

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003289
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Mary Desmond
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
04 September 2014 10:00	04 September 2014 19:00
05 September 2014 09:00	05 September 2014 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 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**

This registration inspection of a designated centre operated by COPE Foundation was the second inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents, relatives and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

In total, 11 adult residents live in this designated centre which is operated from two semi-detached domestic houses in a residential area close to a town centre. The majority of the residents attend a day service during the day, however, one resident was only present in the centre at weekends and lived in a self-contained apartment that was part of one of the houses. The centre also provided a respite service for other residents at weekends and they occupied the bedrooms of residents that stayed with families at weekends.

There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. The centre was well maintained and furnished to a high standard. Residents confirmed that they were happy in the centre but also enjoyed visiting their families at weekends.

Most of the actions identified at the previous inspection had been fully addressed resulting in improvements in the service provided however, actions not fully completed since the last inspection included staff training and personnel files. Contracts of care had been issued to all residents and these had been signed however, the contracts did not adequately outline the fees to be charged. Other required improvements included:

- on-going review/reassessment of residents by allied health/specialist services
- care plans had not been updated for all residents
- inadequate use of evidence-based assessment tools
- no means for residents to alert staff at night time
- fire safety training
- manual handling training

The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There was evidence of consultation with residents in relation to decisions about their care and about the organisation of the centre. A resident's forum had recently been introduced and there was evidence of action in response to issues raised by residents. Residents had access to an advocacy service and the advocate had visited the centre on one occasion to speak with residents. All residents had regular contact with their families who also advocated on behalf of residents.

Based on records viewed by the inspector and discussions with residents, complaints were managed appropriately. There was a policy on the management of complaints and the complaints process was on display in a prominent position in easy read format. The inspector viewed the complaints log, which identified the complaint, the action taken in response to the complaint and the outcome of the complaints process.

The inspector observed interactions between staff and residents and was satisfied that all exchanges were respectful and friendly. Residents' privacy and dignity was respected and staff members were seen to knock on doors before entering residents' bedrooms. There was evidence that residents were supported to develop interests outside the centre such as, swimming, attendance at community groups and involvement in the Special Olympics.

Discussions with residents indicated that they were encouraged and supported to exercise choice and control in their daily life. Residents' religious beliefs were respected and a number of residents were supported to attend religious ceremonies at times of their choosing. Residents informed the inspector that they could choose to participate in

organised group activities or they could relax in their bedrooms. Relatives spoken with by the inspector stated that they were welcome to visit at any time and were facilitated to meet with residents in private, if they wished to do so.

There was a policy on residents' personal property and possessions and up-to-date records were maintained. There was adequate storage in bedrooms for residents' clothing and personal possessions. There were adequate procedures in place for the management of residents' finances and all transactions on behalf of residents were verified by two staff signatures and receipts were available.

There were opportunities for residents to participate in a range of activities based on the interests and choices of residents. The centre had access to transport to support residents attend activities external to the centre and for day trips. Some residents liked to attend activities in the local community centre unaccompanied and this was facilitated by staff who transported residents to and from the activity.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported and assisted to communicate in accordance with residents' needs and preferences. Communication needs were highlighted in personal plans and staff members were familiar with the various communication needs of individual residents. The inspector observed staff communicating freely with residents, including residents with communication difficulties. Residents had access to telephones, radio, television and local newspapers. Some residents had significant communication needs and one resident's means of communication included using LAMH (a standardised, manual sign system for those with intellectual disabilities and communication needs). Even though the inspector observed staff interacting with the resident and were able to interpret the resident's requests, records indicated that staff had not received training in communication, including the use of LAMH.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There was evidence from records reviewed, pre-inspection questionnaires completed by relatives, and from discussions with residents and relatives that family relationships were supported and encouraged. Relatives were kept informed of residents' well-being and were involved in discussions around the development of personal plans. The inspector spoke to a number of relatives during the inspection who stated that staff in the centre were very supportive of them and consulted with them on a regular basis regarding the care of residents. Residents were supported to develop and maintain personal relationships and links with the wider community through outings and attending social events, locally. Residents stated that they regularly went out to restaurants, musical events and community organised activities to socialise.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre's admission and discharge policy set out in a clear manner, criteria for admission. There had been no recent admission to the centre and the majority of residents had lived in the centre for a number of years. Residents' admissions were in line with the centre's statement of purpose. All residents had written contracts of care that had been signed by or on behalf of residents in the weeks prior to the inspection. The contract of care included the services to be provided, however, it did not outline the fees to be charged for care and accommodation or additional charges.

