

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	ORG-0011463
<b>Centre county:</b>	Cork
<b>Email address:</b>	lfitzgerald@cope-foundation.ie
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Bernadette O'Sullivan
<b>Person in charge:</b>	Liza Fitzgerald
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	18
<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 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

From:	To:
09 December 2013 09:30	09 December 2013 17:00
10 December 2013 09:00	10 December 2013 16:30

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**

This registration inspection was announced and took place over two days to inform a registration decision. It was the first inspection of this service. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

As part of the inspection process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service for the categories of care they have applied for and that the service will comply with the Health Act 2007 (Care And Support Of Residents in Designated Centres For Persons (Children And Adults) With Disabilities) Regulations 2013.

Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. The person in charge completed a fit person interview and the fit person entry programme and was deemed to be fit by inspectors. In addition, the provider completed a fit person interview in respect of this centre, and was also deemed to be fit. Inspectors reviewed centre-specific policies and procedures in relation to the centre. Inspectors met with the person in charge and examined policies and procedure documentation which covered issues such as policies, procedures, medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Regulations.

In summary, the person in charge was involved in the day-to-day running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement was encouraged with residents and their relatives/visitors saying they felt welcome at any time.

The inspector observed evidence of good practice during this visit and was satisfied that residents received an adequate standard of care with appropriate access to general practitioner (GP) and allied health professional services as required. There was a range of social activities available internal and external to the centre.

The inspectors found that the service did not meet all of the requirements of the Regulations, contraventions included:

- medication management policy required updating
- inadequate provision for storage for personal belongings
- the complaints policy and access to advocacy services required updating
- there was inadequate access to newspapers and internet
- residents' contracts of care required updating
- there were some health and safety issues such as infection control procedures
- staff training and development was not adequate
- the statement of purpose, directory of residents and Residents' Guide required updating
- some staff files were not adequate
- Institutional practices referred to under Outcome 5. Resident and family consultation in development of personal plans.

The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with Regulations.

**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 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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors observed that residents' privacy and dignity was respected and promoted by staff. Adequate screening was provided in shared bedrooms and staff knocked before entering residents' bedrooms to ensure their privacy and dignity was maintained while personal care was being delivered.

The manner in which residents were addressed by staff was seen to be appropriate and respectful. The inspector saw that some residents had their own bedrooms, some were personalised with photographs and pictures. Residents were supported to keep their own belongings. However, storage facilities were not secure. The inspector observed that residents did not have their own keys for storage of their personal possessions. Residents could do their own laundry if they wished. However, staff told the inspector that none of the residents did their own laundry.

The inspector observed that staff treated each resident individually. Different levels of support were provided in accordance with the needs and preferences of residents. The inspector observed that individual's preferences in relation to personal appearances were respected. For example, one resident told the inspector that he liked to wear the colour red and the inspector observed that during inspection the resident wore this colour. The inspector saw that residents were supported in having private contact with family and friends.

The inspector observed that routines and practices facilitated residents. For example, the inspector saw that meals were served at various times to suit needs of residents. Staff were well informed of residents' likes and dislikes. Picture enhanced

communication was available to support non verbal communication. Staff were knowledgeable on the different methods of communication which supported residents to maximise their independence.

There was an internal advocacy service available. However, staff told the inspector that this service had never been used as residents were assigned a key worker who acted on behalf of residents.

There was an activation centre on site and the inspector observed that there was an activities schedule in each house. Residents were facilitated to exercise their religious rights. The inspector saw that all residents in a house attended a Christmas mass and enjoyed participation in the celebration.

Residents' forum meetings had been held every six weeks and the inspector noted visitors attended the centre at different times during the day.

There was a policy on residents' personal property which was centre specific and the inspector reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

The inspector saw that small amounts of pocket monies were kept on site for residents. The inspector saw that transactions were also checked and counter signed using double signatures by staff. Written receipts were kept for all purchases made on residents' behalf. These arrangements included the allocation of a nominated staff member (key worker) where necessary' to assist individual residents in their personal shopping. However, there was no evidence available that residents were encouraged to take financial responsibility for their own money.

