

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003312
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Bernadette O'Sullivan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	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 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:
02 September 2015 10:30	02 September 2015 18:00
03 September 2015 09:00	03 September 2015 15:00

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

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

Summary of findings from this inspection

This was an announced inspection to inform a registration decision following application to the Health Information and Quality Authority (the Authority) by Cope Foundation to register the centre as a residential service for up to a maximum of six adults with an intellectual disability. The centre operated four nights a week, Monday to Thursday with residents attending various activities and day services throughout. At time of inspection the centre accommodated six adults, both male and female, with varying levels of intellectual disability. As part of the process the inspector met with residents, the person in charge, relatives, staff and the provider nominee. The inspector observed practices and reviewed documentation such as personal care plans, medication records, policies and procedures. The documentation submitted by

the provider as part of the registration process was submitted in a timely and ordered manner. The inspector observed staff in their delivery of care and noted that good practice was in evidence by all staff members during the course of the inspection.

The findings of the inspection are set out under 18 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector was satisfied that the centre was operating in substantial compliance with the Standards and Regulations. Areas to be addressed in order to bring the centre further into compliance included premises issues and the development of documentation and procedures in relation to managing finances, admissions, statement of purpose and risk management.

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):

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

Findings:

Residents were consulted about the running of the centre and a weekly forum was held with minutes available for reference. A local independent advocate had attended some of these meetings and arrangements were in place for residents to access advocacy services accordingly. The inspector spoke with residents many of whom were able to explain how they managed their day to day lives and the extent to which they could exercise personal autonomy and choice around daily activities.

An easy-to-read complaints process was on display which identified the complaints officer and contact details. However, it did not provide information around an appeals process. There was a complaints policy in place, however, it was an organisational document which required development to fully reflect the circumstances of the centre. A complaints log was maintained that indicated complaints were dealt with in a timely manner and complainants were made aware of outcomes and any changes brought about. The inspector observed interactions between staff and residents and noted a good level of familiarity and warmth whilst staff were also courteous. The inspector spoke with residents and noted that they had a well developed sense of personal space and privacy and that staff were respectful of boundaries.

A policy was in place on the management of clients' property and an inventory of belongings was seen to be maintained for each resident. Personal care plans included a section on material well-being and residents clearly had ownership and control over their own belongings and also managed small amounts of personal funds. There were appropriate arrangements in place for the management of day to day finances. Most residents were involved in the management of their finances with the support of families and staff. However, the processes for managing residents' finances required improvement. In one instance, contrary to regulatory requirements, the finances of a resident were held in a financial account which was not in their name. Additionally,

systems of oversight for safeguarding of these processes were not clearly defined in policy or practice.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Staff were aware of the different communication needs of residents and where there were individual communication requirements these were identified accordingly in the personal care plans. The centre was located in a country town and residents were supported in becoming involved in community events such as country fairs and local art initiatives including film and drama productions.

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):

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

Findings:

The inspector reviewed feedback questionnaires from families and met with the relatives of several relatives in the course of the inspection. Feedback from both sources indicated that family relationships were positive and supported. The centre provided residential care on four nights of the week with most residents returning to their families at the weekends. One resident attended respite at another centre in the area at the weekend. Families reported that they were kept updated on the health and welfare of

their relative. Whilst one questionnaire indicated the family were unaware of a care plan a review of the file indicated that there had been a signed consultation with relatives of the resident in relation to the personal care plan within the previous 12 months. Residents were also engaged in activities either at day services or in community employment; as a consequence family visits to the centre, whilst facilitated, were infrequent.

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):

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

Findings:

There was a policy and procedures on admission, transfers and discharges in place. Admissions criteria and procedures reflected the terms in the statement of purpose. However, the admissions policy and procedure did not provide adequate detail or direction around safeguarding provisions as required by the Regulations. Written contracts signed by or on behalf of residents were in place and included the terms of residence and services provided.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

Appropriate and current policies and procedures were in place providing directions to staff on the delivery of care in areas such as behavioural support and intimate care. A number of personal care plans (PCPs) were reviewed during the inspection. The inspector noted that, where possible, residents had direct and ongoing access to these plans and were familiar with the layout and content of the documentation. The plans were working documents which were updated continuously and accompanied residents to the centres of their daily activity. A review of the personal care plans indicated that communication notes were regularly and appropriately updated with handover processes in place to ensure that relevant information was communicated to the centre and/or day service accordingly.

