

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	West County Cork 5
<b>Centre ID:</b>	OSV-0003315
<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>	Liza Fitzgerald
<b>Lead inspector:</b>	Cora McCarthy
<b>Support inspector(s):</b>	Caitriona Twomey
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From:	To:
23 August 2017 11:00	23 August 2017 20:00
24 August 2017 08:00	24 August 2017 13:30

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

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

**Summary of findings from this inspection**

Background to the inspection:

This was an inspection by the Health Information and Quality Authority (HIQA) to renew the registration of the centre as a residential service for adults with an intellectual disability. This inspection report outlines the findings of an inspection of the newly refurbished premises as well as the services and care being provided to the current residents.

How we gathered our evidence:

The inspector met with nine residents, staff and some relatives and reviewed the

premises and documentation, such as, health and safety documents, records maintained on staff files, policies and procedures, fire safety records and residents' personal plans.

**Description of the service:**

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found that the aims as outlined in the provider's statement of purpose had been achieved.

**Overall judgment of our findings:**

It was noted by the inspector that staff knew residents and their individual needs very well, residents were facilitated to choose what they did throughout their day and there was good evidence that residents had their health care needs met. However, there were areas for improvement including risk management, assessment of educational and skills ability and notification of incidents.

The action plans at the end of this report identifies where improvements are required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 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):**

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

**Findings:**

Residents were consulted with and participated in how the centre was planned and run. The actions from the previous inspection were satisfactorily implemented.

Residents had access to advocacy services and information about their rights as clearly evidenced on the notice board in kitchen. Inspectors also viewed the minutes of house meetings where information was given about how to make a complaint, the support that was available to residents in terms of advocacy; all information was available in an easy-to-read accessible format. There were policies and procedures for the management of complaints and a nominated person to deal with complaints; their photograph and contact details were displayed prominently. Inspectors viewed the complaints book and noted that complaints were addressed promptly and that there was an appeals process in place. However, it was not stated if the complainant was satisfied with the outcome of the complaint or not.

Staff members addressed residents in a very respectful and warm manner and residents stated that they were treated very well. The inspector observed staff offering residents' choice in what they wanted to eat or do with their day and staff facilitated whatever choices were expressed; some residents engaged in baking while others opted to do art and crafts. A relative with whom the inspector spoke with confirmed that family members were regularly consulted with and offered opportunities to provide feedback to the service provider.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Overall there was evidence that residents were facilitated to communicate.

There was a policy on communication with residents and staff demonstrated a clear understanding of residents' individual communication needs. For example, one resident used a electronic device to support communication and staff facilitated the resident to use this device. There was visually-accessible information regarding complaints and fire evacuation prominently displayed on notice boards; although it was unclear to inspectors whether these were accessible to all or some of the residents as pictures were small and unclear at times. An assessment to determine residents' needs in this regard had not been carried out.

Inspectors identified a gap in communication training for staff, but noted an email sent to the speech and language therapist regarding specific communication training for staff and a date had been scheduled for same. Residents' individual communication requirements were highlighted in their person-centred plan. In some cases the speech and language therapist had recommended a communication passport be developed for an individual and inspectors observed that a combined written and pictorial format communication passport was in place and clearly detailed how the individual communicated.

Inspectors observed residents being encouraged to communicate their choice, for example being offered photos of two meal options to choose for lunch. There was also a visual roster hanging in the kitchen to ensure residents knew which staff members were on during the day and at night. Residents had access to the Internet, the use of a telephone, televisions, radios and electronic devices for listening to music.

**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:**

Residents were supported to develop and maintain personal relationships and families were actively encouraged and involved in the lives of residents. The inspector had the opportunity to speak with one family member who stated that they were encouraged to be involved in their family member's life and to attend their person-centred planning meeting. The family member said that they could visit at any time and were facilitated to meet in private if the resident wished. They complimented the staff regarding the care and support they provided to the residents and said 'it was like one big family'.

Residents were involved in various outings and activities in the community and a vehicle was available for staff to use to transport residents to external activities. Residents were supported to develop and maintain personal relationships and one resident in particular was facilitated to meet with their partner regularly.

**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:**

There were written policy and procedures regarding admission, transfer, discharge and temporary absence of residents from the centre. Residents had a contract of care which contained a document that outlined any extra charges for residents.

A sample of contracts viewed demonstrated that contracts were signed by residents or their representative and a representative of the organisation. Each file also contained a financial assessment.