There was inconsistent evidence in relation to how the residents were consulted about how the centre was planned and run. A complaints policy was displayed. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by the Regulations. However, residents or relatives were unaware of the process of the complaints policy. The inspector formed the judgement through observation and dialogue that verbal complaints were captured but practices was inconsistent in both houses. There were no complaints records available.

The inspector saw that the rights of each individual to make decisions was respected and that the procedures in place for obtaining informed consent were consistent with best practice. In one instance where the individual lacked capacity the inspector saw that consent was obtained for a procedure. All due consideration had been afforded to the resident and the outcome was in the best interest of the resident as observed by the inspector.

**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that resident's were assisted and supported to communicate. Staff told the inspector of the different communication needs of residents. The inspector saw that individual communication requirements were highlighted in personal plans and reflected in practice. The inspector observed that residents did not have access to newspapers in a house. There were televisions available. The inspector did not observe any residents using assistive technology to facilitate communication.

For example, the inspector saw that communication passports were available for some residents. In summary, these passports reflected the communication needs of residents. However, not all residents had these passports. staff told the inspector that developing these was a new initiative and that it was work in progress. There was a Residents' Guide available which required updating to meet the requirements of legislation.

The inspector saw that some residents had individualised picture enhanced table mats which aided communication needs. The inspector saw that individual communication requirements including residents with complex communication needs had been highlighted in personal plans and were also reflected in practice.

For example, inspectors noted that staff used unaided augmentative communication approaches such as gestures, signals, facial expressions and vocalizations to communicate with some residents. There were systems in place including multidisciplinary input such as speech and language therapy to meet the wide range of communication needs of all residents. The inspector observed that staff communicated well with residents and were aware of their needs.

The inspector noted that residents had access to other services such as ophthalmology and otology to promote their full capabilities

The centre was part of the local community and the inspectors saw volunteers assisting in many activities. Some residents went home to their families at the weekend.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that families were actively involved with the life of their family member and positive relationships between residents and families were supported.

There were no restrictions on visiting except during meal times which was protected time for residents. As part of the registration process relatives had been invited to meet with inspectors on the days of inspection. The inspector spoke with family members of residents who informed the inspector they would often call without giving prior notice and there were no restrictions.

Relatives told the inspector that they could bring any issue or complaint directly to staff and inspectors were informed that staff were very responsive to any such issues raised. Residents to whom inspectors spoke stated that they regularly had visitors and could see them in either their bedrooms or in the sitting rooms.

Residents told the inspector that they went on holidays. The inspector saw that some residents go home for the weekends and go out to celebrate family occasions. The inspector observed that transport and staff were available to go on trips with residents. During inspection some residents went out swimming and also on a bus trip to a nearby town for the day.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the statement of purpose and noted that the ethos of the centre was that residents were afforded respect, choice and dignity at all times through a holistic and person-centred approach to care and a welcoming, homelike environment was provided.

Inspectors reviewed copies of the written agreements in relation to the term and conditions of admission to the centre and noted that such contracts did not detail the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the Regulations.

Relatives who spoke with the inspector were not aware of written agreed contracts of care. Relatives were also unaware of any additional services that incurred cost and fees to be charged.

There was an admission policy that detailed preadmission arrangements and the admissions process which was also reflected in the statement of purpose. However, this policy did not provide suitable arrangements for the resident and his or her family or representative to be provided with an opportunity to visit the centre, as far as reasonably practicable; before admission of the prospective resident.

The inspector did not observe any planned admissions or discharges to the centre. However, the clinical nursed manager was well informed of the processes in place for such events.

**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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Residents had timely access to GP services and appropriate treatment and access to therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, speech and language therapy, chiropody, optical and dietetics were organised as required by the staff. Records were maintained of referrals and follow-up appointments.

Clinical care such as nutrition and management of epilepsy accorded with evidence based practice. Positive behaviour support as observed by inspectors was in accordance with best practice. The inspector saw in some instances that written documentation was available to relatives in relation to all types of chemical restraint medication that a resident was taking. The documentation available outlined the reasons for long term use of the medications and the potential consequences of non compliance. The inspector saw that many residents used bed rails. However, the inspector did not see evidence of any alternative measures that were considered before using bed rails or the supervision arrangements in place to monitor residents.

