

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0005188
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Ronan O'Murchu
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	John Greaney;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	3

## **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 1 day(s).

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

From: 12 October 2015 12:00 To: 12 October 2015 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 centre, operated by COPE Foundation, was a proposed designated centre providing accommodation and care for adults with intellectual disabilities. This announced inspection took place over one day and was undertaken to inform a decision in regard to the provider's application for registration of a designated centre to accommodate three residents. As part of this process inspectors reviewed the premises and accommodation available for suitability and compliance with the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Inspectors reviewed documentation relevant to the registration process. This included the statement of purpose, proposed contract of care and all policies developed for use by the provider including the health and safety statement. As the centre was not registered, and therefore not operational at the time of this inspection, findings in relation to health care, care planning and social care, resident rights, consultation, review of quality and safety of care, staffing ratios, training and risk assessments were based on the intentions articulated by management and the documentation available in relation to the implementation of the Regulations to achieve compliance.

An admission and staffing schedule was available that ensured an adequate staff complement with an appropriate skill mix for the assessed needs of the intended resident profile. Arrangements were in place for additional recruitment where necessary and provisions were made for the delivery of mandatory training and induction. Complete documentation had been submitted with the application and included written evidence of compliance with the requirements of the statutory fire authority. A number of areas were identified for improvement in order to bring the centre further into compliance with the Regulations including development and implementation of effective transition planning on all pending admissions. Documentation also required development in relation to policies and procedures on risk management, emergency planning, restraint and intimate care.

**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:**

A comprehensive policy on complaints was in place which provided directions on procedures to deal with complaints, both verbal and written, including time frames for related actions.

Management described arrangements for residents to have a voice in the day-to-day running of the centre which included the appointment of key workers and regular resident meetings. Information was available on how to access independent advocacy services. There was a policy on the provision of information to residents dated April 2015.

Appropriate consideration had been given to issues in relation to privacy and dignity with policies and guidance in place and relevant information included in both the statement of purpose and the residents' guide.

There was a policy on the management of residents' belongings and finances and effective procedures were in place on the implementation of this policy in relation to how transactions should be managed and recorded.

The centre had direct access to the Foundation's main campus and all associated facilities for recreation and activation. These included a sensory room, hydrotherapy, swimming pool and a broad range of activities. However, individual programmes of activity had yet to be developed as part of the transition plan and action in this regard is recorded against Outcome 5 on Social Needs.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

There was an effective policy on communication in place dated March 2014. A review of the personal care plans of the residents for admission indicated that all three were non-verbal and presented with specific communication needs. Management stated that access to the relevant healthcare professionals for the assessment of residents' needs was available. Proposed staffing levels and qualifications were in keeping with resident needs and management indicated that training and induction programmes for staff would also be tailored to meet the assessed needs of the residents. However, individual communication plans had yet to be developed as part of a person-centred transition plan for each proposed resident and action in this regard is recorded against Outcome 5 on Social Needs.

**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:**

There was a policy in place in relation to visitors dated April 2014. Management stated that the centre would facilitate visits by friends and family in all cases. Residents could receive visitors in either the communal areas of the house or in their rooms. There was also an office space that could be made available for residents to receive visitors in

private if so required. The organisation had a positive ethos in relation to the development of links with the community and there was an extensive network in place with which the centre could connect. However, individual, person-centred plans around the development of positive relationships between residents, their family members and the community had yet to be developed as part of the transition plan. Action in this regard is recorded against Outcome 5 on Social Needs.

**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:**

Policies and procedures were in place for admitting residents, including transfers, discharges and the temporary absence of residents. An admissions committee provided oversight of these processes. Policies and procedures took account of the need to protect residents in relation to peer on peer abuse. The resident admission process was in line with the centre's statement of purpose and provisions were also made to ensure residents and relatives had an opportunity to visit the centre prior to admission. Standard contracts were in place for completion on admission which reflected the terms and conditions of residency to include an addendum that detailed individual fees and any additional services that might incur an extra cost. However, person-centred plans around how the admission process was to be managed for each individual had yet to be developed as part of the transition plan for the proposed residents. Action in this regard is recorded at Outcome 5 on Social Care Needs.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

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

*maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Both the provider nominee and person in charge stated that processes were in place to ensure that all residents had a comprehensive assessment of their health, personal and social care needs prior to admission to the centre. Procedures were also in place to prepare a personal care plan for each resident on admission. The organisation provided services on a national level and the centre would have access to an extensive network of resources and supports to meet residents' needs in relation to developmental activities and recreation. However, as outlined in the relevant Outcomes of this report, individual, person-centred plans that provided direction and support to facilitate the transition process for each proposed resident had yet to be developed. Areas to be addressed by these plans included consideration around communication needs, family and personal relationships, impact of change, environment and related risk assessments, behavioural needs, healthcare needs, contingency plans, staffing levels and training and the supports necessary to achieve a good quality of life and to realise personal goals and ambitions.

