

**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-0003290
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Colette Fitzgerald
Lead inspector:	Julie Hennessy
Support inspector(s):	Louisa Power, Philip Daughen (Day 3)
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	4

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 3 day(s).

The inspection took place over the following dates and times

From:	To:
02 February 2016 10:00	02 February 2016 18:00
03 February 2016 09:30	03 February 2016 15:30
17 February 2016 09:30	17 February 2016 15:30

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 was the first inspection of this centre following an application by the provider to register the centre.

The service provided by this centre is a respite service and can accommodate eight residents. Inspectors met four residents availing of the respite service at the time of the inspection. Three other residents, who were not availing of the respite service at the time of the inspection but avail of the service at other times, visited the centre during the inspection to meet with and tell inspectors of their experience of the

service. Inspectors also reviewed questionnaires and satisfaction surveys completed by residents and family members and spoke with any family members who visited over the course of the inspection.

Overall, feedback from residents and family members was very positive. Residents' comments included that they can tell the person in charge if they are worried about anything, that they love the centre and that they "feel safe in the house". Family members were "extremely satisfied with (the) quality of care provided", that their loved one was "looked after very well" and that the person in charge was very approachable. Suggestions for improvement related to the need to increase the variety and quality of activities on offer and three relatives said that they would like if the respite service was open more often (it is currently open on a part-time basis, 14 nights per month).

Good practices were found in a number of areas. Residents' choice was facilitated and independence was promoted. Residents were active members of the local community. Residents' views and opinions were sought and acted upon. There was an obvious warm rapport between residents and the person in charge.

However, inspectors found significant non-compliances against the Regulations with three outcomes at the level of major non-compliance.

Under Outcome 5, not all residents had a comprehensive assessment by an appropriate healthcare professional, of their health, personal, social care, education and training needs. Other plans (such as healthcare plans, risk assessments or behaviour support plans) were not always available which reflected residents' needs. In addition, not all residents had a personal plan that outlined the supports required to maximise their personal development. While the impact of such failings was mitigated by a number of factors, including the short-term nature of the respite service and other information that the person in charge had gathered about residents' needs from residents' families, or in some cases their day service, this was a major deviation from quality standards.

Under Outcome 14, it was not demonstrated that the management systems in place ensured that the service provided was consistent and effectively monitored. In addition, the provider did not demonstrate how the person in charge met all of the requirements of the Regulations in terms of having the required qualifications. The provider nominee was requested to review the management systems in place in the centre and submit a proposal to HIQA within 10 working days as to how the requirements of the Regulations would be met. The provider nominee satisfactorily complied with this request.

Under Outcome 17, it was not demonstrated that there were suitable staffing arrangements in place in order to facilitate choice and options for residents during their stay in this centre. This had been already been identified by the provider nominee in the annual report carried out of the centre.

Other non-compliances were identified including in relation to healthcare needs, risk management including fire safety, the review of personal plans and the statement of purpose for the centre. Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the report.

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:

The organisation had a complaints policy and easy-to-read versions were visibly displayed throughout the centre. It was demonstrated that it had been discussed with residents how to make a complaint. The complaints policy identified a nominated person to manage complaints in the organisation. However, it did not identify a second person to oversee how complaints were managed, as required by the Regulations and as a result, the appeals process was not clear. However, feedback from some relatives did not demonstrate that they were aware of the organisation's complaints policy.

Inspectors reviewed complaints logs maintained within the centre. The complaints log indicated that complaints were recorded in accordance with the Regulations.

Staff practices were observed to be respectful of residents' privacy and dignity. Each resident had an intimate care plan and the organisation had an intimate care policy. Regular auditing of personal and intimate care practices were being completed. Bedrooms were all single rooms. Some improvement was required in relation to intimate care plans. For example, while the person in charge described very clearly how intimate care needs were supported while promoting independence, this was not clearly outlined in an intimate care plan reviewed. This will be addressed under Outcome 5 in the context of personal plans.

Residents' personal possessions were respected and residents could lock away their possessions should they wish to do so. Residents could choose which bedroom they wished to stay in for the respite break.

Residents' personal files outlined individual resident's likes and dislikes, activities and interests. Inspectors reviewed minutes of a residents' meeting dated 20 January 2016. Topics discussed included how to advocate for oneself, the importance of healthy eating and exercise, a fire drill briefing, security measures (such as locking the front door) and the use of the call button in each room. These meetings were a very recent introduction with only one meeting having been held since commencement of the Regulations. Additional regular (monthly) meetings were however held in the day service for residents who availed of a day service and that folder was available for review.

Residents described to inspectors what activities and interests they enjoyed. This included going for drives or walks and planned visits to the cinema, shopping centre or library. However, inspectors reviewed activity records and found that the range and type of activities on offer during any respite break was very variable. For example, records for one weekend demonstrated that residents went sightseeing while records for other weekends and for mid-week breaks indicated that options were more limited and involved watching TV or listening to music in the house. Relatives and residents expressed via questionnaires received by HIQA that they would also like to see more activities on offer. When asked, the person in charge explained that the options varied depending on the number of residents and the resident group availing of respite at any one time as there is only one staff member assigned to this centre. This issue was also identified by the provider nominee in the annual review where it has been acknowledged that current staffing levels are insufficient. The staffing issue will be addressed under Outcome 17, Workforce.

