

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 17
Centre ID:	OSV-0005518
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):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

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: 06 December 2016 09:30 To: 06 December 2016 16:00

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

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

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA) following an application by the provider to register the centre. This centre was not actively providing residential services at the time of inspection and there were no residents living at the centre.

How we gathered our evidence:

Inspectors met with the person in charge of the centre and the representative of the provider. Inspectors reviewed the systems and processes in place with those staff as they related to providing a safe, quality service for any prospective residents.

Inspectors also reviewed the physical premises and relevant documentation, including policies and procedures, risk assessment and templates.

Description of the service:

The centre was a purpose-built single-storey premises in a gated complex. The designated centre was comprised of two units joined together by a link corridor to form one building. Both units contained a spacious living area, kitchen and dining area and bathrooms. A small outdoor space was also provided with a shaded patio area suitable for outside activities. The centre was modern, bright, warm and spacious and pleasantly decorated and bedrooms were in the process of being personally decorated by residents due to move in to this centre.

The service provided was intended to accommodate five adult male and female residents with a severe to profound intellectual disability and there was one respite bed.

Overall judgment of our findings:

Overall, the provider had put systems and arrangements in place to meet the requirements of the regulations. Admissions were being planned and based on an assessment of needs. There were effective fire safety systems in place and staffing levels and training needs had been identified and were being met.

Improvements were required in relation to a number of policies and procedures, as they related to medication management, the use of closed circuit television (CCTV), the management of complaints and enteral feeding.

In addition, the statement of purpose required review to ensure that it accurately reflected the nature of the service to be provided and the staffing supports that would be in place. Finally, additional works were to be scheduled to support any prospective residents with mobility needs.

The reasons for these findings are explained under each outcome in the report and the regulations that were not met at the time of the inspection are included in the action plan at the end of this 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:

Overall, there were arrangements in place in relation to promoting residents' dignity and rights and ensuring consultation with residents would take place.

There was a policy and procedure in place for the management of complaints. The complaints procedure was visibly displayed in the centre and identified the nominated person who oversaw any complaints and a second nominated person to oversee how complaints were being managed. The organisational policy required review to include the details of the second nominated person. This will be addressed under Outcome 18: Records and documentation. There was a complaints log in the centre.

There were arrangements were in place to ensure that support was provided in a dignified and respectful manner. An intimate care template included the identification of residents' ability to perform tasks in relation to personal hygiene and dressing and supports required. There were no shared bedrooms in the centre and there were locks on bathroom doors. The inspector observed that there were rectangular glass panels on bedroom doors, which the person in charge explained were to allow for nightly checks of residents. There was a closing mechanism on the panel to prevent residents being seen from the hallway in between checks. The person in charge said that assessments would be completed to consider whether nightly checks were required and if so, at what frequency.

Adequate storage was provided for residents' personal possessions and there was a policy relating to residents' personal property, personal finances and possessions. The person in charge and care staff outlined the checks that would be in place for managing

residents' monies.

Adequate facilities were available for residents to be involved in doing their own laundry, if they wished and in accordance with their abilities.

The person in charge and care staff outlined arrangements for consulting with residents and their representatives. The person in charge said that resident forums would be held every two months and family forums would be held quarterly. Families had been provided information in relation to advocacy services. These arrangements were also outlined in the residents' guide.

The inspector observed that closed circuit television (CCTV) was in use of the external areas only. Two television screens were in the centre, one in the office and the second in the kitchen. It was not clear whether this was a live feed (monitoring only) or recording. While the organisation had a policy in place for the use of CCTV, there was no centre-specific policy for its use in this centre. This will be addressed under Outcome 18: Records and documentation.

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:

Overall, there were arrangements in place to support any residents with communication needs.

There was a policy in place relating to communication with residents. The person in charge said that the assessment of needs that would be completed for any resident identified as moving into this centre would include an assessment by a speech and language therapist. The inspector reviewed a sample of assessments of need and found this to be the case. Recommendations made by the SALT were included in an action plan. Any communication requirements would be included in residents personal plans. A sample template of a communication profile, communication passport (that outlined residents' preferred communication methods) and a communication care plan was viewed.

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:

Overall, the person in charge outlined how family relationships would be supported and how links with the community would be established.

