

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City South 2
Centre ID:	OSV-0003295
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Liza Fitzgerald
Lead inspector:	Kieran Murphy
Support inspector(s):	Margaret O'Regan
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	0

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 renewal 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:
04 September 2017 10:00	04 September 2017 18:00
05 September 2017 09:00	05 September 2017 16:00

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

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

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of a centre that was registered as a designated centre with the Health Information and Quality Authority (HIQA). This inspection was undertaken to ensure that actions identified on the previous inspection in November 2016 had been completed. The centre was managed by COPE Foundation who provided a range of day, residential and respite services in Cork. COPE Foundation had applied to renew the registration of this centre and this inspection was also undertaken to inform this application.

Description of the service:

The centre provided a home to 27 residents and was based in a congregated setting on a campus on the south side of Cork city. In addition to the centre, the campus also had sports fields and large day service facilities on site. All of the residents had high support needs with most residents needing assistance with all activities of daily living including eating and personal care. Many residents also had complex healthcare needs including epilepsy.

The centre consisted of two large interconnected bungalows. Bungalow one provided a home to 14 residents. There were four double bedrooms and six single bedrooms. This part of the centre also had a large bright foyer with an internal garden. There was a visitor's room and a large sitting room. There was also a kitchen area and a dining room. Bungalow two provided a home to 11 full-time residents with two single bedrooms available for respite care. This part of the centre had a kitchen area, a dining room and a large sitting room. The corridors in this area appeared darker and narrower than in bungalow one as it was an older part of the building.

How we gathered our evidence:

The inspectors met with 22 residents currently living in the centre. The inspector met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

Two family feedback forms were received by HIQA prior to the inspection with one of the families saying that they were very happy with the care provided "in such a high quality facility and by sincere caregivers".

Overall judgment of our findings:

There was some evidence of good practice. For example, there had been improvement in relation to supporting residents to engage in meaningful activities with the appointment of an activities coordinator. At all times during the inspection staff engaged positively with residents. Inspectors formed the opinion that overall residents' healthcare needs were being met.

However, there were areas for improvement. Of the 18 outcomes inspected, one was at the level of major non-compliance:

- restrictive procedures, including the use of closed circuit television (CCTV) in a resident's bedroom, were not in line with national policy or evidence based practice. In addition, the oversight of restrictive procedures throughout the centre did not ensure that restrictions were being implemented and reviewed based on interdisciplinary input for the protection of a person's rights. This was a repeat finding from the previous inspection in November 2016. (Outcome 8: Safeguarding and Safety)

Six of the 18 outcomes were at the level of moderate non-compliance including:

- it was observed that opportunities were being lost for residents to communicate with other residents, staff and visitors. In addition, specific communication plans were not always being followed (Outcome 2: Communication)
- the care planning process used did not give clear direction to ensure the

appropriate delivery of care to residents who had multiple complex healthcare care needs. In addition, the process of multidisciplinary review was not positively contributing to the development of each resident's personal plan (Outcome 5: Social Care Needs)

- there were delays in the process for ensuring that multidisciplinary review of residents' healthcare needs were being carried out. Improvement was also required in advanced care planning; and in ensuring there was evidence that residents who were nutritionally compromised were receiving and being offered nutrition according to dietetic recommendations (Outcome 11: Healthcare)
- improvement was required to ensure the quality and safety of the service was being effectively monitored (Outcome 14: Governance)
- the number, qualifications and skill mix of staff required review to ensure that the assessed needs of residents were being met (Outcome 17: Staffing)
- the system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents. This had also been found on the previous inspection in November 2016. (Outcome 18: Records Management)

While there had been improvement in relation to supporting residents to engage in meaningful activities with the appointment of an activities coordinator, not all residents were not facilitated to participate in activities or pursue their interests in a planned manner (Outcome 10: General Welfare and Development)

The reasons for these findings are explained under each outcome in the report and the Regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Improvement was required in relation to consultation with residents. It was noted that storage for clothes and personal items in some bedrooms was limited.

In relation to residents' privacy, as on the previous inspection it was observed that one resident's bedroom had a second bed in the room that was used by people accessing the service on respite breaks. Since the last inspection there had been consultation with the resident and their family about sharing the bedroom. However, there had been no consideration of offering the resident an alternative single bedroom in the centre and thereby facilitating people who accessed the service on a respite basis to have an assigned 'respite room'.