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:

The organisation had a communication policy. There was a range of information available in an easy-to-read format including in relation to how to make a complaint, rights and facilitating meal choice.

Pictorial information was available in residents' files, including in relation to their day service, advocacy, intimate care and pictures of friends, family, and holidays.

Residents had a communication profile that provided an overview of how each resident communicates and what staff need to do to support someone to communicate. However, where residents had communication needs, individual communication requirements were not highlighted in personal plans. In addition, where a speech and language therapy (SALT) report identified the use of three specific communication supports for a resident, two of these supports were not being used in the centre (a 'social story' and visuals). An inspector observed that the same resident appeared to be having difficulty communicating with staff and their peers.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that positive relationships between residents and their family members were supported while residents availed of respite.

Family satisfaction surveys had recently been completed and invited views of the service. Questionnaires were also completed in preparation for this registration inspection and family were invited to attend the inspection and speak to inspectors.

Responses and feedback from relatives and family members were overall very positive. Sample responses included that family members were "extremely satisfied with (the) quality of care provided", that their loved one was "looked after very well" and that the person in charge was "an excellent carer". Family members said that they can always contact the person in charge when they need to do so. Suggestions for improvement related to the need to increase the variety and quality of activities on offer and provided. Three relatives said that they would like if the respite service was open more often (it is currently open on a part-time basis 14 nights per month).

Residents were supported to be part of their local community. This included the use of amenities such as cafes, restaurants and local shops. In the summer, local outdoor facilities were accessed. A local voluntary group had recently been involved in upgrading the patio space belonged to this house - this had involved repairing and painting garden furniture and painting and decorating the walls and flower boxes. Residents who attended the local day service were involved in projects, many of which were community-based. Following one such project, a residents' art display was erected as a

permanent display item in a local tourist attraction.

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:

The policy on admissions, transition and discharge of residents, which had been reviewed in October 2015, was made available to inspectors. The policy took account of the need to protect residents from abuse by their peers. The general criteria, for admission to the organisation's service, were clear and transparent. However, the admission criteria outlined in the policy and the statement of purpose relating to the respite service was too broad. The policy stated that the eligibility for admission was determined by age, family circumstances and those already accessing the organisation's services.

A written contract was in place for all residents signed by the resident or their representative which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. However, the appendix which outlined the fees to be charged was absent for all contracts.

Judgment:

Non Compliant - Moderate

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:

Inspectors found significant inconsistency and gaps in terms of demonstrating compliance with the Regulations pertaining to individualised assessments and personal plans.

Where residents availed of a day service, assessments had been completed by an appropriate healthcare professional, of the health, personal and social care needs of each resident in the day service and were available in the centre. Also, a personal plan had been developed. However, four residents did not avail of a day service. As a result, not all residents had a comprehensive assessment, as required by the Regulations. In addition, not all residents had a personal plan that outlined the supports required to maximise their personal development, developed with the resident and where appropriate, their representative, as required by the Regulations.

For residents who did not attend the local day service, other relevant information had been gathered by the person in charge and a file was available in the centre. This included a communication profile, a telephone and visitor's record, an intimate care plan, an activities and outings log, a personal emergency evacuation plan, reports from the person in charge and a self-assessment questionnaire. In some cases, additional information was available, such as risk assessments or a profile that provided additional information about a resident's needs or supports. Where residents did not have a personal plan, the person in charge had consulted with each resident with respect to establishing personal goals.

However, for all residents, the development and tracking of goals required development. Goals were mainly activity-based instead of outcome-focussed, making it difficult to see how goals contributed to improving quality of life for residents. Long-term goals, such as how the respite service might support a person in developing independent living skills, were not considered. The supports required to ensure residents achieve their goals were not specified, in terms of staff, transport, facilities or other necessary supports. In addition, information pertaining to how residents' educational, employment and training goals were assessed and evaluated was inconsistent.

For residents who availed of the local day service, there was a formal process in place to review the personal plan annually or more frequently if there is a change in needs or circumstances. This review involved the participating of residents and their representatives, if appropriate. However, for residents who did not attend the local day service, there was no such process in place which allowed for the annual review (or more frequently, if there is a change in needs or circumstances) to take place and which was multidisciplinary.

In addition, inspectors found a number of failings as other plans (such as healthcare plans, risk assessments or behaviour support plans) were not always available which reflected residents' needs. For example, where a resident had communication needs, there was no communication care plan. Where a resident was on a special diet or had mental health needs, there were no corresponding care plans. Where a resident had behaviours that may challenge, there was no behaviour support plan available. However, on balance, inspectors found that the impact of these failings was mitigated by the fact that residents' needs were primarily supported by their family members in the community and or in some cases, day service staff. The impact was also mitigated by the fact that one consistent staff member (the person in charge) managed the respite service at all times and knew the needs and abilities of residents well. However, this could not be guaranteed in the event of the person in charge becoming unavailable for a period of time. In such an event, the information available in the centre would not be sufficient to ensure continuity of care and support to residents.

