

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003307
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Colette Fitzgerald
Lead inspector:	Mairead Harrington
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 April 2015 09:00	29 April 2015 18:00
30 April 2015 09:00	30 April 2015 18:00

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

Outcome 03: Family and personal relationships and links with the community
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an unannounced monitoring inspection of a designated centre, operated by COPE Foundation, providing accommodation and care for people with intellectual and physical disabilities and behavioural needs.

The findings of the inspection are set out under a series of 13 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

As part of the inspection there was a review of premises and both care and administration practices were observed. The inspectors also reviewed resident care-plans and staff files. Inspectors met with the person in charge and several members of staff as well as the nominated provider. The inspectors also met with residents and spoke with the relatives of residents.

Inspectors saw evidence of individual residents' needs being met and noted that community and family involvement was also encouraged. Care was directed through

the person in charge who was suitably qualified and experienced and demonstrated a commitment to fostering a culture of person-centred care in both staff and the practice of the centre. The inspectors observed evidence of good practice during the course of the inspection and were satisfied that residents received an appropriate standard of care with access as required to a general practitioner (GP), dentist and other allied healthcare professionals. Personalised activities were provided on a regular basis by a designated activities co-ordinator who was responsible for the delivery of a programme of activities that also allowed for interactive action by staff. Facilities were also available to enable residents to have access to, and participate in, activities and events in the local community. In this respect transport resources, as well as staff support, were available to facilitate engagement by residents in these activities.

However, the inspectors identified that the centre was not fully compliant with the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in a number of areas as follows:

- Safe and suitable premises
- Health and Safety and Risk Management
- Safeguarding and Safety
- Notification of incidents
- Medication Management
- Governance
- Workforce

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 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):

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

Findings:

Inspectors noted that staff and management at the centre supported positive relationships between residents and their families. A recent survey of families returned significant satisfaction levels with the service delivered in relation to communication, respect and care. Family members spoken with by inspectors reported a good level of engagement with staff and management around the care of their relative. A family forum was in place and minutes were available from a meeting held on 22 November 2014. There was a visiting policy in place dated April 2014 and visiting times were flexible with arrangements in place for residents to receive visitors in private if they so wished. There was good evidence that residents had opportunities to engage socially in the community with regular outings and dedicated organisational Community Social Group facilitating events in local libraries as well. Residents were also supported in attending a range of daily activities in the community and day centres.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Individualised, written, personal plans were in place for each resident. On the day of inspection copies of these plans were directly accessible in communal areas.

Documentation was in place that reflected a regular review around the development of interests, activities and goals for residents, including input by multi-disciplinary teams as appropriate. Records indicated that there was collaboration around strategies and that goals agreed were seen to be meaningful and achievable. Communication and medication 'passports' were in use for all residents which provided effective direction to staff in meeting the needs of residents.

Staff spoken with demonstrated a well developed knowledge and understanding of the residents – their individual circumstances and personal preferences. Both discussion with staff, and the personal plans reviewed, indicated that where adverse circumstances were encountered in the pursuit of personal goals for residents alternative strategies were considered and implemented if possible. The personal plans reviewed were balanced and reflected efforts to develop residents' specific social, emotional and participation needs.

Personalised activities were provided on a regular basis with a designated activities co-ordinator responsible for the delivery of a programme of activities that also allowed for interactive action by staff. The centre had an activation room with a water bed and a pool for hydro-therapy was also available on campus. The centre was in the process of developing an intensive interactive programme and training in this regard had already been delivered to several staff members. Facilities such as transport and staff resources were made available to enable residents to have access to, and participate in, activities and events in the local community.

The centre also had capacity for respite residents and documentation had been completed appropriately in relation to admissions and discharges in this regard. Relevant personal care plans were also maintained for respite residents.

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 premises accommodated 28 residents including four respite beds which were not in use at the time of inspection. There was a visitors' room, five dayrooms, a dining room and an activation room. Staff and management had made efforts to develop existing space and provide a homely environment for residents. The centre was bright with good natural light and some rooms were well decorated and personalised. However, the centre was over forty years old and the design and layout was such that, in some instances, it compromised the privacy and dignity of residents and did not adequately meet the often high needs of the resident profile. For example, there were a number of multi-occupancy, ward like rooms which accommodated three, four and sometimes up to six residents, depending on emergency respite admissions. Some of the wards did not have sufficient space to provide adequate storage facilities for the clothes and personal belongings of residents. Privacy screens were not adequate or ineffective in some of these rooms. One of the rooms did not have a wash hand-basin facility. In addition, the assisted bathroom and shower facilities were unsuitable and their layout did not adequately protect the privacy and dignity of residents during the provision of intimate care. For example there was a bath and two shower areas in one open plan space with screening facilities which did not adequately protect privacy either from the corridor outside or within the space itself.