**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 centre was a detached, single-storey building located in a quiet, residential area of the city. There was off-street parking for several vehicles at the front of the building. The premises comprised three single bedrooms, each with appropriate storage including a bed-side locker, wardrobe and chair. Whilst one of the bedrooms was smaller than the

others, the design and layout of all was adequate to meet the aims and objectives of the service as set out in the statement of purpose. There was a communal sitting room with comfortable seating and a TV. Bathroom and toilet facilities were adequate and included a shower and wash-hand basin. A separate room provided an office facility which was also available for visitors to meet in private if required. No staff accommodation was provided as the centre provided 24 hour waking staff cover. The dining area was in the kitchen which was a bright room that had double doors opening out onto a large, landscaped garden with a path leading to the main campus of the service provider that could be accessed through a secure gate at the foot of the garden. The garden was secure with restricted side access. There was also a detached garage which provided a further storage facility. The premises had recently been refurbished and was in good order. There was suitable, lighting, heating and ventilation and the centre was well decorated throughout.

**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:**

A current risk management policy was in place. However, this required development as it was not centre specific and did not reference the relevant risks as cited in the Regulations or the measures in place for their control. Additionally, the risk management policy did not include a centre specific emergency plan as specified in Schedule 5 of the Regulations - this issue is recorded for action against Outcome 18 on Documentation and Records. A risk register was in place. However, it required review as the risks for individual residents had not been revised to take account of centre specific circumstances, such as trips or falls, where one intended resident had a mobility issue.

A fire evacuation plan was in place which identified external fire assembly points. Exits were identified with appropriate signage. The centre was equipped throughout with appropriate equipment for fire prevention such as fire extinguishers. Written evidence of compliance with the requirements of the statutory fire authority was in place.

The premises were clean and well maintained throughout. The centre had a current and comprehensive health and safety statement that included guidance on food safety and hygiene. An infection control policy was in place that provided effective direction on colour coded cleaning and disposal of waste. There was a laundry room with equipment appropriate to the capacity of the centre that included a secure storage unit for

cleaning chemicals and hazardous items.

The person in charge confirmed that a comprehensive induction training programme would be implemented to meet requirements and ensure staff were competent in moving and handling, fire safety and prevention and the management of behaviour that might challenge.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place including appropriate policies and procedures that referenced national guidance. The person in charge understood the statutory requirements in relation to the recording and reporting of allegations of abuse. The person in charge confirmed that a programme of training in safeguarding and safety would form part of the induction programme for all new staff.

A policy providing direction on the provision of intimate care was also in place. However, review of this document was scheduled for May 2015 which was overdue. Action in this regard is recorded against Outcome 18 on Documentation and Records. Also, this feature of care required consideration in relation to each intended resident as no transition plan was in place to address individual intimate care needs. Action in this regard is recorded against Outcome 5 on Social Care needs.

A policy on the provision of behavioural support was also in place, dated June 2014, and the person in charge demonstrated a commitment to the provision of effective emotional, behavioural and therapeutic support. The person in charge confirmed that a programme of training in managing behaviour that might challenge would form part of the induction programme for all new staff. However, this welfare issue also required further consideration in relation to the development of care strategies as no transition plan was in place to address the behavioural needs of the individual residents. Further detail in this respect was required in relation to any specialist or multi-disciplinary team input. Action in this regard is recorded against Outcome 5 on Social Care needs.

There was a policy in place on the use of restrictive procedures including physical,

chemical and environmental restraint dated April 2014. However, this policy referenced exemptions in relation to the definition of physical restraint which were not in keeping with national guidance and required review accordingly. Action on this finding is recorded against Outcome 18 on Records and Documentation. A multi-disciplinary restrictive practices review committee operated at organisational level to provide oversight on practice in relation to the use of restraint. The person in charge was aware of the statutory requirements in relation to the use and recording of restraint and the need to consider all possible alternatives before utilising a restrictive procedure.

**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:**

The person in charge understood the legislative requirement to retain and record all incidents occurring in the designated centre and where required, that these should be notified to the Chief Inspector.

