

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 19
Centre ID:	OSV-0005629
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Anna Broderick
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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 decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 July 2017 09:00 To: 03 July 2017 16:00

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

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 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This centre had previously been part of a larger congregated designated centre based in a community on the north side of Cork city. However, following an inspection of the larger campus in February 2017, the COPE foundation applied to register this centre as a separate designated centre. This was the first inspection of this centre by the Health Information and Quality Authority (HIQA).

Description of the service:

The centre consisted of a large detached bungalow that shared a campus with six other houses. Many of the residents had high support needs with some residents also having complex healthcare needs. Residents were being supported to achieve and enjoy the best possible health.

This house was fully accessible and included four single bedrooms and three twin bedrooms. There was free access to communal areas such as hallways, bathroom, dining room and sitting rooms. There was a sensory garden in the courtyard adjacent to the dining room. This was a space where residents relaxed and staff said that a barbeque was planned for the coming weekend in this area.

How we gathered our evidence:

The inspector met with all 10 of the residents living in the centre. The inspector also met with staff during the inspection and observed their interactions with the residents. In addition the inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:

Overall there was evidence that the service being provided to residents was safe and effective. A number of measures had been taken to improve the quality of life of each resident including the provision of more activities that residents themselves chose and liked to do. There was evidence that residents were referred for support as required by to allied health professionals including speech and language therapy, physiotherapy and occupational therapy. There were clear and up-to-date guidance available to staff following any such review.

However, the remit of the person in charge was too broad to fulfil the requirements of the regulations, as she was in charge of three other designated centres in addition to this centre. The provider representative agreed with this and stated that a recruitment initiative was in progress.

In relation to staffing levels; at night there was awake staff cover in the house, namely two healthcare assistants. There was a nurse available also but this position was shared with another designated centre elsewhere on the campus. The Head of Homes and Community of COPE Foundation said that the numbers and skill mix of staff was under constant review to ensure that the needs of residents were being met, particularly at night.

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 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):

This was the centre's first inspection by the Authority.

Findings:

Residents were supported in transition between services. Each resident's assessed needs were set out in an individualised personal plan that reflected their needs, interests and capacities.

One resident had recently been admitted to this centre. As part of this transition process the COPE Foundation had ensured that the resident's individual needs had been appropriately assessed by their own nursing and allied health staff. The assessment process measured the individual's support needs in personal, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required.

In relation to healthcare needs, the personal file contained the "healthcare management plans" for residents including all relevant healthcare needs for each resident. There was evidence that these healthcare plans were taking into account changes in circumstances and new developments. There had been input from the relevant healthcare professionals in relation to residents needs and in particular a meeting, as required, of the multidisciplinary team to discuss residents needs.

In relation to residents' social care needs, an activities coordinator had been recently appointed to this centre. She was employed full-time from Monday to Friday. Each resident had engaged in a process of identifying what things they liked to do during the day and a person centred plan had been developed to facilitate the resident to do what they liked to do. The activities coordinator outlined that residents were facilitated to engage in activities in their local community as much as possible. For weekends, staff

said that activities in the community continued and that staff facilitated things like walks, outings and barbeques.

Each resident's personal plan had an annual person centred planning meeting. There was evidence that in addition to the resident, family and staff were invited to attend this meeting. This planning meeting developed resident goals for the year. In the records seen by inspector, the goals were person centred, appropriate and were realistic. The goals identified what supports the person needed to achieve these goals and also had a timeframe identified to achieve these goals.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

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.

This house was fully accessible and included four single bedrooms and three twin bedrooms. In shared bedrooms there were privacy screens available to ensure residents' privacy and dignity was respected. All rooms were fully furnished and decorated in conjunction with the individual resident's personal choice and taste. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose.

There was a separate kitchen, dining room, two large sitting rooms and a smaller sitting room. There was free access to communal areas such as hallways, bathroom, dining room and sitting rooms.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The health and safety of residents, visitors and staff was promoted and protected.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm.

There was a policy on incident reporting. There was a system in place to allow each incident to be reviewed by senior management with the facility to include appropriate actions to remedy identified defects. There was also systematic review on a monthly basis to identify potential trends of incidents.

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre. The main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site.

Procedures were in place for the prevention and control of healthcare associated infections. Medical equipment and supplies were stored in clean areas. Staff demonstrated a knowledge and understanding of how to prevent and control the spread of any healthcare associated

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Measures to protect residents being harmed or suffering abuse were in place and appropriate systems were in place to respond to allegations, disclosures or suspected abuse.