The PCP's described the aims and ambitions of residents and residents spoken with explained how they had been involved in the planning of their goals and the steps being taken to achieve them. Milestones and timeframes were outlined and those individuals with responsibility for ensuring progress on these milestones were identified. Evidence of achievements were also produced by the residents themselves such as items crafted during workshops and certificates for completed training courses. The inspector noted that residents' wellbeing and welfare was maintained in keeping with evidence-based care and support. Residents' needs were assessed on admission and personal plans were developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care, activities and education and learning. Those residents involved in community roles spoke with a clear sense of pride around their responsibilities and duties. Residents spoken with also expressed a sense of achievement around the certificates they had obtained and competitions in which they had participated.

Access to activities and occupations in the community and at day services were facilitated with appropriate transport arrangements in place and an adequate complement of staff suitably trained and equipped to ensure safe access.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The centre was located in a row of terraced houses in a busy county town. The centre comprised two terraced town houses between which access had been created to allow ease of movement within the living space of the premises. Three female residents lived in one house, each with their own upstairs bedroom, one of which was en suite. Three male residents shared comparable facilities in the adjacent house. Residents' rooms were well maintained and individualised with personal belongings. All rooms provided adequate storage facilities, including a secure locker and whilst two of the bedrooms were quite compact, the design and layout was adequate to meet the aims and objectives of the service as set out in the statement of purpose. A separate en suite room was available downstairs in one house for sleepover staff.

Both houses shared access to the ground floor which included a communal dining area and kitchen, a communal sitting room/TV area and a separate music room. There was also a laundry/utility room off the kitchen though residents usually brought their laundry home at the weekends. A downstairs toilet was available and an enclosed rear yard with some seating could be accessed through the kitchen at the back of the house. A separate bathroom and toilet facility was available upstairs in each house for use by those residents who did not have an en suite. However, neither of these bathrooms provided an adequate shower facility.

Facilities for the storage of supplies and equipment were adequate. The premises had suitable, lighting, heating and ventilation. However, general maintenance also required some attention as it was clear there had been leaks resulting in ceiling stains.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

A current risk management policy was in place covering areas such as injury, unexplained absence, self-harm and aggression and violence. However, it required review to reflect directions to staff in relation to site-specific procedures. Action in this regard is recorded at Outcome 18 on Records and Documentation. The inspector saw that data was maintained and monitored in relation to incidents and accidents. Effective measures were in place to safeguard the health and welfare of residents including security measures throughout the premises. An effective risk register was maintained. However, it did not include an assessment in relation to a main road at the front of the

premises; this action was addressed in the course of the inspection by the person in charge. The seating area in the back yard also required risk assessing as it was on an uneven, rocky surface which could potentially present a tripping or falling hazard. Fire safety equipment such as extinguishers and fire blankets were readily accessible. Personal emergency evacuation plans were in place. Appropriate daily checks were undertaken and fire drills were conducted regularly. The fire alarm was serviced on a quarterly basis and equipment was serviced annually with the last recorded on 26 August 2015. Staff and residents spoken with understood procedures for evacuation in the event of a fire or emergency. Evacuation procedures and emergency contact details were on display, however, the evacuation plan did not clearly indicate the fire exits or external assembly points. This action was addressed by the person in charge in the course of the inspection.

Appropriate cleaning systems were in place and alginate bags were also available and in use for laundering where necessary. Cleaning chemicals were appropriately secured. Effective hand hygiene practices were in place and residents were encouraged in their awareness around hygiene. Food safety checks were in place and all staff were appropriately trained in food safety.

A number of vehicles were available to service users for transport and documentation seen verified that relevant maintenance certification in place and up-to-date. Designated drivers were licensed and had been appropriately vetted.

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):

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place including appropriate policies and a training programme. Appropriate security measures were in place with an attendance sheet and visitors' log in use. A policy providing direction on the provision of intimate care was in place. Regular training in safeguarding and safety was provided with training last delivered on 29 April 2015. The existing policy on safeguarding and safety appropriately referenced current national policy and guidelines. Staff with whom the inspector spoke had received up-to-date training, understood what

constituted abuse and were clear on lines of reporting and action to be taken. There was a policy in place on the use of restrictive procedures including physical, chemical and environmental restraint. The person in charge was aware of the statutory requirements in relation to the use and recording of restraint and there had been no such instances recorded at the centre.

As already outlined in Outcome 1, staff were observed engaging with residents in a respectful and dignified manner and staff afforded residents' privacy. The inspector noted that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive. There was up-to-date information in the residents' personal care plans in regard to the level of support required with their personal and intimate care needs. The circumstances of individual residents were taken into account and possible underlying factors were considered when developing strategies to provide behavioural support. A policy on the provision of behavioural support was also in place with a record of training delivered on 6 January and 25 August 2015.

