

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 13
Centre ID:	OSV-0003310
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Liza Fitzgerald
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 November 2017 09:15 To: 16 November 2017 15:00

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 16: Use of Resources

Summary of findings from this inspection

Background to the inspection:

This was an inspection undertaken to follow up on the actions generated from a previous inspection dated 15 February 2017. This was the fourth inspection of this centre and it was to inform the registration of the centre.

Description of service:

The centre comprised four community residential bungalows located in the outskirts of a city. It provided accommodation and support for eight residents. The capacity of the centre was nine. The statement of purpose confirmed that the centre provided residential accommodation and services for residents that had varying degrees of intellectual disabilities and other needs.

How we gathered our evidence:

The inspector reviewed the actions arising from the previous inspection. In addition, the inspector met and spent some time with six residents. The inspector also met with the representatives of two residents. The inspector read two questionnaires returned by family representatives and four questionnaires completed by residents in conjunction with staff. Representatives were mostly satisfied with the service received by their family member.

The inspector met with care staff, nursing staff, a person involved in the day-to-day management of the centre and the person in charge. Practices and interactions

between residents and staff were observed as being respectful. All residents appeared relaxed and comfortable with staff. There was a nice atmosphere observed between residents, representatives, staff and the management team. It was clear that residents and representatives knew the management team very well.

Overall judgment of our findings:

Overall, there was evidence that systems were in place to adequately govern and manage the centre. The actions arising from the previous inspection had mostly been implemented. It was clear from meeting with residents that they all engaged in individual schedules and routines particular to their abilities and preferences. Where there were concerns raised in questionnaires and or in person with the inspector the issues were found to already be known to the person in charge and he was able to demonstrate progress and action regarding same.

The inspector found that of the six actions inspected against, five actions were found to have been implemented and one action remained outstanding. There were also some actions that arose as a result of this inspection; for example:

- painting and the lack of a visitors room (Outcome 6)
- fire safety (Outcome 7)
- the use of restrictive practices (Outcome 8)

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection residents living at one house had limited opportunities to participate in their local community. It was also found that improvements were necessary in routines and practices as they were found to not promote the independence of resident nor their voicing of preferences. At this inspection, it was found that these failings had been addressed by the provider.

Residents were supported to participate in their local community. This was observed by the inspector on the day of the inspection and confirmed by residents, staff and representatives. Each resident had their own schedule of activities that staff supported them to attend and these activities were based both in the local community and the wider city surrounds. Where concerns were raised by representatives with the inspector in this area, there was a plan in place to address same at person-centred planning meetings due to take place shortly following the inspection.

For residents who expressed views and preferences, it was demonstrated that their views were listened to and acted upon. At the previous inspection, it was found that some residents had expressed a particular view of their living arrangement. The living arrangements of some residents had changed following that inspection. An inspector met with a resident's representative who confirmed satisfaction in the new arrangements and informed the inspector that their relative was very comfortable in their home. Where separate concerns were raised by representatives with the inspector regarding compatibility of residents, these issues were confirmed by the management team and were scheduled for discussion at person-centred planning meetings due to

take shortly following the inspection.

At the previous inspection, it had been identified that a complaints management system was in place. At this inspection, the system continued to be in place and the management team were highly conversant with the nature of complaints received and their resolve. Where residents' representatives informed the inspector of any complaints made that had not reached a resolve, the person in charge was aware of these complaint(s) and demonstrated the management of same, in line with organisational policy.

Judgment:

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):

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary for residents' access to internet facilities.

At this inspection, it was found that internet access was now available to all residents to various levels of accessibility. Two of the houses had desktop computers with internet access available to the residents. A third house was awaiting these facilities, however, there was a time bound costed plan associated with same. The person in charge informed the inspector that he was assessing the need for the remaining house to have wireless facilities.

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):

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary regarding the premises. There was a second action pertaining to private space.

At this inspection, it was found that the majority of actions set out by the provider in their action plan response had been put implemented. One action was not yet fully completed but had a time bound costed plan, the evidence of which was viewed by the inspector.

The action pertaining to the lack of a private space was still outstanding. Two of the four houses accommodated more than one resident. In each of these houses there was a living area, a kitchen and dining area. This meant that these residents had access to communal space; however, they did not have access to a private place to entertain family and friends should they so wish. This action had been progressed since the previous inspection, however, the person in charge informed the inspector that the project had not been sanctioned by the relevant decision makers for completion in the year of the inspection due to competing financial priorities. There was therefore no time bound costed plan other than a commitment to review the request in the year following the inspection.

During this inspection, the inspector identified that one of the houses had flooring in the sitting room that was worn in its appearance. The person in charge told the inspector that this issue had been identified previously by him and a decision had been taken by maintenance personnel to not replace the flooring for various reasons. He committed to reviewing again with the necessary person(s) about whether there were other options that could be explored such as a re-finish of the floor.

The ceiling of a shared bathroom in one of the houses required painting.