**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:**

Both the provider nominee and person in charge articulated a commitment to providing

residents with opportunities for new experiences, social participation and training appropriate to their assessed needs and abilities. In this respect continuity of staffing and the allocation of a key worker would be addressed in each residents' individual transition plan. Action in this regard would require an assessment of each resident's goals relevant to their general welfare and development to be completed as part of a more comprehensive pre-admission assessment of their needs, wishes and abilities. Goals could then be developed in accordance with their preferences and to maximise their independence. Key resources in achieving these outcomes were identified by management as those facilities available and accessible by residents on the main campus adjacent to the designated centre. Action in relation to these issues relates to the development of effective individual transition plans and is recorded accordingly against 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:**

The inspectors reviewed personal care plans for some of the residents to be admitted and noted that the welfare and wellbeing of residents was maintained through both evidence based nursing care and appropriate medical care. Appropriate assessments were in place with recognised assessment tools utilised to inform decision making about treatment. There was evidence of input by allied healthcare professionals and multidisciplinary teams where necessary. These personal care plans were individualised, comprehensive and kept under regular review. However, as outlined in other Outcomes of this report, individual, person-centred plans that provided direction and support to facilitate the transition process for each proposed resident had yet to be developed. Transition plans to address areas such as the management of individual conditions, the potential impact of the transfer process and issues in relation to medication management for example were not in place. Action in this regard is recorded already against Outcome 5.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The policy on medication management was dated 6 June 2014. Relevant guidance was provided on practice in relation to the use and storage of controlled medications. The policy described arrangements to ensure that unused and out of date medications were segregated from other medicinal products, as required by the Regulations. A system was in place to record medication errors. The person in charge confirmed that appropriate training in relation medication management would be delivered as part of the induction programme for staff.

The inspectors reviewed the personal care plans available for the intended residents and noted that transition plans were not in place to ensure that information relevant to the medication management for each resident was effectively transferred. Action in this regard is recorded at Outcome 11 on Healthcare Needs.

**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:**

The inspectors reviewed the statement of purpose which declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. However, further review was required to fully reflect the requirements of Schedule 1 of the Regulations in relation to the following:

Item 2 (a) – the specific care and support needs that the designated centre was intended to meet,

Item 4 – a description (either in narrative form or a floor plan) of the rooms in the designated centre, including their size and primary function,  
Item 5 - reference as to whether or not day care facilities are provided at the designated centre,  
Item 7 – the organisational structure of the designated centre.

**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:**

Management arrangements in place were satisfactory with delivery of care to be directed via a designated person in charge who was employed on a full-time basis. The governance and management structure was in keeping with that outlined in the statement of purpose. The person in charge told the inspector that she was also responsible for one other centre on the main campus adjacent to the centre. At time of inspection the person in charge had responsibility for the operational management and administration of this new centre and would be on-site regularly and accessible by staff as need be on a daily basis. The person in charge explained that recruitment processes were ongoing to appoint additional staff including a new person in charge and also a person to participate in management and deputise as required. The centre would be subject to a review of the quality and safety of care to include unannounced visits by the provider nominee and related written reports. Regular management meetings would be scheduled to review quality management systems such as audits. Additional mechanisms of oversight at organisational level included an admissions committee and a restrictive interventions review committee. The person in charge was suitably qualified, experienced and demonstrated good leadership and organisational skills. The person in charge also demonstrated an effective knowledge and understanding of the relevant legislation and took a responsible approach to the statutory duties associated with the role. The provider nominee and the person in charge outlined plans to develop the service for residents and both demonstrated a commitment to the continued improvement of service and standards for the centre. Where areas for improvement were identified in the course of the inspection the provider nominee demonstrated a

conscientious approach to addressing these issues and a commitment to compliance with the regulations. However, the absence of transition planning outlined in other Outcomes of this report reflected a deficiency of effective management systems to ensure that the service was safe and appropriate to residents' needs.

**Judgment:**

Non Compliant - Moderate

**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:**

The person in charge explained that the recruitment processes were ongoing and that a nominated deputy would be appointed. A roster of suitably qualified and experienced staff was also available from affiliated centres in the area to deputise as required in the event of such absences. Both provider nominee and the person in charge 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 provider nominee confirmed that adequate resources were available to ensure the centre was appropriately staffed and equipped to deliver a standard of care in keeping

with the statement of purpose. The provider also stated that resources were available to develop the centre and to invest in the recruitment and professional development of staff. The inspectors were satisfied that resources had been invested appropriately in the centre which was in good order and well equipped throughout.

**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:**

The inspectors found that the qualifications, skill mix and proposed staffing levels were appropriate to the assessed needs of the resident profile. Both the provider nominee and the person in charge indicated a commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. The person in charge described a programme of training and induction that included all items of mandatory training such as safeguarding and safety, manual handling and fire training. Positive behaviour support training would also be provided to all staff in keeping with the profile of residents' needs. Appropriate staff supervision arrangements were in place that included a system of performance management and appraisal to identify training needs and support continuous professional development. Copies of the centre's policies were available for reference by staff and copies of the Regulations and the National Standards for the sector were also maintained on site. Effective recruitment and training policies were in place that appropriately referenced safeguarding measures and robust vetting procedures.