Overall, inspectors found that the failings relating to the assessments, personal plans and other plans as required to ensure that residents' needs are met and that residents' abilities are supported, were a major deviation from quality standards. This was discussed at length with the person in charge and provider nominee over the course of the inspection. Both the person in charge and provider nominee were open and willing to take the necessary actions to address the identified gaps.

Judgment:
Non Compliant - Major

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 location, design and layout of the centre was suitable for its stated purpose.

The centre was warm, clean and comfortable. It was well-maintained with no obvious hazards.

All bedrooms were single rooms with no shared bedrooms.

There was adequate communal space with two separate communal rooms available for use. There was a large sitting room with a television, which was comfortable and pleasantly decorated with ample seating and space. There was a second room where residents could listen to music or complete other activities, such as art work.

There was a kitchen/diner with suitable and sufficient cooking facilities, kitchen equipment and tableware.

Baths, showers and toilets were sufficient in number and standard. All showers were accessible and there was an accessible downstairs shower that could be used if a resident had mobility needs.

Certificates viewed demonstrated that there were suitable arrangements in place for the management of waste.

There was a separate utility room with a washing machine, dryer and cleaning equipment. There was a separate cupboard for the storage of chemical agents, which was locked with the key hung out of reach.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for risk management and emergency planning. The risk management policy met the requirements of the Regulations. The emergency plan for the centre considered emergencies due to a fire and outlined procedures in place in the event of an evacuation of the centre. Emergency contact details were clearly outlined. The emergency plan needed to be developed to outline what would happen in the event of the only staff member working in this house

becoming unwell.

There was a risk register in place. A number of risk assessments had been completed and were within their review date. However, improvements were required to the risk register. Risk assessments had not been completed for some identifiable hazards; not all risks had been considered and the controls were inadequate. For example, the fire risk assessment had not been updated by a competent person to reflect a recent report by a fire engineer. There were no risk assessments relating to lone working or the storage of chemical agents. In addition, the safety statement was due for review in 2012.

With respect to fire precautions, the centre was noted as having been provided with a fire detection and alarm system, as well as emergency lighting and fire extinguishers. There were an adequate number of escape routes from the centre. Two exits were identified where the door was secured with a key operated lock and although the key was provided in a break glass box adjacent to the door, there was no adequate justification identified to inspectors for this arrangement as opposed to doors which can be opened without the need for the occupant to possess a key for the door in the event of an evacuation. It was also noted that while the assembly point was at the front of the centre, two exits discharged to the rear garden where the only way of continuing to the assembly point was by way of a gate at the side of the house which was secured by a padlock. Therefore, anyone exiting to the rear in the event of a fire would not be able to exit the rear garden and proceed to the assembly point if they did not have the key for the padlock on their person.

There was a comprehensive provision of fire resistant doors installed throughout the centre where required to protect escape routes from the effects of heat and smoke in the event of a fire and contain a fire within the room of origin should one occur. The inspector did identify a storage room and a hot press not constructed in a manner capable of containing a fire within these rooms should one occur. The inspector also noted that while construction resistant to the passage of fire was provided in most areas in which it was required, there were gaps in the construction identified within the roof space that could provide a route for smoke and heat to travel past the construction, particularly where the walls surrounding the stair enclosure met the roof structure.

The fire safety maintenance arrangements were noted as being of a good standard generally although areas of improvement were also identified. The fire detection and alarm system, emergency lighting and fire extinguishers were noted as having been recently serviced. There was a procedure in place for daily checks within the centre when it was open and these checks were recorded within the fire safety register. There were further checks carried out relating to the fire alarm and its connection to the magnetic lock provided to the front door and a free swing self closing device that were not recorded as having been carried out. The inspector was informed verbally by the person in charge that these were checked and indeed the correct operation was demonstrated to the inspector.

There were examples of good maintenance practice identified such as electrical appliance testing and the prevention of lint accumulation within the clothes drier. The majority of the fire resistant doors were in good condition but some of the doors were noted as not having been maintained in a manner that would allow them to perform as

effectively as possible in the event of a fire. Some doors were not provided with the necessary seal to impede the movement of cold smoke past the door in the initial stages of a fire. A number of doors also required adjustment to ensure that the door could close correctly or required adjustment to ensure there were no excessive gaps present to provide a path for smoke past the door once it was closed.

There was a fire procedure in place and both the person in charge and the residents were aware of the procedure to follow. The needs of the residents had been assessed in the event of a fire and recorded in the form of a personal emergency evacuation plan for each resident. These were noted as having been recently reviewed by the person in charge. The inspector found that the information contained within them was of a good standard generally, but also noted that two residents were on medication that would potentially affect their ability to respond to a fire alarm signal at night and that this information was not recorded on the plans concerned.