The statement of purpose outlined that family members and friends were encouraged to visit and made feel welcome. There was adequate space for residents to receive visitors in private or for visitors to spend time in the communal activity or relaxation room.

Residents and their relatives had already visited the centre and further visits were planned.

The centre was located in a suburb close to a city. There was a wide range of facilities and amenities within walking distance or accessible using public transport. The person in charge outlined that public transport was easily accessible from this centre. A bus was available, which was shared with another centre and additional buses were available at weekends. Private transport would be used if there was no other available option. The person in charge told the inspector that she did not anticipate any restrictions to residents accessing the wider community as a result of any transport-related issues.

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:

Overall, the person in charge and provider representative outlined the arrangements in place to ensure that admissions take place in a planned and safe manner in line with the organisation's policy and the statement of purpose. At the time of inspection, contracts of care for prospective residents were under review by a member of the organisation's financial team.

The organisation had a policy in place relating to admissions, transfers and discharge of residents, which outlined the criteria for admission. An individualised transition plan had been developed for any prospective residents, which considered elements required to support a successful transition. The plan was based on a multi-disciplinary assessment of needs. The transition plan included positives and any barriers to the move, the plan details, any supports required to ensure a successful transition and individualised risk assessments. The plan details outlined how each resident would be introduced to their new home in a gradual manner, commencing with sort visits and building up to overnight stays over a four-week period.

A sample of the written contract was made available which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. The provider outlined that all contracts of care were currently being updated and renewed across the service and this would also be the case for any residents who would be residing in this centre.

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:

Overall, the person in charge demonstrated that there were arrangements in place for assessing residents' needs and developing a personal plan.

A process was underway to ensure that a comprehensive assessment of the health, personal, social care and support needs of the resident prior to admission. Sample assessments of needs were viewed, which had been completed by the multi-disciplinary team. The assessment of needs outlined any supports that residents would require following their admission to the centre, including in relation to mobility, nutrition and hydration, intimate care, personal development and accessing the community. An action plan had been developed to track any recommendations. The person in charge outlined that these assessments would inform residents' personal plans. The multi-disciplinary team had agreed to meet again in (approximately) March 2017 once the centre was operational and residents were living in the centre to review their progress and any additional support requirements.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The inspector reviewed a template for the booklet and saw that the template recorded comprehensive information in relation to the needs of the resident including any communication supports and any support required during mealtimes or to take medication.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall, the design and layout of the premises was suitable for its stated purpose.

The design and layout of the centre was in line with the centre's statement of purpose. The centre was a purpose-built single-storey premises in a gated complex. The designated centre was comprised of two units joined together by a link corridor to form one building. Both units contained a spacious living area, kitchen and dining area and bathrooms. A separate room was available, accessible from both units of the centre, that the person in charge outlined would be used as a dedicated activation room for residents. A small outdoor space was also provided with a shaded patio area suitable for outside activities.

The centre was modern, bright, warm and spacious and pleasantly decorated. There was adequate private and communal space for residents. Five bedrooms were identified for residential use and one bedroom for respite use. Each unit contained three single bedrooms that contained a large wardrobe, a wash hand basin and mirror. Built-in storage space was provided for residents' personal use. Bedrooms were of ample size and suitable layout. Residents and their relatives had already selected bedrooms, which were in the process of being personalised with items such as photographs.

There were adequate sanitary facilities provided. Each house had an accessible bathroom. Where residents may be mobile, a separate shower and toilet facility with hand wash basin was provided.

Aids and equipment to support residents' mobility was either provided or had been ordered. An assessment had been completed by the occupational therapist and hand rails, grab rails and other adaptations made as recommended. Mobile hoists, shower trolleys and shower chairs were either already in the centre or if they were for individual-use only, would be brought to the centre when residents moved in. A ceiling track hoist was due to be installed in each bedroom and in the accessible bathroom. The provider representative said that the funding for the ceiling track hoist had been granted and she would provide confirmation of when this work would be completed.

The centre was in good condition and free from any obvious hazards. There was suitable heating, lighting and ventilation. There were suitable and sufficient furnishings, fixtures and fittings. A separate staff office was available. There was suitable storage to lock away any hazardous items.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wish.

There was a contract in place for the safe disposal of any clinical waste or sharp items and the inspector viewed a copy of this contract. Bins for sharp items were safely stored in the office.

Judgment:

Substantially 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:

Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre.