Overall the inspectors found an adequate standard of evidenced-based nursing care and the provision of appropriate medical and multidisciplinary healthcare.

Residents' health and social care needs were assessed, and care needs were set out in personal care plans, that were revised following review. There were progress reports that had been completed by staff and there was also an activity profile and activity record sheet that included details of daily activities. Inspectors noted there were daily living support plans that contained relevant information in relation to residents' ongoing required supports. The client profile/communication passport in particular was written from the residents' point of view and gave inspectors an insightful picture of the resident.

However, it was not clear if residents had been involved in the development of their personal plans. It was also unclear if family members were involved in this process. Relatives who spoke with the inspector were not sure of care plans and what was involved.

There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. However, it was unclear if the resident had a choice or not in relation to the individual appointed to be their key worker.

The inspector observed that bowel records and personal/intimate care records were kept in separate books which is institutionalised practice and does not reflect person-centred care.

**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The premises consisted of two houses. These two houses were part of a congregated setting that formed part of a total of four two story houses, three bungalows, a physical exercise hall and an activation centre. One house could accommodate up to eight residents and the other house could accommodate up to ten residents.

The centre was accessed from a busy road via automatic gates which were secured most of the time. The grounds consisted of an enclosed outside accessible areas with a number of suitable paths for walking. In addition, there were suitable garden seating and tables provided for residents use located at a number of locations in the grounds. Grounds were kept safe and tidy. The inspectors observed residents and their visitors using these facilities.

The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' dignity, independence and well being. The centre was purpose-built with a good standard of private and communal space and facilities. There were sufficient furnishings, fixtures and fittings. The inspector saw that some bedrooms were very personalised while others were not. There were adequate baths, showers and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation.

There was adequate storage available for residents' belongings. However the inspector saw that there were no lockable storage facility in their bedrooms for storing valuables.

There were kitchens with cooking facilities. However, staff told the inspector that residents did not cook their own food.

Necessary assistive equipment was available but some equipment needed to be replaced as some chairs were torn. Service records were available and up to date. The inspector also observed that some assistive equipment was not stored safely or discreetly as it was on the corridors. In one house there were wide corridors throughout enabling easy access for residents in wheelchairs and those using assistive or other mobility appliances.

There was suitable heating, lighting and ventilation. The inspector saw that in some areas the premises was not clean. There were some rusty radiators in shower rooms and the floor was unclean in one area. In another area the store room which contained

chemicals was not locked which poses a risk to residents.

There were systems in place for the disposal of general and clinical waste. However, in a house there were no clinical waste disposal bags on site which does not meet best practice in infection control. The clinical nurse manager remedied this issue on the second day of inspection.

There was an adequate maintenance system in operation.

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

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

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

As part of the application to register this centre the provider had submitted a valid certificate of compliance regarding statutory requirements in relation to fire safety and building control. The person in charge informed inspectors that there was an established fire awareness group that met each quarter to discuss and develop fire safety awareness throughout the complex. Inspectors reviewed the fire safety register and noted that fire training and evacuation for staff was up to date with the most recent evacuation recorded in November 2013. Staff to whom the inspector spoke with confirmed their attendance at such training and gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire.

Inspectors observed that there were fire evacuation notices and fire plans located in each house. Service records in relation to fire fighting equipment were up to date and routine checks of such equipment had been recorded with the most recent service conducted in November 2013. The person in charge informed inspectors that at the beginning of each shift one staff was allocated as a fire warden for each house and that such staff conducted the fire monitoring duties. The inspector observed staff conducting these duties.

The environment of the two houses was homely, kept generally clean and maintained. The inspector saw that open boxes of latex gloves were left on the handrails on the corridor and in shower areas which posed a risk to cognitively impaired residents. Residents could gain unsupervised access to an unlocked store room which contained chemicals.

There was a safety statement, a risk management policy and a risk register which detailed the hazard identification including identified slips, trips, falls and manual handling risks with measures aimed to reduce such hazards. However, the risk management policy did not adequately cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Staff told the inspector that if an incident occurs it is discussed among staff. However, there was no documented evidence of this available.