**Judgment:**

Non Compliant - Minor

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-*

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

**Theme:**

Effective Services

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

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

**Findings:**

Since the last inspection the process of revising all personal plans had commenced and was at an advanced stage of completion. Plans were personalised, incorporated pictures, were in easy read format and there was evidence of consultation with the resident and/or their relatives. The plans contained realistic goals, identified the person responsible for assisting residents in achieving their goals, and there was evidence that a number of these goals had been achieved. There was evidence of the involvement of multidisciplinary (MDT) team members in personal plans, such as the incorporation of advice from a behavioural specialist in plans for residents that present with behaviour that challenges. However, as will be discussed in more detail in Outcome 11, some residents were overdue reassessment from MDT members, such as speech and language specialists.

All residents had been in the centre for a number of years and none had moved between services recently. The family of one resident expressed a wish that their relative would be more suitable in a smaller setting. This was not satisfactorily addressed in the personal plan, however, comprehensive personal plans had not been completed for all residents.

**Judgment:**

Non Compliant - Minor

**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 centre was located in an urban area close to a town centre and a range of a local amenities. The premises consisted of two two-storey, semi-detached houses, each with separate front and rear entrances. The houses can be accessed via steps from the main road or through the grounds of the day centre that was located next door. Both houses were modern, bright, clean, well ventilated, in a good state of repair and furnished to a high standard with suitable fixtures and fittings and comfortable furniture that contributed to a homely atmosphere. Resident bedroom accommodation in one house consisted of two twin-bedded rooms and three single bedrooms, one of which was en suite, and a separate self-contained apartment that was also en suite. Resident bedroom accommodation in the second house consisted of four single bedrooms, two of which were en suite and one double bedroom, which was also en suite. All en suite facilities consisted of toilet, shower and wash-hand basin. Residents spoken with by inspectors were happy with the accommodation and there was evidence of personalisation in bedrooms and throughout the centre with residents' personal possessions and photographs.

There was an emergency call bell in each of the bathrooms and en suite facilities, however, there was no means for residents, particularly residents with communication difficulties, to alert staff from their bedrooms, should the need arise.

In addition to en suite facilities, each house had a bathroom with a shower, toilet and wash-hand basin for use by residents, and a guest bathroom; there were laundry facilities in each house that were adequate to meet the needs of residents and each house had a kitchen that was suitably equipped with adequate cooking facilities. Each house also contained overnight accommodation for staff. There was adequate sitting and dining space and there was suitable communal space, separate from the residents own bedroom, in which residents could spend some time in private or meet with visitors. There was a large enclosed patio, shared by both houses, that was suitably furnished with garden furniture. Inspectors were satisfied that the design and layout of the centre was compatible with the aims and objectives of the Statement of Purpose and the centre's resident profile.

**Judgment:**

Non Compliant - Minor

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed risks including abuse, the unexplained absence of

a resident, accidental injury, aggression and violence, and self-harm. There were adequate procedures in place for investigating and learning from accidents and incidents. All accidents and incidents were recorded on an incident form and sent to the safety officer. The person in charge reviewed incidents on an ongoing basis and actions taken in response to issues identified, such as the provision of additional training, where relevant.