Both staff and management were aware of the shortcomings in relation to premises. The person in charge had already identified a number of issues such as those outlined above. However, the person in charge stated that, where requested, adequate resources had not yet been made available to address these issues.

Judgment:

Non Compliant - Major

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:

Measures were in place to prevent accidents on the premises, however, they were inconsistent and did not always meet the risk profile of residents; the systems in place to manage risk required development to ensure consistency in their implementation. For example, there were residents who were assessed as being at risk of ingesting foreign objects yet cupboards containing small items and latex gloves were unsecured.

Arrangements were in place for recording, investigating and learning from such adverse incidents. However, the application of this learning was inconsistent as incidents had been recorded where the recommended actions, such as securing cupboards, had not been implemented.

Regular fire drills were recorded in the documentation reviewed. An unannounced fire drill had been undertaken on 28 April 2015 and the evacuation time recorded was four minutes. All fire safety equipment had been tested and serviced within the recommended time frames and documentation was verified to this effect. Evacuation procedures were on display throughout the premises. Staff spoken with demonstrated an understanding of procedures in the event of a fire. However, not all staff had received current fire training.

As outlined at outcome six the premises were dated and its design and layout did not meet the collective needs of residents. There were a number of premises related risks. Both the person in charge and provider were aware of risk related issues around premises. There was evidence that the person in charge had made submissions for resources to implement safe keeping measures, such as ramps to ease evacuation and extra transport wheelchairs. However, the resources for these measures had not been forthcoming at the time of inspection.

Risks identified included the following:

External clinical waste containers were not secured.

Sluice rooms where cleaning agents were stored were not adequately secured.

Windows were not secured where there were risks of potential absconcion.

A push-bar fire door was unalarmed.

Assistive equipment such as hoists were inappropriately stored and presented a potential obstruction in the event of evacuation.

Cautionary signage was not in place where oxygen was stored.

Subsequent to the inspection a fire safety survey was conducted which identified a number of areas to be addressed, including:

Fire safety compliant door leaves on rooms and corridors.

Existing glazing to be replaced with fire rated glazing.

Fire-stops where necessary in walls and corridors.

Intumescent strips and seals where necessary.

There were annex rooms adjacent to some of the bedrooms and dayrooms that provided direct access to the outside. Emergency exits from some of the wards were directly through these annex rooms. However, access was often impeded by the storage of equipment or furniture and these rooms were also sometimes used for other purposes such as nail painting, music activity or general storage. The standard of maintenance and cleanliness of these areas was low and presented a hazard in relation to infection control; for example furniture upholstery and carpet tiles in the music room were stained. One area housed the main drain manhole access.

A risk management policy was in place but it did not fully reflect the matters set out in Regulation 26, such as aggression and violence and self-harm. An emergency policy was also in place however, there were no personal emergency evacuation plans in place for individual residents.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were centre specific policies on the use of restraint which included directions around chemical restraint. However, this document required review to reflect more recent national policy and procedures. In particular review around the definition and boundaries of restrictive practice in relation to medically necessary interventions was necessary. Action against this finding is recorded against outcome 18 on documentation. Inspectors noted that staff understood the needs of residents and that interactions were attentive and responsive. Both staff and management demonstrated a commitment to providing emotional, behavioural and therapeutic support to promote a positive approach in managing behaviour that might challenge. The circumstances of individual residents were taken into account and possible underlying factors were considered when developing strategies to support a resident. Inspectors reviewed a sample of personal plans and noted that appropriate consultation was undertaken, including input by multidisciplinary teams. A policy dated June 2014 was in place for the provision of behavioural support. Appropriate checks and monitoring were in place where restrictive interventions were in use including a designated multi-disciplinary restrictive practices committee to review circumstances and reasons. However, the inspector identified that decision making by this committee, on cases of restraint in relation to medically necessary interventions, were based on the out-dated policy identified above.