The risk register did not adequately cover the precautions to be in place to control the following specified risks:

- assault
- accidental injury to residents or staff
- aggression and violence
- self harm.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the prevention, detection and response to abuse. However, it was not adequate as it had not been reviewed since June 2008. Inspectors saw from staff files that adult abuse training had been provided and some staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. Staff to whom inspectors spoke were able to confirm their understanding of adult abuse.

The personal plans did not adequately detail the use of restraint, consent in relation to the use of restraint or the supervision and observation of a resident while restraint was in use. In a number of personal plans there were no records of signed consent from residents (where possible) or their representatives

The person in charge informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care.

The inspector noted that all staff demonstrated a good standard of appropriate communication and respect for all residents at all times. The inspector observed that there were caring relationships between the residents and staff.

In a house staff had an adequate understanding of abuse with particular reference to those with enhanced communication difficulties. There was a policy on challenging behaviour and staff told the inspector that they had received some training.

The inspector saw in personal care plans that assessments were drawn up to provide additional support to residents who had difficulty managing their own behaviour. At the time of inspection there were no incidents of alleged abuse ongoing.

Relatives spoken too all expressed that they felt that their family member was safe in the centre and could tell the inspector who they would go to if they had any complaints or concerns.

#### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A record was kept of incidents occurring in the centre. The inspector found that the clinical nurse manager was aware of all notifications that required notification to the Chief Inspector.

#### **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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that residents were supported to achieve their potential. For example the inspector saw some residents helping with the daily chores in a house for example setting tables for meals.

The inspector saw that residents had opportunities for new experiences and social participation and residents outlined how they could access appropriate and accessible indoor and outdoor recreational events for example one resident liked to go swimming every Tuesday. Another resident told the inspector that he liked to go out on the bus for a spin.

The inspector saw in personal care plans that resident's opportunities for new experiences and social participation was facilitated such as holidays, hobbies and outings. However, there was limited evidence available that education, training or employment was supported and facilitated.

The person in charge informed inspectors that residents support plans were tailored to meet residents own unique needs; based on the quality of life framework which included the following:

- physical well-being
- emotional well-being
- interpersonal relationships
- material well-being
- rights
- social inclusion
- self-determination
- personal development.

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances.

The level of support which individual residents required varied and was documented as part of the resident support plan. From reviewing residents support plans the inspector saw that residents were provided with support in relation to areas of the activities of daily living including eating and drinking, personal cleansing and dressing.

Appropriate referrals for dietetic reviews were made, the outcome of which was recorded in the residents' personal plans. Staff used the malnutrition universal screening tool (MUST) which was an established weight monitoring/assessment tool that formed part of a comprehensive holistic resident's assessment on admission to the centre.

The inspector saw that picture communication charts were used to assist some residents in making a choice in relation to their meal options. The inspector saw in a house that residents had communication table mats indicating their preferences for various types of food and how it should be served.

There was choice available in relation to menus which were displayed in the kitchen. The inspector saw that meals arrived to each house already prepared from another centre. The inspector saw that the presentation of meals was poor particularly those who required a soft/pureed diet.

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed), short-term and regular medication. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined. However, the maximum amount for PRN medication to be administered within 24 hour period was

not stated on the sample of drug charts reviewed.

The pharmacy delivered a pre-packaged medication system which staff nurses were familiar with and supports in place from the pharmacy provider. The inspector observed in one house that medication given to residents was not signed as administered until the medication round was completed. This practice as observed by the inspector was not in line with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives.

In house audits were conducted by the pharmacy and nursing management of medication management practices. Where deficits were identified the inspector saw that action plans were put in place. Training in medication management had been provided to nursing staff as observed by the inspector.

The clinical documentation to support any decisions to administer chemical restraint medication, and the effects of such medication was evident to support all decisions made by medical/nursing staff to administer such medications to residents.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. However, these policies dated back to 2007 and had not been reviewed which is not in line with best practice.

There were no residents self medicating at the time of inspection.

### **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

#### **Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose is kept under review by the provider and had been updated in November 2013. The statement of purpose set out the services and facilities provided in the houses. However, it did not contain all the requirements of Schedule 1 of

Regulations. Omissions included:

- any separate facilities for day care

- details of any specific therapeutic techniques used in the centre and arrangements made for their supervision.
- detail the arrangements for residents to access education, training and employment and the arrangements made for residents to attend religious services of their choice.