In relation to consultation with residents and participation in the organisation of the centre, the annual review of the quality and safety of the service completed by COPE Foundation in August 2017 had identified that the residents' forum "did not reflect a sense of the residents' lives in the centre". As outlined to inspectors consultation with residents was mainly done through a staff member being named as the resident's 'key worker'. Every resident had a keyworker who advocated on behalf of the resident, went shopping with the resident and organised events like birthday parties. The COPE Foundation also had an advocacy office that promoted resident advocacy throughout the organisation.

The person in charge said that residents' meetings did not take place but that two staff members were dedicated 'advocacy champions' who advocated on behalf of residents at

staff meetings.

The inspectors observed that most bedrooms were tastefully decorated with residents' own items of furniture and lighting. However, it was also observed that the storage for clothes and personal items in some bedrooms was limited.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. Inspectors reviewed the complaints log since January 2017. Issues raised were used by the centre to make improvements to the service being provided to residents.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication. However, it was observed that opportunities were being lost for residents to communicate with other residents, staff and visitors. In addition, specific communication plans were not always being followed.

Staff were observed over the course of the inspection to support residents to communicate. Staff were also observed to communicate respectfully at all times with residents. Inspectors reviewed residents' personal plans and found that where residents had communication needs, this was captured in personal plans.

It was noted by the COPE Foundation in its own quality review of the centre in May 2017 that residents' communication needs were identified but were not being updated or current. This was also found on inspection and that communication plans were not always being followed. For example, it had been identified for one resident in their communication plan that "they liked attention" and staff were to provide five to ten minute attention every hour, particularly as the resident's health needs had recently deteriorated. Records available to inspectors and observation could not verify that this communication plan was being followed.

Some residents with identifiable communication needs had a communication passport in order to ensure that staff would support residents in a consistent manner. Residents

were observed carrying communication cards on their person so that the resident had certainty around activities.

Inspectors observed communication boards throughout the centre which contained pictures of what was for dinner that night and also there was a picture rota of which staff were on duty.

Music systems and television was provided in the main living rooms and in the dining area of one bungalow. It was observed by inspectors that in both living rooms residents' wheelchairs were placed where residents could view the television. However, many residents were not actively watching the programme that was on the television. In addition, the positioning of the residents' wheelchairs meant that an opportunity was lost for residents to interact or communicate with other residents, staff or visitors.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

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

Positive relationships between residents and family members were supported. In the feedback received prior to the inspection one family said they were "always advised of any issues". Families were also invited to participate in personal planning meetings for residents.

The centre had a 'family forum' where families were consulted about issues relevant to the centre and the care being provided. This forum had been used effectively by COPE Foundation to communicate the findings of the previous HIQA inspection in November 2016 and the senior management of the centre had made themselves available to discuss any concerns families may have had.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

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

Each resident had written agreement in place in relation to the provision of services that had been agreed and signed by each resident and or their families.

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

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The care planning process used did not give clear direction to ensure the appropriate delivery of care to residents who had multiple complex healthcare care needs.

The COPE Foundation had completed its own assessment of quality and safety of care in this centre on August 28 2017. This had found that "there was no evidence of regular reviews of care plans" and "the plans were chaotic and showed little evidence of follow through".

Inspectors reviewed a sample of residents' records. For each resident there were two sets of records, the person centred planning folder that contained the care plans and person centred planning reviews; and a separate file for medical and healthcare records that included records of reviews by medical doctors, consultant letters and blood test results. In a quality review for this centre undertaken by the COPE Foundation in May 2017 it was found that the personal plans had assessments and documents that were out-of-date. In the healthcare records seen by inspectors there were assessments of residents' healthcare needs that were out of date by over 15 months.

Some residents had pressure ulcer assessment forms completed. It was also noted that, as required, residents had pressure relieving mattresses on their beds to prevent the development of pressure sores. The COPE Foundation had notified HIQA in June 2017 that one resident had developed a serious pressure sore following a hospital admission. The person in charge reported that no resident had a pressure sore at the time of the inspection. However, as identified on the previous inspection, the assessment form used may not have been suitable for the residents in this centre. For example a lower score is recorded if the person is in the age range of 14-49 which may influence the outcome score of the total assessment. Where required residents had pressure ulcer prevention care plans.