Measures to protect residents being harmed or suffering abuse were in place. Staff were appropriately trained and understood how to identify abuse and the correct procedure to report any instances or allegations. However, there were some members of staff who had not yet received refresher training in this area. There had been no substantiated allegations of abuse at the centre. A comprehensive policy on the prevention, detection and response to abuse was in place dated April 2014.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors reviewed the records that were maintained of incidents and accidents and they outlined what had occurred and the management of any event. As required by the Regulations, notification of incidents or accidents had been forwarded to the Chief Inspector. Quarterly returns were also provided in keeping with requirements however some of these were incomplete as records of occasions on which a restrictive procedure or restraint was used had not been included.

Judgment:

Non Compliant - Moderate

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:

Overall the welfare and well-being of residents was maintained through both evidence based nursing care and appropriate medical care. Where assessments indicated a referral to allied health therapists such referrals were documented and occurred within appropriate time-frames. Provision of such care included dentistry, chiropody, physiotherapy and speech and language therapy. A review of medical notes indicated that a general practitioner (GP) was in regular attendance at the centre. Inspectors reviewed a number of residents' personal care plans and found them to be individualised, comprehensive and kept under regular review, including input by a GP. Recognised and appropriate assessment tools were utilised to inform decision making about treatment across a range of issues such as nutrition and behaviour that might challenge. There were, however, inconsistencies when completing documentation relating to resident assessments. For example, in the case of one resident who presented with behaviour that challenges a risk assessment had been completed. However, there was no specific positive behaviour plan in place as a result. Action in

respect of this finding is recorded against Outcome 18 on records and documentation. Inspectors observed residents being provided with appropriate assistance during mealtimes and the food provided was well prepared and nutritious. Home baking was also available with opportunities provided for residents to engage in baking activities also.

Judgment:

Compliant

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):

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

Findings:

There was a policy in place for medication management including the prescribing, administration, storage, safekeeping and disposal of medicines. However, this was not centre specific and required amendment in this respect. Action on this finding is recorded against outcome 18 on records and documentation. Also, procedures were not always adhered to; inspectors noted that some medication was not being signed in and out consistently and some medications that should have been disposed of or returned to the pharmacy were being retained on site.

Prescription sheets were maintained in accordance with requirements and contained the necessary biographical information. Generally medication administration sheets were maintained in accordance with requirements and contained the medications identified on the prescription sheet along with the signatures of administering staff. However, the inspector did note that in some instances medication was not being given at the times prescribed.

Systems for reviewing and monitoring safe medication management practices were in place. Information leaflets were kept on-site for each medication. No residents were self-administering.

Judgment:

Non Compliant - Moderate

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 governance arrangements for the centre being inspected were satisfactory with delivery of care directed via a designated person in charge who was suitably qualified and experienced and was employed on a full-time basis. The provider nominee was in regular attendance on-site and maintained on-going contact with the person in charge. The provider nominee had also undertaken an unannounced visit to the centre in the previous six months and a report to this effect was available.

Key members of staff were spoken with and demonstrated a good knowledge of the standards and regulatory requirements in general, and were found to be committed to providing quality, person-centred care to their residents. Governance was supported by effective systems of communication and supervision. Appropriate arrangements were in place for the deputisation of the person in charge. The person in charge had audit systems in place to ensure the delivery of a safe and appropriate service. However, no annual review on the safety and quality of care was in place.

Staff were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

As evidenced by the actions required in relation to premises and health and safety identified in the relevant outcomes of this report, the centre was not adequately resourced to effectively ensure a standard of care and support to meet the needs of the resident profile.

Judgment:

Non Compliant - Major

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:

Inspectors reviewed recruitment and training records and procedures and spoke to staff and management in relation to both these systems. There was a centre-specific policy on recruitment and selection of staff. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Staff spoken with were competent to deliver care and support to residents and was aware of their statutory duties in relation to the general welfare and protection of residents. Based on observations by inspectors, staff members were knowledgeable of residents' individual needs and provided assistance to them in a respectful, caring and timely manner.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents during the day. However, there was no documentation to support risk assessments in relation to night time staffing levels that would ensure the numbers and skill mix were adequate to meet the high levels of care required by residents. Staff received on-going training to support them in the delivery of evidence-based nursing care including strategies to manage behaviour that might challenge. However, refresher training was overdue in this regard for several members of staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

Inspectors reviewed a sample of staff files and noted that 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. However, in one instance there was no photo identification or second reference on file. Action in this regard is recorded against outcome 18 on documentation.