**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 were not centre specific and some required updating or review, for example the risk management policy required development to include effective emergency planning. Review of the intimate care policy was overdue. There was a policy in place on the use of restrictive procedures including physical, chemical and environmental restraint dated April 2014. However, this policy referenced exemptions in relation to the definition of physical restraint which were not in keeping with national guidance and required review accordingly.

Staff recruitment processes were ongoing and the person in charge explained that staff records would be held centrally at head office on the adjacent main campus. Templates were available for a number of recording processes such as complaints, incidents and risk assessment forms. At time of inspection no residents had been admitted to the centre and no directory of residents was in place. A residents' guide which summarised the services and facilities provided by the centre and the terms and conditions of residency was available.

Records as specified in Schedule 4 of the Regulations were available to the extent that processes had been implemented such as contract templates, staff complement and documentation relating to fire maintenance and procedures. The centre was appropriately insured and documentation to this effect was available dated 12 August 2015. The person in charge was aware of the statutory requirements in relation to record keeping.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

## **Acknowledgements**

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

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

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

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0005188
<b>Date of Inspection:</b>	12 October 2015
<b>Date of response:</b>	13 November 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 05: Social Care Needs

**Theme:** Effective Services

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

Put in place person-centred plans to facilitate the transition process including, but not limited to, consideration around:

- communication needs,
- family and personal relationships,
- environment and related risk assessments,

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

- behavioural needs,
- healthcare needs,
- emotional needs and impact of change,
- contingency plans,
- staffing levels and training.

**1. 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:**

Detailed person centred transition plans have been developed to facilitate the transition process and to meet the assessed needs of each resident. These plans will be reviewed and updated as required as the transition process progresses.

**Proposed Timescale:** 13/11/2015

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

**Theme:** Effective Services

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

The risk management policy required development as it was not centre specific and did not reference the relevant risks as cited in the Regulations, or the measures in place for their control.

**2. 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:**

A centre specific risk management policy is being developed to include hazard identification and assessment of individual risk and the measures in place for their control. The centre specific risk management policy will be completed by 20/11/15 and will be reviewed and updated as required as the transition process progresses.

**Proposed Timescale:** 20/11/2015

**Theme:** Effective Services

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

The provider is required to implement systems for the assessment, management and ongoing review of risk to include an effective risk register.

**3. 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:**

A centre specific risk register is being developed to include hazard identification and assessment of individual risk and the measures in place for their control. The centre specific risk management policy will be reviewed and updated as required as the transition process progresses.

**Proposed Timescale:** 20/11/2015

**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 required review to fully reflect the requirements of Schedule 1 of the Regulations.

**4. 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 is being updated to fully reflect the requirements of Schedule 1 of the Regulations and will be completed by 20/11/15.

**Proposed Timescale:** 20/11/2015

**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 absence of transition planning reflected a deficiency of effective management systems to ensure that the service was safe and appropriate to residents' needs.

**5. 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:**

- Detailed person centred transition plans have been developed to facilitate the transition process and to ensure the service is safe and appropriate to residents' needs. These plans will be reviewed and updated as required as the transition process progresses.
- The recruitment process was completed on 09/11/15 and a new person in charge has been appointed. The new person in charge will guide and lead the transition process and will initially be supported by the interim person in charge currently in place.

**Proposed Timescale:** 13/11/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The risk management policy required development to include effective emergency planning as per item 16 of Schedule 5.

**6. 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 risk management policy has been reviewed and will be presented to the policy development forum on 02/12/15 for approval prior to circulation

**Proposed Timescale:** 02/12/2015

**Theme:** Use of Information

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

Review of the intimate care policy was overdue.

**7. Action Required:**

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

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

The intimate care policy is currently being reviewed and will be presented to the policy development forum on 02/12/15 for approval prior to circulation.

**Proposed Timescale:** 02/12/2015

**Theme:** Use of Information

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

The policy in place on the use of restrictive procedures required review as it referenced exemptions in relation to the definition of physical restraint which were not in keeping with national guidance.

**8. Action Required:**

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

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

- The policy on the use of restrictive procedures was reviewed on 11/08/15 and updated in keeping with national guidance.
- Updated policy will be presented to the policy development forum on 02/12/15 for approval prior to circulation.

**Proposed Timescale:** 02/12/2015