Inspectors found examples throughout the healthcare records of older care plans from 2016 and an additional plan for 2017 for the same assessed healthcare need with different information in each plan. It was not clear which care plan staff were to follow. In addition, the care plan was not always being updated to reflect current treatment recommendations from healthcare professionals. Staff said to inspectors that they had previously not had responsibility for updating care plans but that a key worker system was now in place that would ensure each resident's care plan was kept up to date and followed.

In relation to the required yearly review of residents' personal plans, as on the previous inspection it was found that the resident was not always present for the annual review. In addition plans, particularly in relation to residents' social needs did not always adequately identify individual needs, choices and aspirations.

The inspectors found that there was a multidisciplinary meeting relating to each resident. However, it was not clear how this multidisciplinary review contributed to the development of each resident's personal plan, and in particular changes in circumstances and new developments in each resident's health, personal and social care needs.

Inspectors were told that one resident had recently returned from hospital following an admission. There was no discharge letter from the treating medical or nursing staff following this hospitalisation in the resident's file. Subsequently the treating consultant specialist had sent a letter with recommendations in place regarding the management of

his care. However, the resident's care plan had not been updated to reflect these recommendations, which meant it was not clear if these recommendations were being implemented.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way. However, the centre was in need of some redecoration and the floor lining in parts was visibly marked.

The centre consisted of two large interconnected bungalows. Bungalow one provided a home to 14 residents. There were four double bedrooms and six single bedrooms. This part of the centre also had a large bright foyer with an internal garden. There was a visitor's room and a large sitting room, a kitchen area and a dining room.

Bungalow two provided a home to 11 full-time residents with two single bedrooms available for respite care. This part of the centre had a kitchen area, a dining room and a large sitting room. The corridors in this area appeared darker and more narrow than in bungalow one as it was an older part of the building.

A donation had been made to the centre from a local computer company which had been used to build a sensory garden for residents. The sensory garden included footpaths, flower beds, a water feature and was set amongst trees. Staff said that residents like to use this area, particularly in the summer months.

The COPE Foundation had undertaken its annual review on 28 August 2017 of the quality and safety of care provided to residents in this centre. This had identified that the centre was in need of some redecoration and that that floor lining in parts was visibly marked. Inspectors also observed this.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted and protected. Some improvement was required in relation to the management and ongoing review of risk and in relation to evacuation plans for residents in an emergency.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was a robust incident management system in place and inspectors reviewed the records of incidents reports from April 2017 to September 2017. There had been 17 reported incidents which included three resident falls and seven times where scratches were observed for residents. There was a review method so that trends of the types of incidents could be identified. It was noted that there was a separate incident reporting system for incidents involving medicines. There had not been a medicines incident since November 2016.

The centre had a separate risk register in place which designed to log all the hazards that the centre is actively managing. However, the person in charge said that the current risk register was not accurate and was to be updated. In relation to hazards that were relevant to each resident there was a section in the personal planning folder related to "my individual risk assessment". In some cases this section was blank and did not identify any particular hazards.

During this inspection the main fire safety installations of a fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. There were records to show, and the person in charge confirmed, that all staff had received training in fire safety management.

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. However, any such evacuation plan seen by inspectors had not been reviewed to reflect each resident's changing needs. For example one resident was to be evacuated in an emergency via a 'ski sheet' if they were in bed. However, the personal emergency evacuation plan made no mention of this means of evacuation. In another example, one resident was on a therapeutic intervention overnight. This was not mentioned in their evacuation plan and care staff spoken to were not clear how this resident was to be supported in the event of an evacuation.

It was noted that the personal emergency evacuation plan for each resident was stored in their healthcare file. This meant that the evacuation plans were not easily accessible to staff in the event of an emergency.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Restrictive procedures, including the use of closed circuit television (CCTV) in a resident's bedroom, were not in line with national policy, evidence based practice or the organisation's own policy.