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):

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

Findings:

Incomplete policies and procedures requiring review as identified at outcomes 8 and 12 are recorded against this outcome for action. Minor omissions in relation to Schedule 2 requirements of staffing records as at outcome 17 are also recorded here for action. Incomplete recording relating to resident assessments such as that identified at outcome 7 are recorded against this outcome for action. No other components of this outcome were assessed as part of the inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
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-0003307
Date of Inspection:	29 April 2015
Date of response:	21 July 2015

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

The design and layout of the centre compromised the privacy and dignity of residents and did not adequately meet their needs and circumstances as required by schedule 6 of the Regulations, particularly in relation to:

Item 2 - rooms of a suitable size and layout for the needs of the residents

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

Item 3 - adequate space and suitable storage facilities for personal use

Item 5 - suitable storage

Item 8 - baths and showers of a sufficient number and suitable standard to meet the needs of residents

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:

As part of an overall plan to reduce the number of people in Ashville we have agreed to cease providing respite to families. This will commence by the end of December 2015 to accommodate existing commitments made to families.

In addition, it is planned to further reduce the number of residents in Ashville by moving 6 current residents to alternative accommodation. The Foundation is currently looking at existing premises which is within 1 mile of Ashville. It is hoped to finalise this, with agreement from HIQA, by May 2016 - specific timeframe submitted to lead inspector.

The two actions above should enable Item 2 and Item 3 to be resolved.

Item 5: Remove large unused electrical equipment in sluice room to facilitate secure storage for cleaning agents.

Item 8: To improve the bathing and showering facilities, congruent with the reduction of numbers of residents, a plan is being drawn up to put in solid screens, replacing the existing curtain screens to provide increased privacy and dignity.

Proposed Timescale: 01/05/2016

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:

Measures were inconsistent and did not always meet the risk profile of residents; the systems in place to manage risk required development to ensure consistency in their implementation.

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:

PIC will meet with all staff to reiterate and highlight controls measures which have been

put in place for residents who are at risk of ingesting foreign objects. The management team will carry out spot checks to ensure storage presses are kept locked and resident environment is kept risk free. The PIC will ensure the risk register is reviewed regularly or as indicated by residents needs.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The risk management policy did not detail the measures and actions in place to control for risks that included

- i) the unexpected absence of a resident
- ii) accidental injury to residents, visitors or staff
- iii) aggression and violence
- iv) self-harm

Action Required:

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

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

Cope Foundation Policy development Committee to be requested to review Risk Management Policy to include risks identified under Regulation 26

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections, including the appropriate storage of care related equipment and disposal of clinical waste.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

An e-mail has been sent to all sites re-accessing the clinical waste containers to ensure all areas take responsibility to ensure that containers are locked after use. PIC to carry

out spot checks to ensure containers are locked correctly.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The registered provider shall take adequate precautions against the risk of fire, including:

- Fire safety compliant door leaves on rooms and corridors.
- Existing glazing to be replaced with fire rated glazing.
- Fire-stops where necessary in walls and corridors.
- Intumescent strips and seals where necessary.

Action Required:

Under Regulation 28 (2) (b) (i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

A Fire Safety Consulting Engineering Company was engaged to provide a Fire Safety Survey Report. This was completed in May 2015 and submitted to HIQA.

The estimate of the cost of work required by the Engineer has been submitted to finance department and members of the senior management team. The recommendations from the Fire Safety Engineers Report for fitting of fire safety compliant doors, fire-stops and intumescent strips and seals will be carried out in the timeframe has been submitted to the lead inspector.

Proposed Timescale: 01/10/2015

Theme: Effective Services

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

The provider is required to ensure unobstructed and adequate means of escape.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Staff will continue to carry out daily fire checks and remove any potential obstruction immediately. Management team and staff will continue to provide regular fire safety sessions and carry out quarterly fire drills.

Additional wheelchairs have been provided to assist residents with evacuation in the event of a fire.

Proposed Timescale: 21/07/2015

Theme: Effective Services

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

The registered provider shall ensure staff receives suitable training in fire prevention.