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):

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

Findings:

An effective record of all incidents occurring at the centre was maintained and those incidents required to be formally notified in keeping with the Regulations were submitted in a timely manner to the Authority. Quarterly returns were also submitted in keeping with requirements.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The general welfare of residents was well maintained with effective resources in place to meet the needs of residents in relation to both healthcare and social development. Outcomes 5 and 11 on Social Care and Healthcare Needs provide further detail in this regard.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Overall the welfare and wellbeing of residents was maintained through both evidence based nursing care and appropriate medical care. Where assessments indicated a referral to allied health therapists such referrals were documented and occurred within appropriate time-frames. Provision of such care included input by a multi-disciplinary team where necessary and access to allied healthcare professionals was facilitated including speech and language therapy, dermatology and dentistry. A review of medical notes indicated that consultation with a general practitioner (GP) was regular or as required. The inspector reviewed a number of residents' personal care plans and found them to be individualised, comprehensive and kept under regular review. Recognised assessment tools were also utilised to inform decision making about treatment in relation to issues such as nutrition and diet. Food provided was nutritious in content, well prepared and presented appropriately to the needs of the resident. The inspector observed residents during mealtime and noted that where assistance was provided it was both attentive and considerate.</p>
<p>Judgment: Compliant</p>

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Written operational policies and procedures relating to the ordering, prescribing, storage and administration of medicines were in place and were supplemented by site-specific local protocols as directed by these policies. The inspector observed the process of medication administration and noted practice was in keeping with national guidelines. Individual medication plans were in place and documentation included administration charts that corresponded to the prescription information and contained the necessary biographical detail for the relevant resident. Staff administering medication were appropriately trained and where residents were responsible for their own medication, appropriate risk assessments had been undertaken and were kept under review. The processes for handling of medicines were safe and in accordance with current guidelines and legislation with medications stored appropriately and securely. Systems for reviewing and monitoring safe medication management practices were in place. The person in charge conducted regular medication audits the last having taken place on 19 August 2015.

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):

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

Findings:

A completed statement of purpose, dated January 2014, had been submitted with the registration application which described the service provided at the centre. The services and facilities outlined in the statement of purpose as provided at the centre adequately met the assessed needs of the resident profile. However, the statement of purpose on-

site on the day of inspection was undergoing review and did not contain all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013, including, for example, a description of the rooms in the centre, their size and primary function and an up-to-date organisational structure.

Judgment:

Substantially 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):

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

Findings:

Communication systems were in place to ensure governance arrangements between senior management and the person in charge were effective. The delivery of care was directed via the designated person in charge whose qualifications and experience were in keeping with regulatory requirements. The person in charge was employed permanently on a full-time basis and attended at the centre several times a week. The person in charge had additional responsibility for two other residential centres operating in the area that provided comparable services and care. Effective arrangements were in place for communication and delegation of duties in this regard. The provider nominee attended the centre regularly and also undertook unannounced visits in keeping with statutory requirements. Accounts of these visits were documented and available for reference. Safety meetings were scheduled on a quarterly basis for attendance by the provider nominee and a representative from each centre in the region. The person in charge had audit systems in place to ensure the delivery of a safe and appropriate service. The provider nominee had undertaken a quality and safety review and a report was available, however, the report required development to fully meet the requirements of the Regulations in relation to consultation and providing an effective overview of management systems on an annual basis.

Staff demonstrated a good knowledge and understanding of the residents at the centre including their habitual likes and dislikes around activities of daily living. Training programmes were in place to promote professional development and the person in charge implemented a regular performance appraisal system to ensure competencies

were appropriately assessed. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.

Judgment:

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):

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

Findings:

Appropriate deputising arrangements were in place for absences of the person in charge and a suitably qualified and experienced member of staff was in place to substitute as required. Management were aware of the statutory requirements around notifications to the Authority in instances where absences of the person in charge exceeded 28 days.

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):

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

Findings:

The facilities and services in the centre were in keeping with the assessed needs of the resident profile and reflected those outlined as available in the statement of purpose.

Adequate resources were available to deliver the necessary care and support for residents and appropriate management systems were in place to plan and utilise resources effectively.