The person in charge had received fire safety training and informed the inspector that she had made the necessary arrangements to receive refresher training in the near future. The inspector found the person in charge to possess the necessary knowledge as to the procedures to follow and the needs of the residents in the event of a fire. There were records indicating drills had been carried out recently including a drill replicating night time conditions within the centre. The inspector was informed that the intention was that drills be carried out on a monthly basis within the centre. The details contained within the fire drill records indicated that the fire and evacuation procedure in place was capable of being carried out in a timely fashion within the centre.

With respect to infection control, the centre followed the Health Service Executive (HSE) information booklet for Community Disability Services (2012). The centre was visibly clean with arrangements in place in relation to cleaning and laundry management, such as colour-coded systems. Facilities were available for hand hygiene. Personal protective equipment was available. However, improvements were required in relation to clarification of arrangements in place for the prevention and control of healthcare-associated infections. There was no infection control policy or procedure in the centre that outlined what arrangements were in place to prevent and manage infectious diseases in the centre; for example, what training was delivered to staff and what to do in the event of an outbreak (such as, would the resident go home or stay in the respite house). While there was a risk assessment for infectious diseases, the risk of cross-contamination had not been considered although the only person working in the house was involved in both food preparation and household duties. The controls for the risk of infectious diseases put the onus on staff to organise hand hygiene training and referenced a hand hygiene assessment to be carried out by 29 July 2015. The person in charge however had not completed hand hygiene training and had not had a hand hygiene assessment.

Prior to the close of inspection, the person in charge organised dates within a reasonable timeframe to attend any outstanding training required to meet residents' needs including in relation to hand hygiene, infection prevention and control and food safety (HACCP).

Systems were in place to ensure that all vehicles used to transport residents were roadworthy, regularly serviced, taxed and insured. Tax and insurance certificates were up to date for the vehicles used by the centre. Servicing records evidenced regular servicing of vehicles.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Residents told inspectors that they felt safe in the centre and that they knew who to report any concerns to in the event of an incident occurring. A number of residents completed a satisfaction survey for the organisation and completed questionnaires about their experience of the service. Residents' comments included that they can tell the person in charge if they are worried about anything, that they love the centre and that they "feel safe in the house". There was an obvious good rapport between residents and the person in charge.

The organisation had a local procedure in place for the prevention, detection and response to abuse. The person in charge had received training in relation to the protection of vulnerable adults and the management of behaviours that may challenge. The person in charge was aware of the procedure and the steps to follow in accordance with the organisation's policy.

Inspectors assessed the systems in place in the organisation to manage incidents or allegations of abuse. The system in place to manage incidents or allegations of abuse was assessed as robust in this centre at the time of inspection. Supports were provided as necessary. Recommendations arising from multidisciplinary case conferences were completed.

Residents had access to behavioural therapy, psychology and psychiatry as required. Risk assessments relating to behaviours that challenge had been completed and required supports were clearly documented. However and as previously discussed, the

required information was not always available. A behaviour support plan was not available in the centre for all residents who had such a plan, as would be required to ensure that residents were supported to manage their own behaviours in a consistent way.

An inspector reviewed a sample of records in the centre pertaining to the day-to-day management of residents' monies and petty cash in the centre. With respect to petty cash, records and receipts were maintained and monitored by the 'petty cash office'. With respect to residents' monies, the person in charge kept clear records of money residents brought with them to the centre and itemised how that money was spent. However, the person in charge said that receipts for items were given to families at the end of the respite stay. While there is no suggestion of mismanagement, the inspector found that this system was not robust as it did not allow for verification or auditing of how monies were spent.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

Previous notifiable incidents had been notified to HIQA, as required under the Regulations. A 'nil return' had been received with respect to notifications that indicated that no notifiable incident had occurred in the centre in the previous six months. A review of the incident book and residents' files and discussion with the person in charge supported the fact that there had been no notifiable incidents in the centre within that time period. The person in charge was aware of the requirements in relation to notifiable incidents and any quarterly reports to HIQA.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

There was a policy available in the centre pertaining to access to education, training and development.

Residents who wished to access a day service or work in the community did so, although due to the nature of the respite service, access was organised by families. Residents told inspectors that they enjoyed their day service. Courses on offer varied depending on residents' choice, wishes and abilities and included classes in numeracy and literacy, computers, art and participating in projects and keep fit programmes. Where residents chose to work, this was facilitated and supported.

However, information pertaining to how residents' educational, employment and training goals were assessed and evaluated was inconsistent. This was previously addressed under Outcome 5.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents' records demonstrated that residents had access to a general practitioner (GP) and consultants as required. This included psychiatry, neurology, endocrinology, orthopaedics and audiology. Where residents' had current healthcare needs, these were being investigated by the appropriate professionals. Out of hours GP services were available if required.

Residents had access to allied healthcare services including chiropody, dental, dietetics and opticians. However and as previously discussed under Outcome 5, a healthcare assessment for four residents had not been completed by an appropriate healthcare professional. The action pertaining to this failing has previously been given under Outcome 5.

Also, a 'hospital passport' was not available for these residents to provide key information about their healthcare needs to hospital staff in the event of an admission to a hospital.