Since the previous inspection, a shared-care arrangement had been introduced to the

centre. At that time, the person in charge and representative of the provider demonstrated that they had consulted with all residents involved and that residents' privacy, dignity and any infection control arrangements had been adequately considered.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents' wellbeing and welfare were maintained by a high standard of evidence-based care and support. An assessment of the health, personal and social care and support needs of each resident had been carried out. However the residents were not always facilitated to have an education and life-long learning assessment to identify their support needs in this regard.

The resident and their families were involved in the person-centred planning process to identify the individual's needs and goals for the future. The inspectors reviewed a sample of residents' personal plans. The personal plans commenced with individual client profiles which included a description of the resident as well as a photograph and there was a very clear outline of the person's likes, dislikes and their personal goals.

A multidisciplinary team review was planned annually and the resident and their key worker brought forward any concerns or any healthcare needs that may have arisen from the person-centred planning process. Residents were facilitated to have health assessments which described the level of assistance required for:

- meeting personal healthcare needs
- nutritional needs or modified diets
- practical aspects of daily living
- support, if required, if going to hospital
- relationships and social inclusion.



Residents also set long and short term goals and had a goal review meeting with their keyworker regularly to see if goals were being met.

Communication requirements were highlighted in residents' communication passports.

Residents stated that they enjoyed living in the centre, they were treated very well by staff and had lots of outings and social interaction. One resident informed inspectors that they did some baking and inspectors observed this on the day of inspection. However the residents were not always facilitated to have an education and life-long learning assessment to identify their support needs in this regard. For example, the residents meals were prepared for them so there was limited opportunity for residents to learn cooking skills required for independent living.

Residents had timely access to a range of professionals such as speech and language therapy, occupational therapy, dietician, dentist, audiology, a general practitioner (GP), and psychiatry. The residents had access to a GP of their choice and there was a designated space for residents to meet their GP in private. Out-of-hours GP cover was provided.

**Judgment:**

Substantially 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):**

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

**Findings:**

Inspectors were satisfied that the premises provided was suitable to meet the needs of the residents. All actions from the previous inspection were satisfactorily implemented.

The centre was a dormer bungalow with the main entrance via a secure front door with car parking space at the front and side of the building. There were external paved areas where residents would be able to sit outside and there were also paths for walking.

There was good access to the first floor; it was either by stairs or a high specification lift and overall the premises was bright with lots of natural light. Floor covering, furniture, fixtures and fittings were of good quality and the centre was decorated in a homely and domestic nature. Communal living areas, such as the kitchen and dining room, a lounge

and a conservatory were located on the ground floor and door widths to these rooms were wheelchair accessible. Ceiling hoists had been installed in some of the bedrooms and ensuites for residents who required these type of aids and appliances.

Bedroom accommodation consisted of six single rooms and one twin room, each with an ensuite facility that included a toilet, wash-hand basin and a shower. A toilet for staff and visitors use was located on the ground floor as was a communal bathroom for residents' use which included an assisted toilet.

There was a laundry room with adequate facilities for the number of residents living in the centre.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall, there were systems in place to ensure that residents were protected from injury and harm. Some improvements were required to the infection control procedures and actions arising from practice fire drills.

A review of the incident book indicated that incidents were being recorded and reported, including injuries, near-miss incidents, medication errors and incidents of behaviours that may challenge. A summary of incidents were compiled every quarter to allow for analysis or trending. Improvements required to the notification of incidents will be addressed under Outcome 9.

A risk register had been compiled by the person in charge and there was a separate register for individualised risk assessments. There was evidence of monitoring of the register by the person in charge with risks being escalated as appropriate or addressed and the risk rating subsequently reduced.

There were arrangements in place to monitor the effectiveness of infection prevention and control practices or procedures. There was a trained hand-hygiene assessor in the centre who completed regular hand hygiene assessments. The organisation had an infection control policy in place and regional Health Service Executive (HSE) infection control guidelines were followed in the event of any infection or outbreak occurring. Personal protective equipment was available for day-to-day usage. The person in charge

described discussions that had taken place in relation to transmission-based risks. However these needed to be clearly reflected in the risk assessment in order to explain the rationale behind the controls in place and clarify what changing circumstances may require a review of the risk assessment.

Staff had received training from the person in charge in relation to food safety and a further training session had been arranged by the catering manager.