There was an emergency plan that addressed emergencies such as loss of power, loss of water, however, the placement of residents in the event of a prolonged evacuation was not addressed in the plan.

The procedure for the evacuation of residents and staff in the event of a fire was on prominent display. The inspector reviewed the fire safety register that detailed the quarterly and annual servicing of the fire alarm system. Servicing of emergency lighting and fire safety equipment was completed as required. There were regular fire drills and records detailed the level of engagement and response by residents with the evacuation procedure. There was a daily safety audit of the premises that included checking the fire alarm panel for faults and ensuring that emergency exits were free from obstruction. The fire alarm was sounded in conjunction with fire drills, however, there was not an adequate system in place to ensure it was tested regularly and functioning appropriately. For example, emergency doors did not close automatically when the fire alarm sounded. Staff members informed the inspector that a key was on order that would facilitate the checking of fire doors to verify they were functioning appropriately.

All residents had personal emergency evacuation plans (PEEP), however, not all plans included adequate detail of the manual handling needs of residents that used mobility assistive equipment. While staff members spoken with were knowledgeable of what to do in the event of a fire, not all staff had received up-to-date training in fire safety. Additionally, not all staff had received up-to-date training in manual handling.

Based on inspectors' observations and the profile of residents currently living in the centre there were adequate measures in place to prevent and control infection. On the days of the inspection both houses were bright, clean and in an excellent state of repair.

**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:**

There was a policy in place on safeguarding residents from abuse and all staff had received up-to-date training on responding to suspicions or allegations of abuse. Staff members spoken with by inspectors were knowledgeable of the various forms of abuse, were able to identify signs of abuse in residents with communication difficulties and what to do in the event of suspicions or allegations of abuse. The person in charge informed the inspector that there were no suspicions or allegations of abuse. Staff were observed interacting with residents in a warm and respectful manner. Residents spoken with by the inspector stated that they felt safe in the centre.

There was a policy on the management of challenging behaviour and the use of restrictive interventions. There was evidence in care plans of the identification of the underlying causes of challenging behaviour and the use of positive behavioural support to minimise the occurrence. The only restrictive practices in use were the occasional use of PRN (as required) medication and locked external doors.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record was maintained of all incidents and accidents that had occurred in the centre. There had been no incidents which required reporting to the Chief Inspector. A quarterly report had been provided to the Authority as required by the Regulations.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents had opportunities for new experiences and social participation. Where appropriate to the residents' capacity and needs, there was evidence of participation in education. For example, one resident had completed a further education and training awards council (FETAC) certificate. All residents attended the adjacent day centre and participated in activities during each day from Monday to Friday and returned to the centre each evening. Residents appeared to enjoy attending the day centre as it provided them with an opportunity to meet new people, socialise and spend time in an environment separate to their home. Care plans and daily records documented the type and range of activities that they were involved in.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Since the last inspection a new system had been introduced whereby residents' medical records were available in the day centre during the day and were returned to the centre each evening and at weekends. A number of residents continued to avail of the service of a general practitioner (GP) from their home town but also had access to GP services while resident in the centre, including out-of-hours. The person in charge stated that detailed records of visits by the residents to their own GP were not always available, as they were usually accompanied by relatives, however, there were systems in place to ensure that appropriate information was shared. In addition to regular reviews by GPs, an annual health assessment was completed for all residents. Residents' care was coordinated with the families of residents and residents were supported to attend external medical appointments, either by family members or staff from the centre, depending on the preferences of the resident/family. There was evidence of referral to specialist services such as physiotherapy and speech and language (SALT) therapy, however, improvements were required. For example, one resident had a SALT assessment in 2010 for dysphagia (difficulty swallowing), however, no review had taken place in the interim to ensure that food consistency descriptors were current. Another resident had been reviewed by physiotherapy, however, records of the assessment were not available in the centre.