#### **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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There was a full-time person in charge who was a registered nurse with the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. In the absence of the person in charge, the clinical nurse manager or senior staff nurse on duty undertook her responsibilities. There was evidence that the person in charge had a commitment to her own continued professional development and she had completed a number of relevant courses on a regular basis including a course on multi and complex intellectual disabilities, vena puncture, care of the older person and adult abuse.

In addition, the person in charge was actively involved in a number of working groups including 'creating the future', which was a group established to develop a vision for services in the centre up until 2015. The person in charge was also involved in a working group in relation to risk management and fire prevention. The inspectors observed that the person in charge had an inclusive presence in the centre and residents and staff also confirmed that she was a committed and supportive manager. Staff who spoke with the inspector were well aware of the governance structure and reporting procedures.

Inspectors conducted a fit person interview with the person in charge and she detailed the clearly defined management structure within COPE Foundation and the identified lines of authority and accountability within the management structure. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Regulations and the Standards. However, staff who spoke with the inspector had not received any formal appraisal or performance management in relation to their

performance of their duties or personal development which is a requirement of the Regulations.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There are systems in place to support the person in charge in any planned or unplanned absence. The person in charge had not been absent for more than 28 days which required notification to the Authority.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The facilities and services as outlined in the statement of purpose and function is resourced to support care and delivery of care as observed by the inspector. The clinical nurse manager told the inspector that financial resources were adequate and that an additional post for a nurse manager had been filled.

The inspector saw that there was adequate transportation and staff available to meet the assessed needs of the residents internal and external to the centre. A wide range of multi disciplinary professionals were available to support residents.

There were adequate healthcare staff and nursing staff generally available to assist residents twenty four hours a day for each day of the year. Residents had choice in relation to activities and could access activation facilities in their homes or externally.

The premises was fit for purpose and well maintained.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the numbers and skill mix of staff available during the inspection was appropriate to meet resident's needs during the day and rostered for adequately at night.

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that a large proportion of her staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing.

Some staff told the inspector they had worked in the centre for a number of years and felt adequately supported by the management team. The inspector saw that copies of both the regulations and the standards were available in the nurses' office and staff spoken to demonstrated an awareness of the Regulations and Standards. The person in charge worked in the centre and also demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training was provided which included the following:

- fire safety training
- manual handling training
- cardio pulmonary resuscitation (CPR).

Staff told the inspector that there were hand over meetings each morning. There was also evidence that formal staff meetings were held every quarter, with the most recent meeting held in November 2013. These meetings were chaired by the person in charge,

attended by staff and the minutes were kept of issues that were discussed. A sample of the minutes showed that the topics discussed included the statement of purpose, directory of residents, training issues and residents activation options.

Inspectors reviewed a selection of staff files and noted that most of the documents under Schedule 2 of the Regulations were available. However, not all staff files viewed contained the following:

- details and documentary evidence of any relevant qualifications or accredited training of the person;
- written references, including a reference from a person's most recent employer (if any) in a format specified by the Chief Inspector.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The centre had the written operational policies as required by Schedule 5 of the Regulations.

However, the inspector observed that the system in place to ensure that policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met was not adequate. This was due to a number of such policies including the management of allegations of adult abuse, medication management, admissions and the risk management policy had not been reviewed within three years and were not centre specific. In addition, the Residents' Guide was not adequate.

Omissions included:

- it did not detail a summary of the services and facilities provided
- it did not detail the terms and conditions relating to residency
- it did not detail the arrangements for resident involvement in the running of the centre.

Inspectors reviewed the centres policy and procedures and saw copies were stored in each house. These records were maintained in a manner that allowed them to be easily retrieved by staff. Staff to whom inspectors spoke demonstrated an understanding of specific policies such as the medication policy.