In addition, healthcare plans had not been completed for residents' with identifiable healthcare needs, such as diabetes, epilepsy, cardiac disease, orthopaedic-related problems or anxiety, to ensure continuity of care and support between the resident's home, respite service and day service (where applicable). While the person in charge was able to articulate how residents' healthcare needs were being met or supported, the significant deficiencies in documentation meant that it was not possible to confirm what some residents' healthcare needs were or how they were being currently managed.

Due to the nature of the respite service, the person in charge completed the grocery shop prior to residents coming to respite. However, it was demonstrated that choice was offered in a variety of ways. Residents could choose to make an alternative meal to what was on offer should they wish to do so. Pictorial prompts aided choice for those who did not always communicate verbally. Residents prepared their own lunch or were supported to do so, if necessary. Residents accessed snacks when they wished to do so. The fridge was well-stocked with fresh fruit, vegetables, meat and dairy products. Food was observed to be appetizing.

Where residents had a special diet or plan, relevant information was available including in an easy to read and/or pictorial format. The person in charge was aware of residents' dietary needs and preferences. Advice of specialists, such as a dietician or endocrinologist, was being implemented.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a centre-specific medicines management policy and it had been reviewed in June 2015. The policy detailed the procedures for safe ordering, prescribing, storing and disposal of medicines. The policy also outlined that support would be offered to residents who wished to manage their own medicines and outlined the risk assessment to be used.

Staff described and an inspector saw that there was a robust checking process in place to confirm that the medicines received correspond with the medication prescription records. When residents entered the centre on respite, a documented record was maintained of the medicines received from the resident and/or their representative.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Training had been provided to staff in relation to medicines management.

Inspectors noted that many medicines were stored securely and there was a robust key holding procedure. However, inspectors saw and the person in charge confirmed that medicines requiring refrigeration were not stored securely and that the temperature was not monitored and recorded daily to ensure the reliability of the refrigerator. The person in charge confirmed that medicines requiring additional controls were not in use at the time of inspection.

A sample of medication prescription and administration records was reviewed by an inspector. Prescription charts were seen to be complete and in line with the relevant legislation. The medication administration records identified the medications on the prescription sheet and allowed for the recording of the time and date medicines were administered. However, an inspector noted that medicines were not always administered as prescribed. Medication administration records were left blank with no reason documented on a number of occasions where medicines were due to be administered in 50% of records reviewed. The person in charge confirmed that these medicines had not been administered.

A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to inspectors. The audit identified pertinent deficiencies and inspectors confirmed that many of the actions had been completed.

A system was in place to identify, report and investigate medication related incidents. Inspectors saw that no medication related incidents were recorded on file at the time of the inspection.

Judgment:

Non Compliant - Moderate

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:

The Statement of Purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. Inspectors found that the Statement of Purpose was clearly implemented in practice. The Statement of Purpose was made available to residents and their representatives.

However, the implementation and review date was not recorded on the statement. The Statement of Purpose did not contain much of the information as required under Schedule 1. The following were not clearly outlined:

- the specific care needs the centre was intended to meet
- criteria use for the admission to the designated centre
- any separate facilities for day care
- arrangements for review of individualised personal plans
- arrangements for residents to access education, training and employment
- arrangements for residents to attend religious services of their choice
- arrangements for contact between residents and their relatives, friends, representatives and local community
- emergency procedures.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider nominee of the centre is a qualified nurse in intellectual disability nursing. The provider nominee has an extensive remit of more than 15 designated centres geographically spread from Cork to Mitchelstown, Fermoy, Mallow and Kanturk.

The person in charge was responsible for this centre only. The person in charge has 25 years experience working with persons with an intellectual disability. She has completed a range of in-house training courses relevant to the role, including in fire safety, the management of potential and actual aggression, performance management, diet and nutrition, personal care, protection of vulnerable adults and medication management. However, the provider did not demonstrate how they had ensured that the person in charge met all of the requirements of the Regulations in terms of having the required qualifications. The provider nominee was requested to review the management systems in place in the centre and submit a proposal to HIQA within 10 working days as to how the requirements of the Regulations would be met.

The provider had completed unannounced visits to the designated centre. Inspectors reviewed the report arising from such visits and found that visits required development in order to meet the requirements of the Regulations. While some key aspects of quality and safety of care being delivered were reviewed, other aspects were not.

Similarly, while the provider had completed an annual review of the centre, the annual review did not meet the requirements of the Regulations as it did not demonstrate that care and support was in accordance with standards. For example, only two of eight care and support 'themes' were included in the annual review. As a result, while some key required actions were identified, including staffing levels and the need to improve personal plans, others were not. Areas not considered included the person in charge arrangements, the lack of contingency plans in the event of the person in charge not being available for a significant period of time and the fact that some residents had neither a comprehensive assessment nor a personal plan in place.

There were a number of audits in place that had been completed by either the person in charge or a number of cases, by a staff nurse in the day service. Audits included medication audits, environmental audits, general areas audit, protected mealtime audits, audits of good practice in relation to personal and intimate care. There was evidence of learning from audits with actions identified and completed.