Improvements were also required in the use of evidence-based tools for the assessment of residents, such as falls risk assessment, nutritional assessment and pressure sore risk assessment. For example, the inspector was informed that one resident was at risk of falling, however, the risk assessment was generic and not evidence-based. Nutritional assessments were not carried out for all residents and there was inconsistency in monitoring the weights of residents.

Residents had their main meal each day from Monday to Friday in the day centre and a copy of the menu was provided to the inspector demonstrating the availability of choice. The inspector observed the evening meal on one of the days of inspection and residents were offered a range of options. Staff members were knowledgeable of residents' dietary needs and food preferences, and meals were served in an unhurried and sensitive manner to residents. There was adequate fluids and snacks available, including fresh fruit.

**Judgment:**

Non Compliant - Minor

**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:**

There was a policy in place for the ordering, prescribing, storing and administration of medicines. There were appropriate procedures in place for the return of unused/out-of-date medicines to the pharmacy. Training records viewed by the inspector indicated that all but one member of staff had received training in medication management. Medication errors were recorded appropriately and there was evidence of action taken in response to errors. There was a system in place for auditing medication management practices. Residents' medications were regularly reviewed and based on a sample of prescriptions and medication administration records, all the relevant information required to support the safe administration of medicines was present. There were no misuse of drugs act (MDA) Schedule 2 drugs present in the centre. Since the last inspection a medication fridge had been purchased and temperature was monitored and recorded.

**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):**

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

**Findings:**

The centre had an up-to-date statement of purpose that accurately described the services provided.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate management systems within the COPE Foundation organisation to enable the provision of a safe service, appropriate to residents' needs and consistently monitored. Effective systems were in place that supported and promoted the delivery of safe quality care systems. The governance and management structure provided clear lines of authority and accountability within the COPE Foundation organisation.

The centre was managed by a suitably qualified, skilled and experienced person in charge (PIC) who demonstrated her knowledge of the legislation and her statutory responsibilities. The PIC stated that she reported to the provider and there were regular meetings with management at monthly nurse managers meetings. The PIC worked full-time, was a registered nurse and was also the PIC of two other centres approximately 30 kilometres away. The PIC demonstrated a commitment to her own professional development through attendance at various relevant courses including hand hygiene assessor training, national cancer screening early detection, relationships and sexuality, assisted decision-making, and risk assessment.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There were no periods in excess of 28 day when the PIC was absent. There were suitable arrangements in place for the absence of the PIC, as the PIC from another centre assumed responsibility for the centre.

**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 inspector found that sufficient resources were provided to meet the needs of residents. The centre was maintained to a high standard, including satisfactory kitchen and laundry facilities. Equipment and furniture was provided in accordance with residents' wishes and any maintenance issues were addressed promptly. The person in charge retained control over the budget for the service and had a system in place for prioritising funding to meet the needs of residents.

**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:**

Inspectors reviewed the staff roster and was satisfied that there were adequate numbers and skill mix to meet the needs of residents. Residents attended a workshop each day from Monday to Friday and care was provided to residents during this time by staff in the workshop. There was one care staff on duty each evening in each house from 16:30hrs, when residents returned to the centre, until 10:30am the following morning from Monday to Friday and all day at weekends and bank holidays. Since the last inspection an additional staff member that worked from 5pm to 10pm was now present in the centre on three days each week instead of two, to support residents participate in activities in the evening. Staff members were knowledgeable of residents individual needs and provided assistance to them in a respectful, caring and timely manner. A number of staff had attended relevant training since the last inspection, however not all staff had up-to-date training in areas such as, but not limited to, manual handling, challenging behaviour and medication management.

Inspectors reviewed a sample of staff files and noted that most 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. Of the sample reviewed, the employment history of one staff member did not contain a satisfactory history for a gap in employment.

**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):**

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

**Findings:**

The inspector found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place and had been recently reviewed. Documents, such as the residents guide and directory of residents were also available.