There were arrangements in place for the detection, extinguishing and containment of fire and for the evacuation of residents in the event of an emergency. Fire drills were completed on a regular basis. Records of day-time drills demonstrated that the centre could be evacuated in a timely manner during the day. However, a review of fire drill records indicated that further improvement was required to night-time drills and it was not clear from a recent record what action was planned to address issues that arose during that drill.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

**Findings:**

Measures were in place to protect residents from experiencing harm or abuse and appropriate action was taken in response to allegations, disclosures and suspected abuse. A written policy was available in regard to management of an allegation of abuse and training records indicated that staff were up-to-date with training in the prevention, detection and response to abuse.

There was a policy on the provision of intimate care and staff were observed to support residents in a dignified manner. Staff members were observed treating residents with respect and warmth and residents and a relative stated that residents were safe and well-cared for in the centre. It was obvious to the inspector that staff knew residents extremely well and communicated with residents in a way that addressed their needs.

Records reviewed reflected that four peer-to-peer incidents had occurred and a safeguarding plan was in place for two residents. One of the residents had a comprehensive behaviour support plan in place which had been effective; although in light of the recent peer-to-peer incidents it required review. The person in charge assured inspectors that this would be addressed immediately. Residents had good access to allied health professionals and therapeutic supports.

**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:**  
The inspector reviewed the records of any incidents or accidents and they detailed what had occurred and the management of any event. As required by the Regulations, four peer-to-peer incidents were not notified to HIQA. However the incidents had been referred to the designated officer for review.

**Judgment:**  
Substantially 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:**  
There was evidence that residents' general welfare and development were promoted and facilitated.

Residents were facilitated to partake in activities and events external to the centre and in the local community and these included attendance at a day centre, swimming, art and craft, exercise, sport and shopping. Residents, staff and a relative whom the inspector spoke with confirmed same.

**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:**

Overall, residents' healthcare needs were supported by staff although a support plan was required for a resident's specific healthcare need.

A comprehensive assessment of residents' needs had been completed for all residents. Clinical risk assessments had also been completed where required, for example, in relation to the risk of falls, dementia, mobility, choking and the development of pressure sores.

For most residents, key diagnoses or support needs arising from conditions, care plans or risk management plans had been developed, including for example, epilepsy, falls, dysphagia and ensuring adequate nutrition and hydration. However, some improvement was required. It was not clear which care plan or risk assessment directed the care and support to be followed as there was a separate health action plan which was confusing. A dementia care plan had not been developed, although a template was available for use across the organisation.

While the hospital passport contained some key information in relation to how to support residents while in hospital, it did not contain information about residents' diagnoses. There was a second file that contained this information which would accompany residents to hospital but this did not adequately mitigate against the risk of key information being missed by hospital staff in the event of such an admission.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy available in relation to the ordering, prescribing, storing, administration and recording of medicines to residents and the inspector observed that medication management practices were in line with the policy document.

The inspector observed medicine prescription charts and administration records were clearly labelled, had photographic identification and legible. The person in charge informed inspectors that residents' medicine prescriptions were reviewed three-monthly by a medical practitioner. When medicines were administered they were signed by the relevant staff member and medicines were noted to be stored appropriately.

Staff training records indicated that staff had undertaken relevant medication management training as described in the policy. There was evidence of monitoring of medication management practices as auditing was undertaken regularly by the person in charge. An audit the inspector viewed indicated good oversight of medication management with actions being met in a prompt manner.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines through the use of a docket book system. The centre had a dynamic assessment process in place for self-administration of medication.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The written statement of purpose accurately described the service provided in the centre. The statement of purpose outlined the manner in which care was provided and it reflected the diverse needs of the residents. It included the facilities provided for the care of residents, criteria for admission and the age range and gender of the residents for whom the centre was intended. It outlined the separate facilities for use as a day service for two residents.

**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:**

An unannounced visit had been completed in October 2016 and a report produced identified areas of good practice and areas that required improvement. Any actions required had been implemented by the person in charge.

An annual review had been completed in January 2017. An action plan had been developed for any areas that required improvement. For example, safeguarding issues were highlighted for attention and specific recommendations made had been implemented, such as the development of safeguarding plans. The need for a formalised plan or structure of daily activities or routine for residents was also identified but not adequately addressed and this has been included in an action under Outcome 1.

There were clear lines of management and reporting structures in place with staff reporting to the person in charge and the person in charge reporting to a representative of the provider. There was a nominated person responsible for the centre at any one time with the most senior person on duty identified on the roster as being in charge when the person in charge was not in the centre. However, in the event of the person in charge being absent for 28 days or more, the deputising arrangement was not clear. The person in charge had completed a risk assessment and identified it on the risk register as being a high risk. The risk had been escalated to the representative of the provider. However, at the time of this inspection, the outcome of this escalated risk was

not clear.