There was a directory of residents available. However, there were some omissions which included the name, address and telephone number of the resident's GP and of any officer of the Executive whose duty it is to supervise the welfare of the resident.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ard Na Gaoithe
<b>Centre ID:</b>	ORG-0011463
<b>Date of Inspection:</b>	9 December 2013
<b>Date of response:</b>	18 March 2014

### Requirements

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

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

**Theme:** Individualised Supports and Care

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

There was no evidence available that residents were encouraged to take financial responsibility for their own money.

**Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The provider will ensure that support is provided to those individuals who have the cognitive ability to manage their financial affairs. Supports intensity scale will be carried out on all residents to determine supports required.

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

**Proposed Timescale:** 31/08/2014

**Theme:** Individualised Supports and Care

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

The registered provider had not ensured that the complaints procedure displayed in a prominent place is in an accessible format and contains information about the designated complaints officer or the person appointed to deal with appeals.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The provider will review complaints procedure A complaints leaflet has been developed and will be sent to each resident and their family/representative.

**Proposed Timescale:** 31/08/2014

**Theme:** Individualised Supports and Care

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

Failing to ensure that residents had access to advocacy services and information about his or her rights.

**Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Advocacy committee set up comprising of both residents and staff. Family members will be invited to join committee.

Training in advocacy skills will be sought.

**Proposed Timescale:** 31/08/2014

## **Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Failing to ensure each resident has access to appropriate media, including newspapers and internet.

**Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet access will be made available. Residents who wish to purchase newspapers will be facilitated to do so.

**Proposed Timescale:** 30/04/2014

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

**Theme:** Effective Services

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

Failing to ensure that the admission policy provides suitable arrangements for the resident and his or her family or representative to be provided with an opportunity to visit the centre, as far as is reasonably practicable, before admission of the prospective resident to the centre.

**Action Required:**

Under Regulation 24 (2) you are required to: Provide each prospective resident and his or her family or representative with an opportunity to visit the designated centre, insofar as is reasonably practicable, before admission of the prospective resident to the designated centre.

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

The provider will review admission policy to include that each prospective resident and his/her family or representative will be provided with an opportunity to visit the designated centre prior to admission.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

Failing to ensure that the contracts detail the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The provider will be develop a contract of care which will include the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Proposed Timescale:** 31/08/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Under Regulation 5. (4) (c), you are required to: ensure the personal plan is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The Person in Charge will invite all residents and his/her representative to participate in the development of each individual's personal plan no later than 28 days after admission.

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

**Theme:** Effective Services

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

Under Regulation 5. (5), you are required to: ensure that the personal plan is available, in an accessible format, to the resident and, where appropriate, his or her representative.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Easy read version of personal plan to be researched and developed.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

Under Regulation 5. (6), you are required to: ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall:

- (a) be multidisciplinary
- (b) be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Person in Charge will ensure that personal plans are reviewed three monthly and any change are updated on a needs basis.

Audit tool had been developed to assist in implementation of action.

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

**Theme:** Effective Services

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

Under Regulation 5. (7), you are required to: ensure that the recommendations arising out of a review carried out of personal plans shall be recorded and shall include:

- (a) any proposed changes to the personal plan
- (b) the rationale for any such proposed changes; and
- (c) the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Audit tool commenced for personal plan review.

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

**Theme:** Effective Services

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

Failing to ensure that the recommendations arising out of a review carried out of personal plans shall be recorded and shall include:

- (a) any proposed changes to the personal plan
- (b) the rationale for any such proposed changes; and
- (c) the names of those responsible for pursuing objectives in the plan within the agreed timescales.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Audit tool commenced for personal plan review.

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

#### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Under Regulation 17. Schedule 6, you are required to: ensure adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Lockable storage facility will be provided for each resident.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Services

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

Under Regulation 17. Schedule 6, you are required to: ensure suitable storage.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Lockable storage facility will be provided for each resident.  
Lock will be provided on store room.  
Rusty radiator cover to be replaced.  
Cleaning schedule will be reviewed.

**Proposed Timescale:** 31/03/2014

**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:**

Under Regulation 26. (1), you are required to: ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:

- (a) hazard identification and assessment of risks throughout the designated centre;
- (c) the measures and actions in place to control the following specified risks:
  - (i) the unexpected absence of any resident
  - (ii) accidental injury to residents, visitors or staff
  - (iii) aggression and violence
  - (iv) self-harm.
- (d) arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**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:**

The risk management policy will be reviewed to include hazard identification and assessment of risk throughout the designated centre.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Services

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

Under Regulation 27, you are required to: ensure that the 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.