There were policies in place to protect residents from being harmed or suffering abuse. As part of the induction process to this centre, all staff were to receive training on the prevention, detection and reporting of abuse. The project manager and the person in charge were aware of their obligations to inform HIQA of any allegation of abuse.

A new COPE Foundation service wide policy on the use of restrictions had been introduced since January 2017. This policy was called the policy for protection of person's human rights when considering the use of a rights restriction and 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 outlined that any rights restriction must be comprehensively assessed and included a review section for each restriction. There was documentation available on site in relation to two restrictions with documentation available as per the policy.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Residents were to be supported on an individual basis to achieve and enjoy the best possible health.

The inspector reviewed a sample of resident healthcare files and found evidence of regular reviews by the resident's general practitioner (GP). The GP requested review of residents' healthcare needs by consultant specialists as required. Residents also had timely access to a psychiatrist and other consultants as required, including a neurology outreach clinic coordinated from Cork University Hospital neurology department.

There was evidence that residents were referred for support as required by to allied

health professionals including speech and language therapy, physiotherapy and occupational therapy. There was clear and up-to-date guidance available to staff following any such review.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The inspector noted that residents were referred for dietetic review as required and residents had nutrition care plans as required.

Residents' dinner was prepared off site between Monday and Friday and inspectors observed the delivery of food in thermally insulated trolleys. Residents with dietary needs had received input from a speech and language therapist and a folder of recommendations to support residents during mealtimes was held in the kitchen of each house. Staff adapted the meals to accommodate individual residents' food preferences or dietary requirements and recommendations by the speech and language therapist were observed to be followed at mealtimes.

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):

This was the centre's first inspection by the Authority.

Findings:

The management arrangements were effective to ensure that the service being provided to residents was being adequately monitored. However, the remit of the person in charge was too broad to fulfil the requirements of the regulations and the provider representative agreed with this and stated that a recruitment initiative was in progress.

The person in charge was a registered nurse in intellectual disability. She had a degree in nursing studies from UCC and a postgraduate diploma in multiple and complex disabilities also from UCC. The person in charge was currently responsible for this centre and three other designated centres managed by COPE Foundation in Cork city. Due to the size and layout of this centre and the complexity of the healthcare needs of some residents, the inspector was not satisfied that these oversight arrangements could ensure the effective governance, operational management and administration of all the

designated centres.

The person in charge reported to the Head of Homes and Community who was the assistant director of nursing for COPE Foundation. The Head of Homes and Community was a registered nurse in intellectual disability and had extensive experience of providing a quality service to residents.

COPE Foundation had ensured that an annual review of the quality and safety of care in the designated centre in relation to had been completed in June 2017. There was a prepared written report available in relation to the "themes" that had been reviewed including: individualised supports and care, effective services, safe services, development and governance. The review had an action plan to address any deficiencies identified including in relation to the premises.

There was a regular review of the quality and safety of the service being provided to residents through the use of audits including:

- protected mealtimes
- privacy and dignity
- care planning
- clinical waste.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs.

A planned staff rota was made available to the inspector. The staffing levels had been determined in accordance with the each individual resident's needs. By day there was one nurse, four healthcare assistants, an activities coordinator and support with housekeeping and laundry. At night there was awake staff cover in the house, namely two healthcare assistants. There was a nurse available also but this position was shared

with another designated centre elsewhere on the campus. The Head of Homes and Community of COPE Foundation said that the numbers and skill mix of staff was under constant review to ensure that the needs of residents were being met, particularly at night.

The person in charge demonstrated a commitment to the maintenance and development of staff knowledge and competencies. All mandatory training was to be provided to staff including fire safety, crisis prevention and safeguarding.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The COPE Foundation had prepared, adopted and implemented policies and procedures relevant to the operation of the centre.

The policies available on the date of inspection were centre-specific and some were available in an easy-to-read format.

A copy of the residents' guide was available.

A directory of residents was maintained in the centre and was made available to the inspector.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0005629
Date of Inspection:	03 July 2017
Date of response:	10 August 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 14: Governance and Management

Theme: Leadership, Governance and Management

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

Due to the size and layout of this centre and the complexity of the healthcare needs of some residents, the inspector was not satisfied that the oversight arrangements, whereby the person in charge also had responsibility for another three designated centres, could ensure the effective governance, operational management and administration of all the designated centres.

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

1. Action Required:

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

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

A recruitment initiative is currently in progress to appoint an additional Person in Charge. A time frame has been identified to interview the applicants and successful candidate will be appointed to 1 of the designated centres within the area

Proposed Timescale: 08/09/2017