Evidence of adequate insurance against accidents and incidents to residents and staff, and evidence of compliance with the statutory planning and fire authority had been submitted as part of the registration application.

**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:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003289
<b>Date of Inspection:</b>	04 September 2014
<b>Date of response:</b>	10 October 2014

### 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The contract of care did not outline the fees to be charged for care and accommodation or additional charges.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The contract of care will be reviewed without delay to include the relevant fees to be charged, it will also outline in detail any supplementary outlay incurred.

**Proposed Timescale:** 31/10/2014

**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:**

Comprehensive personal plans had not been completed for all residents.

**Action Required:**

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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:**

Comprehensive personal plans have been completed for all residents.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

Improvements were also required in the used of evidence-based tools for the assessment of residents, such as falls risk assessment, nutritional assessment and pressure sore risk assessment.

**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:**

Re-examination of all baseline assessments will commence immediately.

**Proposed Timescale:** 31/12/2014

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

There was an emergency call bell in each of the bathrooms, including en suite, however, there was no means for residents to alert staff from their bedrooms, should the need arise.

**Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The PIC will include the expenditure costs of purchasing and installing a call system in her 2015 Organisational budget submission.

A transportable sound monitoring system is presently available on site to monitor residents who are unwell.

**Proposed Timescale:** 30/09/2015

## 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:**

There was an emergency plan that addressed emergencies such as loss of power, loss of water, however, the placement of residents in the event of a prolonged evacuation was not addressed in the plan.

**Action Required:**

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

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

The centre's emergency plan has been revised to include the arrangements in place for residents in the event of a prolonged evacuation.

**Proposed Timescale:** 30/09/2014

**Theme:** Effective Services

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

All residents had personal emergency evacuation plans (PEEP), however, not all plans included adequate detail of the manual handling needs of residents that used mobility assistive equipment.

**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:**

Personal emergency evacuation plans (PEEP) will be revised in conjunction with a manual handling instructor to focus on the needs of each person requiring mobility assistive equipment. Individual requirements will be documented in their support plan.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

While staff members spoken with were knowledgeable of what to do in the event of a fire, not all staff had received up-to-date training in fire safety.

**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:**

Three staff completed fire safety training facilitated by an external fire and safety organisation on 16th Sept 2014. Attendance at this course is ongoing to ensure all staff receive the required mandatory training.

**Proposed Timescale:** 16/09/2014

**Theme:** Effective Services

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

There was not an adequate system in place to ensure the fire alarm was tested regularly and the fire doors were functioning appropriately.

**Action Required:**

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

There is a daily inspection of all escape routes, a weekly inspection of automated door release has commenced.

**Proposed Timescale:** 30/09/2014

### **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 was evidence of referral to specialist services such as physiotherapy and speech and language (SALT) therapy, however, improvements were required, such as ongoing review.

**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:**

The PIC will consult with all relevant specialist services managers to discuss and implement a robust review process.

**Proposed Timescale:** 30/11/2014

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Of the sample or personnel files reviewed, the employment history of one staff member did not contain a satisfactory history for a gap in employment.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

In conjunction with the human resource department the PIC will ensure that all obligatory information is included in personnel files.

**Proposed Timescale:** 30/09/2014

**Theme:** Responsive Workforce

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

Not all staff had up-to-date training in areas such as, but not limited to, manual

handling, challenging behaviour and medication management.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A training needs analysis has been conducted by the PIC. This analysis includes mandatory training and refresher training requirements hence ensuring all staff are supported to engage in continuous professional development and ensure their compulsory training requirements are met.

Training is ongoing and courses are available throughout the year, Places have been booked in October November and December 2015 for Manual handling, challenging behaviour, fire safety, risk assessment, and safe administration of medication.

Staff performance review meetings to be completed by November will provide staff with the opportunity to discuss other training and development opportunities and agree future training goals.

**Proposed Timescale:** 31/12/2014