**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:**

Infection control committee developed to ensure all staff members are aware and adhere to standards for the prevention and control of healthcare associated infections published by the Authority. This committee will be chaired by Clinical Nurse Manager 1. Commencing 4th April 2014.

**Proposed Timescale:** 31/08/2014

## **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Under Regulation 7.(3), you are required to: ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Personal plans will include guidance on obtaining consent from residents in particular with enhanced communication difficulties. This process will be researched to determine best practice is obtaining consent and documenting same.

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

**Theme:** Safe Services

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

Under Regulation 7. (4), you are required to: ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with 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:**

The registered provider will ensure guidelines surrounding the use of bed rails will be developed as part of restrictive policy which will include monitoring use of bed rails and looking at alternative of bed rails, involvement of residents and his/her representative in any decision surrounding the use of bed rails.

**Proposed Timescale:** 31/08/2014

**Theme:** Safe Services

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

Under Regulation 7.(2), you are required to: ensure that the staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques

**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 in Management of Actual and Potential Aggression (MAPA) foundation programme is ongoing. Since January 2014, 7 staff have received training with a further 4 places booked for upcoming training. As training dates become available staff will be facilitated to attend course.

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

## 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:**

Failing to ensure that there are suitable and appropriate practices relating to the ordering, storing, receipt, prescribing, disposal and administration of medicines.

**Action Required:**

Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

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

All registered staff nurse are required to undertake medication management programme at HSE land.

Medication management committee has been developed comprising of Clinical nurse manager, staff nurses, GP and pharmacist. They will meet on a quarterly basis or more often if necessary. Their role will be auditing of medication management and best practice relating to ordering, receipt, prescribing, storing, disposal and administration of medicines. This will commence on 4th April 2014.

**Proposed Timescale:** 31/08/2014

## Outcome 13: Statement of Purpose

**Theme:** Leadership Governance and Management

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

Failing to prepare in writing a statement of purpose which contains the information set out in Schedule 1.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

Statement of Function and Purpose revised and sent to HIQA in December 2013.

**Proposed Timescale:** 18/03/2014

**Theme:** Leadership Governance and Management

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

Failing to ensure that a copy of the statement of purpose is made available to residents and their representatives.

**Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

Statement of Function and Purpose is readily available to all families. Families will be informed that same is readily available. The Person in Charge (PIC) will write to each family to inform them, that the Statement of Function and Purpose is available to residents and his/her representatives.

**Proposed Timescale:** 31/03/2014

#### **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:**

Failing to ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The Registered provider will be commencing Performance Management Systems. This will be piloted in May 2014 and rolled out across the organisation in September 2014.

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

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The inspector saw that not all staff files viewed contained the following:

- details and documentary evidence of any relevant qualifications or accredited training of the person;
- written references, including a reference from a person's most recent employer (if any) in a format specified by the Chief Inspector

**Action Required:**

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

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

The Human Resource Department will ensure that all staff have appropriate information and documentation as specified in Schedule 2.

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

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Failing to review the policies and procedures as often as the chief inspector may require but in any event at intervals not exceeding three years and, where necessary, review and update them 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:**

The registered provider will ensure that all policies and procedures will be reviewed at intervals not exceeding three years.

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information

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

There was a directory of residents available. However, there were some omissions which included the name, address and telephone number of the resident's GP and of

any officer of the Executive whose duty it is to supervise the welfare of the resident.

**Action Required:**

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The Person in Charge will ensure that a directory of residents is developed as set on in Regulation 19(1).

**Proposed Timescale:** 18/03/2014

**Theme:** Use of Information

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

Failing to prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident. This guide prepared shall include:

- (a) a summary of the services and facilities provided
- (b) the terms and conditions relating to residency
- (c) arrangements for resident involvement in the running of the centre.

**Action Required:**

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

The Person in Charge (PIC) will prepare a residents guide in respect of the residents guide and provide a copy to each resident.

**Proposed Timescale:** 30/04/2014