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):

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

Findings:

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of staff. Staff spoken with were appropriately qualified and competent to deliver care and support to residents. Staff were aware of, and understood, their statutory duties in relation to the general welfare and protection of residents. A planned and actual staff rota was in place that included staff quotas for both day and night duties with effective arrangements to ensure continuity of care for all residents both on-site, in transit and whilst participating in off-site training, activities or personal pursuits. The inspector was also satisfied that the staff numbers and skill mix were appropriate to meet the needs of residents. Staff received ongoing training to support them in the delivery of care and all were up-to-date in relation to mandatory training. The person in charge also explained that an appraisal system was in place that provided formal support and management of performance in relation to staff conduct of duties and personal development.

All staff files were reviewed and were in keeping with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available. However, on one file there was only one reference and action in this respect is recorded against Outcome 18 on Records and Documentation.

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):

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

Findings:

Written policies and procedures, as listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013, were maintained and also readily accessible for reference. However, some policies required updating or review to reflect a centre specific approach. These included policies on risk management and client property. Findings are detailed accordingly against the relevant Outcomes in this report.

Records in respect of Schedule 2 were maintained appropriately as detailed in outcome 17 on workforce. However, in one instance only one employment reference was on record.

A directory of residents was maintained and included the relevant information as required by Schedule 3 of the Regulations, such as biographical information and the contact details of specified parties. A residents' guide which summarised the services and facilities provided by the centre and the terms and conditions of residency was also available.

Other records as specified in Schedule 4 of the Regulations were available and accessible; these related to admission fees and services, the right and process of complaint, notifications and an effective risk register. Greater detail is provided on these matters under their respective Outcomes throughout this report. In relation to all records referenced above maintenance was in keeping with the timeframes specified within the Regulations.

In keeping with statutory requirements the centre was appropriately insured and documentation to this effect was available dated 12 August 2015.

Judgment:

Substantially 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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003312
Date of Inspection:	02 and 03 September 2015
Date of response:	09 October 2015

Requirements

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

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

Outcome 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:

Systems of oversight for safeguarding of processes in relation to managing resident accounts were not clearly defined in policy or practice.

1. 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

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

A local policy has been developed to reflect a centre-specific approach in relation to residents' personal property.

Proposed Timescale: 09/10/2015

Theme: Individualised Supports and Care

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

Residents' monies were held in a financial account which was not in their name.

2. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Cope Foundation proposes the following:

A separate bank account will be set up in the name of each individual, with authorised signatories in place. Procedures will be put in place where residents will be supported in making choices and assisted to withdraw monies from their account when making purchases. All Disability Allowance funds will be credited directly to those individual accounts. All records will be subject to periodic audit.

Proposed Timescale: 31/01/2016

Theme: Individualised Supports and Care

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

The complaint procedure on display did not provide information around an appeals process.

3. 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 local complaints procedure has been amended to include the contact details of the organisation's complaints officer.

Proposed Timescale: 09/10/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions policy and procedure did not provide adequate detail or direction around safeguarding provisions as required by the Regulations.

4. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Cope Foundation are currently reviewing the Admissions, Discharge & Transfer Policy to include safeguarding.

Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Bathroom facilities were not in keeping with item 8 of Schedule 6 of the Regulations in relation to the provision of a shower facility of a suitable standard to meet the needs of residents.

5. Action Required:

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

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

A shower facility of a suitable standard will be installed in one bathroom to meet the needs of residents.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

General maintenance required some attention as it was clear there had been leaks resulting in ceiling stains.

6. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Maintenance issues will be addressed. The ceiling with leak stains will be painted.

Proposed Timescale: 31/01/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The seating area in the back yard required risk assessing as it was on an uneven, rocky surface which could potentially present a tripping or falling hazard.

7. 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:

(1) A risk assessment has been carried out to address this. The local risk assessment register will continue to be updated as risks are identified.

(2) The rocky surface will be removed and the area resurfaced to eliminate as far as possible any potential trip or fall hazards.

Proposed Timescale

(1) Risk Assessment completed.

(2) Work will be completed by 31/01/2016

Proposed Timescale: 31/01/2016

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:

The statement of purpose was undergoing review and did not contain all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013, including, for example, a description of the rooms in the centre and their size and primary function and an up-to-date organisational structure.

8. 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:

The statement of purpose has been amended to include all up-to-date information.

Proposed Timescale: 09/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The quality and safety review required development to fully meet the requirements of the Regulations in relation to consultation and providing an effective overview of management systems on an annual basis.

9. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The provider nominee will further review the quality and safety of care and support at the designated centre. The review will include consulting with residents and their representatives.

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies required updating or review to reflect a centre specific approach, including policies on risk management and client property.

10. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Additional local policies have been developed as outlined in report.

Proposed Timescale: 09/10/2015