staff and recommendations from residents and family forum have facilitated options which residents can participate in. Links have been established with local groups within the community.

Proposed Timescale: 16/05/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care had not been updated to reflect the transfer of residents to this centre and any associated changes to the terms and conditions of the contract or fees to be charged.

4. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
Contracts of care have been updated and circulated to residents and their family members.
Proposed Timescale: 16/05/2017

**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:  
Personal plans had not been prepared for all residents no later than 28 days after admission to the designated centre, which reflects each resident's assessed needs.

5. **Action Required:**  
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:  
Personal plans for 5 full time residents have been updated in conjunction with relevant multidisciplinary team to reflect their new environment.

Personal support plans for residents accessing short breaks within the centre are currently been developed in consultant with the servicer user, their family and multidisciplinary team.

Proposed Timescale: 31/05/2017

**Outcome 06: Safe and suitable premises**  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Walls and paintwork were scuffed and damaged in places.

6. **Action Required:**  
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:  
A quote for internal paintwork has been submitted to finance department. A planned schedule to complete this work will be arranged with the maintenance department.

Proposed Timescale: 30/07/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A ceiling track hoist that was due to be installed by 28 February 2017 (two months prior to this inspection) in each of the six bedrooms and in the two accessible bathrooms to support residents with mobility needs had not been installed.

**7. Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
Ceiling track hoist have been installed in 3 bedrooms and bathroom in one house. A schedule plan has been submitted to HIQA that’s outlines installation dates for the installing of ceiling track hoist in the remaining 3 bedrooms and bathroom.

**Proposed Timescale:** 02/06/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors impeded residents' ability to circulate freely around their house in their wheelchairs as doors had not been fitted with appropriate mechanisms to be safely held open.

**8. Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
A time bound schedule detailing the ordering, fitting and completion of fitting of fire doors with magnetic hold open devices was submitted to HIQA.

**Proposed Timescale:** 16/05/2017

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed in the findings, the system of identifying hazards, completing risk assessments and implementing control measures was not satisfactory. A risk assessment had not been completed for a number of readily identifiable hazards.
<table>
<thead>
<tr>
<th><strong>9. Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>PIC has reviewed and updated the centres site specific risk register and individual risk assessments.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 16/05/2017</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Adequate arrangements were not in place to ensure that residents in receipt of enteral nutrition and who are 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.

<table>
<thead>
<tr>
<th><strong>10. Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The PIC has reviewed practices /procedures in relation to suitable storage and preparation of enteral feeding</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 16/05/2017</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Personal emergency evacuation plans had not been completed for residents since transferring into this centre. Also, the arrangements for evacuating residents at night-time were not clearly demonstrated.

<table>
<thead>
<tr>
<th><strong>11. Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Personal emergency plans have been reviewed and updated to reflect resident’s new environment. A fire drill that simulated night time conditions has been carried out.</td>
</tr>
</tbody>
</table>
**Proposed Timescale:** 16/05/2017  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Fire doors had not been fitted with magnetic hold-open devices, as per the provider's previous action plan, resulting in fire doors being kept in a partially open position. As a result, measures in place for containing the spread of smoke and fire in the event of a fire were inadequate.

12. **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:**  
17 fire doors have been fitted with magnetic hold open devices. Weekly checks to ensure fire doors close on activation of fire alarm will be carried out and documented within the fire register log.

**Proposed Timescale:** 16/05/2017

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**Outcome 11. Healthcare Needs**  
**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
As outlined in the findings, of the sample of care plans reviewed, a discrepancy was found in the sample whereby health screening identified to support a particular syndrome was not reflected in a resident's nursing assessment and as a result, a corresponding healthcare plan had not been developed.

13. **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:**  
The resident's health assessment was updated and healthcare plan develop to reflect the specific health need.

**Proposed Timescale:** 16/05/2017

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**Outcome 12. Medication Management**
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The policy regarding the reconciliation of medicines on arrival of residents at the centre for respite purposes had not been followed. The inspector found that of three medicines, a pharmacy label was available for only one of those medicines and this had not been addressed by staff.

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

**Please state the actions you have taken or are planning to take:**
The PIC has contacted family members of the service users who access respite within the centre to inform them of the appropriate practices around medication management and stated the important of adherence to these practices and procedures when availing of services within the centre.

**Proposed Timescale:** 16/05/2017

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**Theme:** Leadership, Governance and Management

**Outcome 14: Governance and Management**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had failed to nominate a person in charge who met all of the requirements of the regulations as the nominated person in charge did not possess an appropriate management qualification at an appropriate level.

15. **Action Required:**
Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

**Please state the actions you have taken or are planning to take:**
A PIC has been assigned to the centre. The CNM2 who has been appointed to the centre is currently undertaking a management course.

**Proposed Timescale:** 30/07/2017

**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 safe, appropriate to residents' needs, consistent and effectively monitored for the following reasons:

- key actions required to support residents' safety and quality of care and support had not been implemented within the timeframe laid down in a condition of registration of this centre;

- a significant number of actions were outstanding since the previous inspection.

16. 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:
The register provider has given reassurance that key actions which were a condition attached to certificate of registration will be completed within a specific time bound plan.

A PIC has been assigned to the centre to ensure residents needs are been met appropriately.

The Health and Safety officer will carry out a site specific safety audit.(12/5/17)

Proposed Timescale: 02/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The training matrix required updating to include some additional training provided to staff, such as infection control or hand hygiene training. All staff required training in relation to positive behaviour support.

17. 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:
A plan is in place to facilitate staff accessing training specific to resident’s needs, environment and as per mandatory training requirements.
Proposed Timescale: 30/06/2017

### Outcome 18: Records and documentation

#### Theme: Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As identified in the findings, a number of policies or procedures required review or development to reflect best practice and to support residents' rights.

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

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

On site procedure for the use of CCTV has been developed.

Enteral nutrition guidelines will be reviewed to ensure it is in line with evidence based practices.

Proposed Timescale: 30/07/2017