The person in charge met the requirements of the regulations in terms of experience, skills and qualifications. The person in charge had been in this role for the previous year and prior to that had been identified as a person participating in the management of the centre. She was a registered nurse in intellectual disability nursing and had recently completed a management course. The person in charge demonstrated that she knew residents and their needs well. The findings of this inspection demonstrated that safe quality care was being provided to residents in this centre. The person in charge was in charge of three designated centres, with one of those centres being 33kms away. The person in charge based herself in this centre and there was no evidence that this arrangement adversely affected residents in this centre.

**Judgment:**

Substantially 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:**

It was not clear what arrangements were in place for the management of the designated centre in the absence of the person in charge.

The person in charge described how the senior person on duty was in charge at any one time when the person in charge was not in the centre. However, where the person in charge is expected to be absent for 28 days or more, the deputising arrangement was not clear. The person in charge had completed a risk assessment and identified it on the risk register as being a high risk. The risk had been escalated to the representative of the provider. However, at the time of this inspection, the outcome of this escalated risk was not clear. This has been addressed under Outcome 14.

**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:**

There were sufficient resources to meet the needs of residents to whom the service was provided and the services and facilities reflected the statement of purpose. There was sufficient resources to support residents achieving their individual personal plans.

**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):**

No actions were required from the previous inspection.

**Findings:**

Duty rosters of the shifts worked by staff were viewed by the inspector and there were appropriate numbers and skill mix of staff to meet the needs of the residents and the safe delivery of services. There were suitable governance and management arrangements in place; supervision notes indicated that staff were supervised appropriate to their role.

The inspector reviewed a sample of staff records and found evidence that staff were recruited, selected and vetted in accordance with best recruitment practice.

Staff training records indicated that staff had been provided with mandatory training. Opportunities for other training relevant to provision of the service had also been provided, such as, medication management, managing challenging behaviour and food safety. Staff with whom the inspector spoke were aware of all policies and procedures related to the general welfare and protection of residents.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

There was documentary evidence submitted to HIQA that indicated the centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that complete records were maintained in the centre. Records were accurate and up to date, organised and easily retrieved. All of the written operational policies and procedures as required by Schedule 5 of the Regulations were in place.

**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:**

Cora McCarthy



## 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-0003315
<b>Date of Inspection:</b>	23 & 24 August 2017
<b>Date of response:</b>	07 November 2017

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

It was not stated if the complainant was satisfied with the outcome of the complaint or not.

**1. Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Person in Charge reviewed the recorded complaints and ascertained whether the complainant was satisfied or not. An alternative complaints form has been put in place which will reflect this in future.

**Proposed Timescale:** 07/11/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Although a needs assessment was carried out, an assessment of the education and independent living skills of the residents was required to assess their needs in this regard.

**2. 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:**

The Person-Centred Planning process is currently used to identify the education and lifelong learning needs of the residents in the centre. The Person In Charge is reviewing various assessment tools and is collaborating with multi-disciplinary and multi-agency services to identify an appropriate method to specifically address this area of need.

**Proposed Timescale:** 09/12/2017

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

**Theme:** Effective Services

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

The risk assessment required further development as transmission-based risks had not been clearly assessed.

**3. 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:**

The risk assessment has been amended and local policy has been put in place and to ensure prevention of transmission-based infection.

**Proposed Timescale:** 07/11/2017

**Theme:** Effective Services

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

A review of fire drill records indicated that further improvement was required to night-time drills and it was not clear from a recent record what action was planned to address issues that arose during that drill.

**4. 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:**

A comprehensive discussion has taken place and a subsequent night-time fire drill has been successfully conducted. Fire drills are ongoing and are reviewed in full at weekly safety meetings in the centre.

**Proposed Timescale:** 07/11/2017

**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:**

As required by the Regulations, four peer-to-peer incidents were not notified to HIQA.

**5. Action Required:**

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

A subsequent peer-to-peer incident was reported to HIQA as per regulations. Procedures have been put in place to further reduce the reoccurrence of such incidents.

**Proposed Timescale:** 07/11/2017

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

As identified in the failings, some improvement was required to healthcare information and associated plans.

**6. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Residents personal plans are currently being restructured so that all current action plans are in one section where they can be easily retrieved.

**Proposed Timescale:** 31/12/2017

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

In the event of the person in charge being absent for 28 days or more, the deputising arrangement was not clear.

**7. Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The registered provider shall put in place a clearly defined management structure .

**Proposed Timescale:** 31/12/2017