It was not demonstrated that the management systems in place ensured that the service provided was consistent and effectively monitored. Gaps relating to both the annual review and unannounced visits were discussed with the provider nominee who told inspectors that her current remit was impacting on her ability to comprehensively monitor and review all aspects of the quality and safety of care being delivered in the centre. In addition, there were no formal arrangements in place in the event of the person in charge being absent from the centre for 28 days or more. The provider nominee agreed to explore suitable contingency arrangements in such an event. This is particularly relevant in this centre, as the person in charge is the only person working in

this centre. As a result, it was unclear whether the centre would close or not should the person in charge be absent from the centre for 28 days or more.

Judgment:
Non Compliant - Major

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:

There had not been any instance where the person in charge had been absent from the centre for 28 days or more. The provider was aware of the requirement to notify the Authority of any expected absence or absence as the result of an emergency as outlined in the Regulations.

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 inspector found that the centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

There was a household (or 'petty cash') budget that could be used to meet the day-to-day running costs of the centre.

The facilities in the centre reflected the statement of purpose. The centre was well maintained and in good condition. There was evidence that maintenance requests and other actions required were completed in a timely manner; for example, a new keypad had been installed in the front door in response to security concerns.

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:

There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff at night. The provider nominee and the person in charge outlined that the centre was open for seven nights per fortnight. Only one staff member, who was also identified as the person in charge, was employed at the centre.

However, based on observations, a review of the roster, feedback from residents and relatives and these inspection findings, inspectors concluded that staffing levels were not sufficient. Residents and their representatives outlined to inspectors that the choice and range of social activities provided were limited due to staffing levels and this was confirmed by the person in charge. This was also confirmed by the provider nominee who had identified staffing as an issue in the annual review of the centre. Inspectors reviewed the report arising from the annual review, which stated that "staffing levels were reviewed and are currently insufficient".

A policy relating to the recruitment, selection and vetting of staff was made available to inspectors which outlined robust procedures. However, the staff file was reviewed and found to not contain evidence of the person's identity, including a recent photograph.

Inspectors saw that copies of both the Regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. However, as outlined in the relevant outcomes, gaps were noted in relation to training required to meet residents' needs.

The person in charge confirmed that volunteers did not attend the centre at the time of the inspection.

Judgment:
Non Compliant - Major

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:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. However, there was evidence of correction fluid and pencil being used throughout residents' records.

All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff who demonstrated a clear understanding of these policies. A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years. However, the medicines management policy did not outline the administration of non-oral medicines such as topical preparations which were in use in the centre at the time of the inspection.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents' records were stored securely.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

<p>Judgment: Substantially Compliant</p>

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:

Julie Hennessy
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-0003290
Date of Inspection:	02 February 2016
Date of response:	16 March 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Inspectors reviewed activity records and found that the range and type of activities on offer during any respite break was very variable and at times limited.

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

1. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The provider nominee will seek to arrange for a part-time staff to assist with activities for an evening and weekend.

- The PIC will contact the Volunteer Co-ordinator to increase the utilisation of volunteers to assist with activities.
- The PIC will arrange PCP review meetings to ascertain the interests as required by residents unique and individual's needs wants and aspirations.

Proposed Timescale: 31/05/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The complaints policy did not identify a second nominated person to oversee how complaints were managed, as required by the Regulations and as a result, the appeals process was not clear.

2. 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 appeals process in the complaints policy will be reviewed in order to include an appeals process with named individual to appeal to in the event the complainant is not satisfied with outcome of the complaint.

Proposed Timescale: 30/04/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Feedback from relatives did not demonstrate that they were aware of the organisation's complaints policy.

3. Action Required:

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

The PIC will ensure that through an information leaflet that all families and residents will be made aware of the complaints procedure as soon as is practicable after admission.

Proposed Timescale: 31/03/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Where residents had communication needs, individual communication requirements were not highlighted in personal plans. In addition, where a speech and language therapy (SALT) report identified the use of three specific communication supports for a resident, two of these supports were not being used in the centre (a 'social story' and visuals). An inspector observed that the same resident appeared to be having difficulty communicating with staff and their peers.

4. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The PIC will ensure that the personal plans and support plans are reviewed and the recommended communication supports are used in the respite centre. The PIC will contact the Cope Foundation SLT for assistance with communication plans.

Proposed Timescale: 30/04/2016

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 admission criteria outlined in the policy and the statement of purpose relating to the respite service was too broad.

5. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The PIC will review the admission criteria to the respite centre and ensure that the Statement of Purpose outlines the process for people we support and their families in a clear and transparent manner.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The appendix which outlined the fees to be charged was absent for all contracts.

6. 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 Statement of Purpose and Function will be reviewed by the PIC and missing Appendices put in document. Currently there is no fee for respite in this centre and this information will be added to the document. If the situation changes the document will be reviewed.

Proposed Timescale: 30/04/2016

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:

Not all residents had a comprehensive assessment by an appropriate health care professional, of their health, personal, social care, education and training needs, as required by the Regulations.

7. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The PIC will ensure that all individuals who avail of respite service within the designated centre have a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required

to reflect changes in need and circumstances, but no less frequently than on an annual basis. This will be assured through consultation with residents, families and day service personnel.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Other plans (such as healthcare plans, risk assessments or behaviour support plans) were not always available which reflected residents' needs.

8. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The PIC will ensure that each individual resident has a personal plan in place which addresses all assessed needs as set out under Regulation 05 (2)

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Not all residents had a personal plan that outlined the supports required to maximise their personal development, developed with the resident and where appropriate, their representative, as required by the Regulations.

9. 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 PIC will ensure that the four identified residents will have personal plans prepared and in place; the plans will be prepared in conjunction with the individual, staff from their day service and their families.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

For residents who did not have a day service, there was no process in place which allowed for an annual review of the personal plan (or more frequently if there is a change in needs or circumstances) to take place.

10. 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:

A scheduled review will be created. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative. The residents wishes will be ascertained in as far as is practical with regard to the nature of his or her disability

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

For residents who did not have a day service, there was no process in place which allowed for an annual review of the personal plan (or more frequently if there is a change in needs or circumstances) to take place which was multi-disciplinary.

11. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

All residents attend a day service.

A scheduled review will be created. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative including a representative in the day service accessed by the individual resident. The residents wishes will be ascertained in as far as is practical with regard to the nature of his or her disability

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

For all residents, the development and tracking of goals required development:

Goals were mainly activity-based instead of outcome-focussed, making it difficult to see how goals contributed to improving quality of life for residents.

Long-term goals, such as how the respite service might support a person in developing independent living skills, were not considered.

The supports required to ensure residents achieve their goals were not specified, in terms of staff, transport, facilities or other necessary supports.

12. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PIC will ensure that through a multi-disciplinary approach that all personal plans are addressed in a means that ensures all goals are outcome-focused taking into account the persons individual preferences. The residents wishes will be ascertained in as far as is practical with regard to the nature of his or her disability

Proposed Timescale: 31/05/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Improvements were required to the identification of hazards and the assessment and control of risks. Risk assessments had not been completed for some identifiable hazards, not all risk assessments had been updated to reflect changing circumstances and it was not evidenced that control measures were being effectively monitored.

13. 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 PIC will ensure that all risks are identified, addressed taking into account current control measures which are in place and what additional supports are required.

The PIC will ensure that a review process is developed to ensure that all risks are

identified, assessed, reviewed and monitored to reflect changing circumstances.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

The emergency plan needed to be developed to outline what would happen in the event of the only staff member working in this house becoming unwell.

14. Action Required:

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

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

The provider nominee will arrange for a social care staff with the appropriate knowledge and experience is transferred to the designated centre. The person must have completed a course in medication management.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

As detailed in the findings, improvements were required in relation to systems in place for the prevention and control of healthcare-associated infections.

15. Action Required:

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

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

The current PIC and provider nominee will review the system in place for the prevention and control of healthcare associated infections. Hand hygiene records and cleaning schedules will be maintained in each residence. The PIC completed a Hand Hygiene assessors' course on 07/03/2016.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Some fire resistant doors were not maintained in a fashion that would allow them to perform as effectively as possible in the event of a fire as described in the findings.

Weekly checks on the fire detection and alarm system and its connection to the magnetic lock provided to the front door and a free swing self closing device were not recorded as having been completed.

16. Action Required:

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

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

The Provider nominee has arranged that maintenance of all internal fire resistance doors will be carried out. The PIC will contact the Safety Officer to update staff training in the recording of fire alarms and in the recording of the magnetic locks and swing doors.

Alterations are required to the building fabric to improve fire safety, particularly to the hot press and stairs at first floor level. Funding is currently not in place to carry out the associated works. However the provider nominee will escalate the provision of these with the leadership team in Cope Foundation.

Proposed Timescale: 29/04/2016. An update on the timescale for improvement works is 03/06/2016

Theme: Effective Services

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

The means of escape was noted as not being adequate in the following respects:

Not all final exit doors were easily openable in the direction of escape in the event of a fire without the use of a key

The arrangements in place for building occupants to reach a place of safety such as the assembly point from the rear garden were not adequate as described in the findings

17. Action Required:

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

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

A thumb turn lock will be provided on all final exit doors and alternative door controls will be provided to ensure that all doors are accessible.

A lock on the side gate has been removed to ensure that all occupants can make their way to the Assembly Point located at the front of the property.

Non Maintained 3hr. illuminated Emergency Lighting will be provided.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

The arrangements in place for containing a fire were not adequate in the following respects:

The storage room under the stairs and the hot press were not constructed in a manner capable of containing a fire should one occur within these rooms

There were gaps identified in the fire resistant construction provided within the roof space as described in the findings

18. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Smoke Strips, a self-closing device on the corridor door, a new FD30s bedroom door, fire stopping and 12.5mm plasterboard slab to the underside of the stairs will be provided. Fire stopping will be provided in the roof space to address this issue as part of works to be carried out to the hot press and first floor corridor.

Improvement works are required for containing fires, particularly with respect to the corridor at first floor level. The budget for these works are not in place at present however the provider nominee will escalate the provision of these with the leadership team in Cope Foundation.