As on the last inspection it was again observed that one resident had a significant restriction placed on their right to privacy and dignity in their bedroom. The entrance door to this bedroom led to a small ante-room that had a small press for clothes and other personal items. The ante-room had a large swing door that was closed with a double sliding lock when the resident was in the bedroom area. This part of the room had closed circuit television (CCTV) which was turned on when the resident was using the bedroom. There was a protocol in place that the CCTV allowed staff to observe the resident at all times from the office area.

Following the last inspection in November 2016 the COPE Foundation had said they would arrange a multidisciplinary review to ensure that adequate measures were in place that safeguarded the resident around the use of the CCTV. However, this multidisciplinary review had not taken place. Nursing staff had recently completed a rights restriction checklist for the use of the CCTV in the resident's bedroom. This checklist said that "no less restrictive option" to the use of the CCTV had been tried. This meant that the resident's movements were being recorded by CCTV without adequate consideration of any other alternative.

The inspectors were informed that a member of the COPE Foundation rights committee had come to review the bedroom area in the week prior to the inspection, but no recommendations were available following this review.

Following the last inspection the COPE Foundation had also undertaken to review its policy on restrictions on residents' lives. Since January 2017 there was a COPE Foundation policy for the protection of a person's human rights when considering the use of a rights restriction. This policy defined a restriction as "the limitation or control of any aspect of a person's life that is not typical for other valued members of society of the same age, gender and culture". The policy also outlined that "advocacy and interdisciplinary input contribute to the protection of a person's rights when considering restrictions". This was not in line with national policy, evidence based practice or the organisation's own policy.

The service provider had notified HIQA in June 2017 that 21 residents had bedrails in place as a restraint while they were in bed and 17 residents had lapbelts in place while in a wheelchair. However, as explained to the inspectors any such restriction was to be implemented on the recommendation of the person in charge of the centre. The restrictions were then to be audited by a representative from the human rights committee. These arrangements, as outlined to the inspector, did not ensure that restrictions were being implemented and reviewed based on interdisciplinary input for the protection of a person's rights.

The COPE Foundation had undertaken its annual review on 28 August 2017 of the quality and safety of care provided to residents in this centre. This had identified that there was no rights restrictions review in place for the use of the CCTV, use of bedrails and the use of lapbelts.

Prior to the last inspection HIQA had been notified of a safeguarding issue. There was evidence that the issues raised had been investigated and concluded in accordance with centre policy on protection of residents.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

There had been improvement in relation to supporting residents to engage in meaningful activities with the appointment of an activities coordinator. However, all residents were not facilitated to participate in activities or pursue their interests in a planned manner.

In the feedback from families received by HIQA before the inspection one family said that 'the centre undertakes many activities and trips that are vital to the needs of their residents'.

Inspectors were told that five of the 27 residents attended a full-time day service which was based on the campus. Ten other residents attended the day service for two hours per week each.

An activities coordinator had been recently appointed to support residents with enhanced community access and more meaningful activities for residents. The activities coordinator had been involved in the development of a the person centred plans for one resident and this had emphasised the development of this resident's opportunities for new experiences and social participation.

The activities coordinator had also commenced a process of developing an individualised activities programme for each resident that was based on an assessment of individual need, capacity and preference.

Residents in the centre had access to a bus that could accommodate two to three residents at a time, all of whom required one-to-one staffing. During the two days of the inspection a number of residents had walks accompanied by staff, a bowling session in a

city centre bowling alley and staff also arranged a 'karaoke' session for residents on the afternoon of the first day of the inspection.

It was noted by the COPE Foundation in its own quality review of the centre in May 2017 that the "observed documentation did not reflect a sense of every resident accessing activation". On inspection it was observed that all residents were not facilitated to participate in activities or pursue interests in a planned manner. Staff also said that at times resident activities were curtailed due to not having staff with medical and or emergency training being available to support residents.

Judgment:

Substantially 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):

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

Findings:

There were delays in the process for multidisciplinary review of assessments of residents' healthcare needs. Improvement was also required in advanced care planning; and in ensuring that residents who were nutritionally compromised were receiving and being offered nutrition according to dietetic recommendations.

In the feedback from families received by HIQA before the inspection one family said that that residents "health, wellbeing and safety are all excellently met by the team".

The inspectors reviewed a sample of residents' healthcare files and found evidence of regular reviews by the residents' general practitioner (GP). The GP was on site in the centre every Thursday and requested review of residents' healthcare needs by consultant specialists as required.