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 received fire training (5th & 21st of May 15 and 10th of June 15). Individual fire evacuation plans have been completed for each resident and are part of their Personal Plan.

Proposed Timescale: 21/07/2015

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:

Not all staff had received up to date training in the management of behaviour that is challenging.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Training plan in place in conjunction with CNS in Behaviour Therapy to deliver specific on site positive behaviour support workshop to all staff by September 2015.

Places have been secured for four staff members on the MAPA 2 day training programme in September, October, November and December 2015,

Proposed Timescale: 31/12/2015

Theme: Safe Services

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

The registered provider is to ensure that procedures in relation to restrictive interventions reflect national policy and evidence based practice.

Action Required:

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

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

Restrictive Interventions Review Committee (RIRC) to review current policy in accordance with national policy and evidence based practices.

Proposed Timescale: 30/09/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Instances where restrictive procedures or restraint had been used were not always recorded on the quarterly returns to the Authority as required by the Regulations.

Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

PIC will ensure all instances which involved physical, chemical or environmental restraint to a resident will be reported as per HIQA notification regulations

Proposed Timescale: 31/07/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Some medications that should have been disposed of or returned to the pharmacy were being retained on site.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

PIC has returned all unused medications on site to Pharmacy.

The PIC has put a system in place to ensure medications that are no longer in use are returned immediately to the pharmacy and all staff members have been informed of this procedure as per Cope Foundation "Policy & Procedures on the Administration of Medication" The PIC is completing monthly Spot checks to ensure that staff comply with policy.

An Appendix to the Policy regarding on-site local procedures related to medication management will be developed and attached to the organisation's policy on medication management.

Proposed Timescale: 30/06/2015

Theme: Health and Development

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

In some instances medication was not being given at the times prescribed.

Action Required:

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

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

The PIC discussed the medication record system with the Pharmacist as the current system is not suiting the needs of the residents.

A full review of all residents' prescriptions and medication record will be carried out in conjunction with pharmacist, G.P and nursing staff.

Proposed Timescale: 31/08/2015

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:

An annual review of the quality and safety of care and support in the designated centre was not available.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Cope Foundation commissioned this review to take place externally. The review commenced in March 2015, and is currently being completed in a HIQA registered Designated Centre.

Once this review is complete and the findings are analysed, a plan will be put in place to ensure that there is an annual review of the quality and safety of care and support in Ashville.

Proposed Timescale: 30/06/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support to meet priority needs.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The PIC and Provider Nominee have met with members of the Senior Management Team to discuss the building and the facilities provided in Ashville. The Senior Management team have met with Disability Services, HSE South to discuss the need for urgent funds in relation to the building.

In the interim, a number of issues have been reviewed with the Facilities Manager a review of the maintenance of the building has been completed and action plan put in place.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The registered provider shall ensure that, at all times, the number and skill mix of staff should meet the assessed needs of residents.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

PIC in conjunction with the Clinical Nurse Managers (night duty) have carried out a risk assessment in relation to night time staffing levels, this included the skill mix to meet the support and care needs of residents

Proposed Timescale: 21/07/2015

Theme: Responsive Workforce

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

The person in charge shall ensure that staff have access to appropriate refresher training.

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 plan is in place with the Centre of Nurse Education to facilitate Staff Nurses to attend training in areas which will enhance and guide staff in supporting them to meet resident's needs. A training plan for non-nursing in communication training is being developed and all staff in Ashville will attend training in the "Safeguarding Vulnerable Person at Risk of Abuse" Policy" HSE, 2014.

The PIC will ensure that on-site training records are signed and completed.

Proposed Timescale: 30/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies and procedures, including those on medication management and the use of restraint, required review to ensure they are site-specific and reflect national policy where necessary in accordance with best practice.

Action Required:

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

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

An Appendix to the above policies will be developed and attached to the organisation's policies.

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

Recording in relation to resident assessments and associated care plans were not always complete.

Action Required:

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

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

PIC and staff will ensure that comprehensive assessments and care plans are developed in participation with the resident, their family members and where members of the multi-disciplinary team are indicated.

Proposed Timescale: 21/07/2015

Theme: Use of Information

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

Documentation in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were incomplete.

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for

inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

PIC will liaise with HR department to identify gaps in compliance with this outcome. PIC will inform relevant staff of documentation required for submission for centre to be compliant with schedule 2

Proposed Timescale: 31/08/2015