Judgment:

Non Compliant - Moderate

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:

Not all components of this outcome were reviewed.

The inspector viewed the training records of staff in fire safety training. These records showed that not all agency staff were trained in fire safety. The person in charge immediately attended to this issue. He provided written assurances to HIQA following the inspection that all relevant staff had been booked to attend fire safety training and in the interim they would all participate in a fire drill and receive an in-house induction to fire safety.

The provider was not at the time of the inspection in a position to assure HIQA of the fire safety compliance of the centre. However, this issue was being addressed and a fire safety compliance report had been commissioned and received by the provider outlining a set of recommendations, some pertaining to fire containment. At the time of finalising this report, HIQA was awaiting a time bound costed plan.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, the incompatibility of residents resulted in an escalation of peer-to-peer incidents and an increased use of a restrictive practice. Since the previous inspection, the provider had addressed this issue and this issue was now resolved.

During this inspection, the inspector observed a restrictive practice employed at one of the houses. The practice was an environmental restrictive practice. Overall, the use of

this practice had decreased significantly following the previous inspection. The paperwork regarding the use of this practice showed how the management team had adhered to most of the organisational policy. However, the practice was not suitably evidenced as to have been employed only following the exhaustion of all other methods. The person in charge committed to adding this information to the paperwork following the inspection. Secondly, the organisation policy stated that the practice should be audited by a restrictive rights committee, however, this committee was not yet fully formed within the organisation.

Judgment:

Substantially 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:

Not all components of this outcome were reviewed. At this inspection staffing resources had been escalated to the reported to the provider as an area of moderate risk.

During this inspection, there were a number of resources that were in place. Residents had access to transport through the public system and in-house transport options. The premises were laid out well and there was ample outdoor space. The staff team contained a skill mix of care assistants and nurses. The management confirmed their day-to-day involvement at the centre and their office was based at the centre. Staff and representatives confirmed that managers were available to them.

During this inspection, residents were observed being supported appropriately by a sufficient number of staff. The management team informed the inspector that the centre generally operated within their staffing ratio and this was achieved by use of internal relief staff and external agency staff. The managers told the inspector that the team of relief and agency staff were known to them and thus tended to be consistent. This was confirmed by some representatives with whom the inspector met with. Where residents' representatives expressed concerns to the inspector around individual staffing arrangements, their concerns were being dealt with by relevant personnel within the organisation as some of the concerns related to funding packages.

The management team acknowledged that in order to achieve the full complement of staffing ratio, the organising of same required their attention and time each week due to expected and unexpected absenteeism. Both the person in charge and the person

involved in the day-to-day management of the centre often worked on the floor in order to achieve the staffing ratios. This issue had been escalated to senior management as an area of concern and moderate risk. The management team confirmed to the inspector that the issue had the potential to escalate to a higher level of risk but at the time of the inspection they were managing the risk at centre level.

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:

Carol Maricle
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-0003310
Date of Inspection:	16 November 2017
Date of response:	08 December 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 06: Safe and suitable premises

Theme: Effective Services

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

A ceiling of a shared bathroom in one of the houses required painting. A wooden floor had a worn appearance.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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

construction and kept in a good state of repair externally and internally.

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

Bathroom ceiling had been identified shortly prior to inspection and put through internal maintenance system, same was completed 05/12/17.

-Parquet wooden flooring in one house requiring attention submitted to internal maintenance system and will be completed by 25/12/17.

Proposed Timescale: 25/12/2017

Theme: Effective Services

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

Two of the houses had inadequate provision of private space for residents.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Expansion of existing office to incorporate visitors room has been costed and proposed to the organisation for completion and was reviewed on 6th December 2017. This will be completed by end of Quarter 2 in 2018.

Proposed Timescale: 30/06/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A fire safety compliance report had a number of recommendations pertaining to containment of fire.

3. Action Required:

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

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

Fire safety compliance report recommendations were costed and proposed to the organisation finance planning group on 06/12/17, this is to be presented to organisational leadership team on 12/12/17. The proposed works are currently planned for completion in Quarter 3 of 2018.

Proposed Timescale: 30/09/2018

Theme: Effective Services

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

Not all staff were trained in fire safety.

4. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff to receive formal fire warden and use of extinguishers training. In the interim, while waiting for training dates, any new staff are to receive in house fire safety induction delivered by senior staff member on duty, as well as participate in fire drills. This was devised and submitted to the inspector 23/11/17

Proposed Timescale: 23/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The documentation viewed by the inspector did not sufficiently show how a restrictive practice was only employed following all other alternative methods. The provider was not acting in accordance with their own organisational policy on restrictive practices as a restrictive rights auditing committee had not yet been formed.

5. Action Required:

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

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

Further documentation will be added to the relevant rights restriction outlining what less restrictive alternatives had been employed in the past 22/12/17.

Rights Restriction Committee has been formed, a planned schedule of auditing and monitoring of the designated centre will be put in place by the committee.