Residents were referred for support as required by to allied health professionals including physiotherapy or occupational therapy. However, there was evidence of delays in getting the required supports. For example, it had been recommended by a consultant specialist in April 2017 that one resident's positioning in their wheelchair be reviewed. This had not been progressed despite a further recommendation from the multidisciplinary team meeting in May 2017 and a physiotherapist recommendation in June 2017.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. Each resident had an up to date assessment of eating, drinking and swallowing (FEDS assessment) by the speech and language therapist. These assessments had recommendations regarding positioning of the resident while eating. During the course of the inspection it was observed that these recommendations were being followed by staff.

Residents were referred for dietetic review as required and residents had nutrition care plans as required. However, records were not always being completed to show that recommendations from dietitians were being implemented. In particular, this was an issue for one resident who was nutritionally compromised.

A number of residents required nutrition via a percutaneous endoscopic gastrostomy (PEG) tube, or directly into the stomach. There was a checklist that was completed daily for the care of the PEG. There were care plans in place and up to date reviews by the dietician in relation to residents' nutritional requirements via the PEG.

On Monday to Friday dinner was prepared off site elsewhere on the campus and delivered in thermally insulated food boxes. Staff adapted the meals to accommodate individual residents' food preferences or dietary requirements. Due to some residents' dependency levels staff assisted these residents with their meals. Staff were observed assisting residents in a sensitive manner and engaged in a positive way with residents throughout the meal.

In relation to residents at end of life the advanced care planning process required improvement to ensure that residents' will and preferences were appropriately recorded. Care planning documentation in relation to the specialist palliative home care team also required improvement to ensure up to date information was being communicated.

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):

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

Findings:

Each resident was protected by the centre's policies and procedures for medicines management.

Medicines for residents were supplied by the local community pharmacy. There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. Staff with whom the inspectors spoke confirmed that there was a checking process in place to confirm that the medicines delivered from the pharmacy corresponded with the medicine prescription records.

A sample of medicine prescription and administration records was seen by the inspectors. Prescriptions were transcribed by the supplying pharmacy. During the medicine administration round inspectors found that appropriate checks were being undertaken by nursing staff to ensure the right medication was administered to the correct resident at the correct time.

Residents' medicine was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. The management of Schedule 2 controlled drugs was checked and deemed correct against the register in line with legislation and the centre policy. Nurses were checking the quantity of medications at the start of each shift.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

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

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

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre was managed by a suitably qualified, skilled and experienced person in charge. However, improvement was required to ensure the quality and safety of the service was being effectively monitored.

The person in charge was a registered nurse in intellectual disability and had been previously been a clinical nurse manager in this centre for 14 years. For the last six months she had been the person in charge of another designated centre run by COPE Foundation. However, she had only been appointed as the overall manager of this centre for the two days prior to the inspection.

At an operational level the person in charge was supported by a clinical nurse manager who was also a registered nurse in intellectual disability.

The COPE Foundation had ensured that a formal annual review of the quality and safety of care of the service had taken place in August 2017. The COPE Foundation had also undertaken an audit of quality of safety in May 2017. However, the annual review commented that there was little evidence of implementation of the action plan from the May 2017 audit.

There was evidence of audits having taken place since the last inspection including handover, glucometer, meal times, restrictive practices, hand hygiene and bed frames. The most recent audit in the centre had been carried out on 1 May 2017 on schedule 2 medicines. However, there was no regular audit schedule.

In relation to the findings of this inspection they were many repeat findings from the inspection in November 2016 including:

- the use of restrictive procedures
- the system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents
- care planning and the following of care plans
- activities for residents or opportunities to pursue their interests in a planned manner

- consultation with residents in the organisation of the centre required improvement

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:

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

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Inspectors viewed the maintenance log and saw that all requests for maintenance were carried out as quickly as possible.

Contracts were in place to manage issues including security of the premises, waste management, gas and fire extinguishers.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The number, qualifications and skill mix of staff required review to ensure that the assessed needs of residents were being met.

In the feedback from families received by HIQA before the inspection one family said that "recently the centre has been significantly understaffed and the organisations duty to staff is not being met to ensure a significant level of cover is available at all times". Another family said that "it is such a busy centre it would be a good idea to have more staff".