Proposed Timescale: 29/04/2016. An update on the timescale for improvement works is 03/06/2016.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

It was not demonstrated that every effort to identify and alleviate the cause of residents' behaviour was made. A behaviour support plan was not available in the centre for all residents who had such a plan.

19. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC will ensure that residents who have been identified as requiring a positive behaviour support plan will be reviewed by Positive Behaviour Support team. This will include the development of a positive behaviour support plan which will assist all staff in identifying and alleviating the cause of the behaviour. This will include consultation with residents and/or a representative and day service and residential staff members.

Proposed Timescale: 31/05/2016

Theme: Safe Services

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

The system for the management of residents' monies was not robust as it did not allow for verification or auditing of how monies were spent.

20. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The system for management of resident's finances will be reviewed by the PIC and the Provider Nominee with assistance from the Finance Department. A process to verify how monies are spent will be included. All processes will be audited in the future.

Proposed Timescale: 30/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

It was not possible to confirm what some residents' healthcare needs were or how they were being currently managed. Where residents had identifiable healthcare needs, healthcare plans had not been developed to ensure continuity of care and support between the resident's home, respite service and day service (where applicable).

21. Action Required:

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

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

The PIC will ensure that all residents have a detailed health assessment within personal plan. This will include relevant health assessment and action plans required. The PIC will ensure that review of healthcare is carried out as part of the personal plan review process.

Proposed Timescale: 31/05/2016

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:

Medicines requiring refrigeration were not stored securely and the temperature was not monitored and recorded daily to ensure the reliability of the refrigerator

22. Action Required:

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

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

The PIC will arrange a procedure for recording of temperatures of the fridge which is used to store medications when required.

Proposed Timescale: 30/04/2016

Theme: Health and Development

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

Medication administration records were left blank with no reason documented on a number of occasions where medicines were due to be administered

23. Action Required:

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

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

The PIC will ensure that drug administration record sheets are completed correctly including reason for non-administration of any medicinal products. This will include the introduction of a more detailed key system documenting reason for non-administration

Proposed Timescale: 31/05/2016

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 did not contain much of the information as required under Schedule 1.

24. 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 PIC will carry out a full review of the statement and purpose to ensure that all information required under Regulation 03 (1) is included within the document.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

The implementation and review date was not recorded on the statement of purpose.

25. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The PIC will ensure that process for implementation and review date of the statement of purpose is documented and included within the statement of purpose document

Proposed Timescale: 30/04/2016

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 provider did not demonstrate how the person in charge met all of the requirements of the Regulations in terms of having the required qualifications.

26. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The provider nominee proposes that the current PIC will become a PPIM in the Centre.

A new structure will be put in place in this centre with formal link developed with another Designated Centre in East Cork. The newly appointed PIC will be responsible for both centres. The person is currently a Team Leader and is familiar with the residents in the respite centre. This plan has been submitted to HIQA separately.

Proposed Timescale: 30/05/2016

Theme: Leadership, Governance and Management

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

It was not demonstrated that the management systems in place ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

There were no formal arrangements in place and no contingency plan in the event of the person in charge being absent from the centre for 28 days or more.

27. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The provider nominee and PIC will ensure a contingency plan is put in place for the event of the PIC being absent from the designated centre for more than 28 days.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

The annual review did not meet the requirements of the Regulations as it did not demonstrate that care and support was in accordance with standards.

28. Action Required:

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

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

The provider nominee will ensure that the annual review of the quality and safety of care and support within the designated centre will be carried out in due accordance with requirements set out under regulation 23 (1) (d)

Proposed Timescale: 30/06/2016

Theme: Leadership, Governance and Management

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

It was not demonstrated that the unannounced visits to the designated centre by the provider met the requirements of the Regulations. While some key aspects of quality and safety of care being delivered were reviewed, other aspects were not nor were failings identified on this inspection considered.

29. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider nominee will ensure that all unannounced visits will be carried out in due accordance with requirements set out under regulation 23 (2) (a).

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels were insufficient and leading to negative outcomes for residents.

30. Action Required:

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

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

The PIC and provider nominee will review current staffing levels to ensure that sufficient staffing levels are appropriate to the individual needs of the residents. This will include the introduction of a part-time staff member to the team in the designated centre which will aim to meet the needs of the residents. The PIC will liaise with the volunteer co-ordinator to introduce the role of the volunteers within the designated centre.

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

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

The staff file found to not contain evidence of the person's identity, including a recent photograph.

31. 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 PIC will ensure that all staff files include information and documents as specified in Schedule 2 are obtained for all staff.

Proposed Timescale: 30/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The medicines management policy did not outline the administration of non-oral medicines such as topical preparations which were in use in the centre at the time of the inspection.

32. 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:

The medicines management policy will be reviewed to include the outlines in relation to the administration of non-oral medicines such as topical preparations

Proposed Timescale: 30/06/2016

Theme: Use of Information

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

There was evidence of correction fluid and pencil being used throughout residents' records.

33. Action Required:

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

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

The PIC will ensure that all documentation is completed within personal plans in a professional manner as specified in schedule 3

Proposed Timescale: 30/04/2016