

**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-0003307
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Colette Fitzgerald
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 November 2015 10:00 To: 27 November 2015 14:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an announced monitoring inspection of a new unit forming part of a designated centre, operated by COPE Foundation, providing accommodation and care for people with intellectual and physical disabilities and behavioural needs. This was a follow up inspection to a previous monitoring event on 29 April 2015, the report on which is available on www.hiqa.ie. Part of the action plan in response to that inspection was that the provider reduce the number of residents in the main unit of the centre. The purpose of this inspection was to inform a decision on approving an action by the provider to transition five of the existing residents to a new unit in the centre. No residents were occupying the unit under assessment at time of inspection. There was no increase in the number of registered beds for this application and no other area of the centre was inspected.

As part of this process the inspector 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. Documentation reviewed included the statement of purpose and a sample of transition care plans. The inspector met with the person in charge and nominated provider. The findings of the inspection are set out under a series of 7 outcome statements. These outcomes set out what is expected in designated centres and are based on 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.

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 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Individualised, written, personal plans were in place for each resident proposed for transition and a sample of these plans were reviewed by the inspector. Documentation in place reflected a regular review around the development of interests, activities and goals for residents, including input by multi-disciplinary teams as appropriate. Arrangements for residents to continue access to their day services where necessary were in place. Communication and medication 'passports' were in use which provided effective direction to staff in meeting the needs of residents. The organisation provided services on a national level and the unit was part of a centre that had access to an extensive network of resources and supports to meet residents' needs in relation to developmental activities and recreation. Facilities such as an activation room were in place and a pool for hydro-therapy was also available on campus. Transport and staff resources were in place to enable residents to have access to, and participate in, activities and events in the local community.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The unit was a newly built detached, single-storey building located in a quiet, residential area of the city. The facility was gated with secure parking for several vehicles at the front of the building. The unit was laid out over two wings with a shared recreation space available between both. The design and layout of each wing was the same and comprised accommodation for three residents including kitchen facilities and a dining area, bathroom and shower facilities and a communal sitting area. The unit was laid out to accommodate five permanent residents with one designated room for emergency respite. All bedrooms were designed and laid out to meet the aims and objectives of the service as set out in the statement of purpose. Bedrooms were bright and each had appropriate storage including space for a bed-side locker, wardrobe and chair. A small outside garden space was available which provided seating and secure access. Office space and facilities were also available for staff though no staff accommodation was provided as the unit would provide 24 hour waking staff cover. The premises had recently been refurbished and was in good order. There was suitable, lighting, heating and ventilation and the unit 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):

No actions were required from the previous inspection.

Findings:

The person in charge confirmed that a comprehensive induction training programme would be implemented to meet requirements and to ensure that staff were competent in moving and handling, fire safety and prevention and the management of behaviour that might challenge. The unit was purpose built and fully accessible with appropriate fire escapes and signage in place. A fire evacuation plan was on display which identified external fire assembly points. The unit was equipped throughout with appropriate equipment for fire protection and prevention including alarm systems and fire extinguishers. The premises were clean and well maintained throughout with adequate

laundry and cleaning facilities that included a secure storage facility for hazardous chemicals.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

At time of inspection the unit was unoccupied and the person in charge explained the measures in place to ensure the safeguarding and safety of residents which included appropriate policies and procedures that referenced national guidance. The person in charge demonstrated a commitment to the provision of effective emotional, behavioural and therapeutic support and described the transition arrangements that would include a programme of training in safeguarding and safety for staff that would also form part of the induction programme for any new staff. Policies on both the provision of intimate care and the provision of behavioural support were also in place.

A current policy was in place on the use of restrictive procedures and 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 11. Healthcare Needs

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

Theme:

Health and Development
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed a sample personal care plan for a resident being transferred within the centre to the unit and noted that welfare and wellbeing was maintained through both evidence based nursing care and appropriate medical care. The personal care plan was individualised, comprehensive and kept under regular review. 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.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge explained that the continuity of medical care would be maintained and residents transferring to the unit within the centre would continue under their existing regime of care. Medication reviews for the unit would also be maintained as part of the centre's overall systems of review and monitoring. The sample of personal care plans reviewed for residents to transfer within the centre to this unit included information relevant to the management of their medication. The person in charge also confirmed that appropriately trained staff were scheduled for the transition arrangements and any new staff would receive relevant training as part of an induction programme.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>The quality of care and experience of the residents are monitored and developed on an</i></p>
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ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Both the provider nominee and the person in charge confirmed that there would be no changes to the governance arrangements for the centre overall and that this additional unit would also be managed and monitored by the existing person in charge. The provider nominee was in regular attendance on-site and maintained ongoing contact with the person in charge. Regular management meetings took place 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. As established on previous inspection 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 within the new unit and both demonstrated a commitment to the continued improvement of service and standards for residents overall. Governance was supported by effective systems of communication and supervision. Appropriate arrangements were in place for the deputisation of the person in charge. The person in charge had audit systems in place to ensure the delivery of a safe and appropriate service.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the qualifications, skill mix and proposed staffing levels as outlined in the statement of purpose 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 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. Effective recruitment and training policies were in place that appropriately referenced safeguarding measures and robust vetting procedures.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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