It was observed by inspectors that residents' personal care was very well attended to. Many residents required two staff to support them for activities of daily living like dressing, washing and eating. Staff said that to support residents with these activities, particularly assisting people to get out of bed, washed and dressed took approximately 30 to 45 minutes before the resident was ready to have their breakfast. Many of the residents required individualised support from staff to assist them to have their meals, which could take between 20 and 30 minutes.

The staff rota was made available to the inspectors who noted that there was a total of 36 staff on the roster for the two houses. Inspectors reviewed the planned staff rota and noted that the full complement of staff during the day was 1 nurse and five carers for each of the two houses giving a total of 10 staff. From a review of the actual roster over a recent three day period it was noted that this full complement of staff was not always on duty.

At night, one nurse and one carer were rostered in each of the two houses. Staff said

that five or six residents in each of the two houses would always be up when night duty commenced at 20.30 hrs. The person in charge acknowledged that additional staff to support the night staff was needed to help residents get to bed.

Each resident required one-to-one support from staff if they were going on an outing. For example if two residents left one of the houses for a social activity it meant that there were three staff left to support the remaining 11 residents. This was particularly so on the weekend when day service was not available to residents. In addition, on the weekend, staff had to cook all the meals for residents in addition to their other duties.

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:

The system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents. This had also been found on the previous inspection in November 2016.

In healthcare files seen by the inspectors, relevant documentation was filed in a haphazard manner in the back 'pocket' of the healthcare record. This included results of blood tests.

In other examples current and relevant letters from consultant clinicians were filed in plastic pockets in the healthcare files and could not be easily retrieved. The information on these letters had not been used to inform a healthcare plan for the residents.

Original healthcare appointment records were being filed in the house communication diary. While these appointments were also being documented in the progress and or daily notes for the resident, they did not always inform a care plan in the resident's

healthcare records. In addition it was observed that a number of residents' 'medical reports' were filed loosely in the communication diary.

There was a policy on the provision of information to residents and a residents' guide was available which included:

- a summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits

A directory of residents was maintained in the centre and was made available to the inspector. The person in charge maintained a record of all residents who accessed the service on a respite basis.

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

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003295
Date of Inspection:	04 and 05 September 2017
Date of response:	30 October 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Consultation with residents in the organisation of the centre required improvement.

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

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

Residents forums with the direct involvement of the resident and his/her representative/keyworker/advocate have commenced in the centre . There is a planned schedule of residents forums . Guidance in the facilitation of residents forums for persons with multiple and complex needs has been sought and provided .

Resident who previously shared a bedroom has been offered the use of a single bedroom .

Proposed Timescale: 30/11/2017

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Storage for clothes and personal items in some bedrooms was limited.

2. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

A review of storage for personal items and clothing will be undertaken . Findings will be addressed and acted upon by the person in charge .

Proposed Timescale: 30/11/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

- it was observed that in both living rooms residents wheelchairs were placed so residents could view the television. However, many residents were not actively watching the programme that was on the television. In addition, the positioning of the wheelchairs meant that an opportunity was lost for residents to interact or communicate with other residents, staff or visitors.

- communication plans were not being updated or current and not always being followed.

3. Action Required:

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

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

Each resident will have a communication profile developed that is person centred and guides staff in supporting and facilitating likes and choices of residents. . A person trained in intensive interaction will provide training and support to staff .

Proposed Timescale: 31/12/2017

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:

The review of residents' personal plans did not take account changes in circumstances and new developments.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Each individual's personal plan will be reviewed . A person in charge from another centre within the organisation will assist and share learning in the development of personal plans . Plans will be audited upon completion and a schedule for future audits developed

Proposed Timescale: 31/12/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Plans did not adequately identify individual needs, choices and aspirations.

5. Action Required:

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

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

Person centred planning meetings have commenced in the centre with the involvement of the resident, his/her family representative, keyworker/advocate . An emphasis on goals will be set to facilitate choice and aspirations.

Proposed Timescale: 31/12/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The care planning process used did not give clear direction to coordinate the delivery of care to residents who had multiple complex healthcare care needs.

6. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment will be undertaken by a healthcare professional . Each person will have clear direction set out in their plan to inform and direct staff in the delivery of person centred care .

Proposed Timescale: 31/12/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One resident had recently returned from hospital but there was no information available in the healthcare files available to inspectors. Subsequently the treating consultant specialist had sent a letter with recommendations in place regarding the management of his care. However, the resident's care plan had not been updated to reflect these recommendations, which meant it was not clear if these recommendations were being implemented.

7. Action Required:

Under Regulation 25 (2) you are required to: On the return of a resident from another designated centre, hospital or other place, take all reasonable actions to obtain all relevant information about the resident from the other designated centre, hospital or other place.

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

A hospital discharge plan will be put in place when a resident is discharged from hospital . The person in charge will appoint a liaison person upon admission to hospital to communicate with the discharge area to ensure effective communication

Proposed Timescale: 27/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre was in need of some redecoration and the floor lining in parts was visibly marked.

8. 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 review of the centre will be carried out to address areas that require redecoration and flooring .

Proposed Timescale: 01/11/2017

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:

The centre risk register required review.

9. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risk register is currently being reviewed . An experienced person in risk will assist in the review of the risk register .

Proposed Timescale: 03/11/2017

Theme: Effective Services

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

Each resident's personal emergency evacuation plan required review.

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:

Each person will have a personal evacuation plan that is person centred and evidenced based .Staff will be involved in the development of plans . All evacuation plans will be kept in a designated area that will be easily accessible .

Proposed Timescale: 03/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive procedures, including the use of closed circuit television (CCTV) in a resident's bedroom, were not in line with national policy, evidence based practice or the organisation's own policy.

11. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The restrictive practice currently in use was reviewed on the 12/10/17 by the MDT team, members of the Rights Committee and PIC. Recommendations from same are being trialled at the present time with a view to having the least restrictive intervention for the person .

An external representative has been invited to review the current restrictive practice being used in the centre . The next review meeting is planned for 7/12/17 , this will involve the person in charge , provider nominee, members of rights committee and multi disciplinary team . The advocacy officer for the Organisation will be invited to attend.

Where restrictions are in place a clear rational will be explained by the Person in Charge to all staff to ensure a robust knowledge of restrictive practice . Provider nominee will request Policy Review Group to review Rights Restriction policy to ensure that review of any restrictive practice is timely.

Proposed Timescale: 08/12/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

13(2)(b) All residents were not facilitated to participate in activities or pursue their interests in a planned manner.

12. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

A review of allocations of staffing to the centre will be undertaken by the provider nominee and person in charge .

Staff training in medical /emergency training will be arranged by the person in charge .

Proposed Timescale: 30/11/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were delays in the process for multidisciplinary review of assessments of residents' healthcare needs.

13. 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:

Referrals for services provided by allied health professionals have been reviewed and there is now a clear process of where each referral is at .

Proposed Timescale: 27/10/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In relation to residents at end of life, the advanced care planning process required improvement to ensure that residents' will and preferences were appropriately recorded. Care planning documentation in relation to the specialist palliative home care team also required improvement to ensure up to date information was being communicated.

14. Action Required:

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

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

Advanced care planning /End of life care planning will be person centred and developed with the assistance of appropriate professionals with expertise in the area

Proposed Timescale: 01/11/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Records were not always being completed to show that recommendations from dieticians were being implemented. In particular this was an issue for one resident who was nutritionally compromised.

15. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The person in charge has put in place a process whereby resident is allocated a named staff responsible for their care delivery on a given day . This will ensure that residents needs are met .

Proposed Timescale: 27/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Improvement was required to ensure the quality and safety of the service was being effectively monitored.

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:

An audit schedule has been developed and a schedule in place for future auditing and monitoring .

A safety ,audit and risk committee has been set up in the centre which will meet fortnightly . Nursing metrics will continue monthly in the centre . Actions arising will be escalated appropriately

Proposed Timescale: 27/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number, qualifications and skill mix of staff required review to ensure that the assessed needs of residents were being met.

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:

A review of staffing at the centre will be undertaken and escalated appropriately.

Proposed Timescale: 30/11/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents.

18. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

A review of the records system management has commenced .

Proposed Timescale: 24/11/2017