There was a system in place for the completion of risk assessments in the centre's risk register and for the completion of any individualised risk assessments. The risk register contained risk assessments that had been completed for some reasonably foreseeable risks, such as preventing access to chemical agents. However, the person in charge identified a possible risk of heavy fire doors being wedged or propped open and a risk assessment had not been completed to control the risk. Individualised risk assessments had already been completed for prospective residents as part of the transition planning.

A template of an incident book was in the centre. There were arrangements in place for the review of any incidents and learning from incidents with incidents reviewed at local level every three months and at management meetings every six months.

Arrangements were in place in relation to infection prevention and control. Infection control training was included in the induction training for all staff, with hand hygiene competency assessments completed by hand hygiene auditors. Food safety training would also be arranged for all staff and had been requested.

Suitable fire safety equipment was provided throughout the centre. Servicing certificates were available for review for fire extinguishers, the fire panel and emergency lighting. Fire doors had been installed throughout the centre for the containment of smoke and fire. A fire register was available in the centre for the recording of daily and monthly fire checks. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedures. The person in charge said that fire drills would be carried out once during the transition period and personal emergency evacuation plans (PEEPs) would be completed once residents moved into this centre.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, there were systems and arrangements in place to promote a positive approach to behaviour that may challenge and to protect residents from abuse.

The person in charge and care staff demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of incidents, allegations and suspicions of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, the protection of vulnerable adults and in relation to restrictive practices. The person in charge and care staff demonstrated a positive approach to promoting a restraint-free environment.

The person in charge told the inspector that psychology assessments for all residents had been arranged for January 2017, to complete residents' comprehensive assessment of needs. These assessments would identify any behaviour support requirements.

A training schedule had been developed that identified staff training needs in this area.

There were systems in place in relation to the oversight of restrictive practices and a service-wide committee would review and approve any practices in use. The inspector reviewed the template that was used for making referrals to that committee.

Oversight of chemical restraint and any PRN ("as required") medicines used, as it related to behaviour support, was by a nominated committee at organisational level.

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:

There was a system in place to ensure that a comprehensive record of all incidents was maintained. The person in charge and the person nominated to act on behalf of the provider demonstrated an awareness of the requirements of the regulations to make notifications to the Authority. Notifications had been submitted to date in relation to this centre as required.

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:

Arrangements were in place to ensure that residents' opportunities for new experiences, social participation, training and skills development were facilitated and supported.

The person in charge identified that where prospective residents had a day service, she was developing arrangements by commenced linking in with the day service in relation to identifying residents' skills and personal development goals. This would then be captured in residents' personal plans. Also, residential staff would attend residents' day service personal plan.

For any prospective residents who would not attend a day service, an assessment of their general welfare and development would be completed, which would inform their personal plan. The inspector reviewed a sample of such an assessment, which used an accredited assessment tool, was comprehensive, identified likes and dislikes and opportunities for new experiences in the community.

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:

Overall, arrangements were in place to assess and meet residents' healthcare needs.

Arrangements were in place to meet residents' healthcare needs through timely access to health care services and appropriate treatment and therapies.

The person in charge confirmed that, where treatment was recommended and agreed by residents, this treatment would be facilitated. Residents' right to refuse medical treatment would be respected. The statement of purpose outlined that residents would have access to medical, nursing and allied healthcare professionals including psychiatry, psychology, speech and language, occupational therapy and dietetics. The inspector saw that the person in charge had made referrals to allied healthcare professionals where required, including occupational therapy.

As previously mentioned under outcome 5, a comprehensive multi-disciplinary assessment of residents' healthcare needs had been completed for residents due to move into this centre. This assessment would form the basis for healthcare plans where required and templates for completing healthcare plans were reviewed.

The organisation's end of life care policy was in final draft and end of life guidelines were in place for this centre. The person in charge said that arrangements would be put in place to ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

The person in charge said that the main meal would be prepared in the central kitchen during weekdays and prepared by staff in the house at weekends. The fridge and cupboard would be stocked weekly to ensure that residents would be offered choice and alternative options to the main meal being offered. Residents would be supported to participate in meal preparation, in accordance with their preferences and abilities.

Suitable facilities were provided for meal preparation with a well-equipped kitchen and dining area in each house. The person in charge and care staff outlined how residents would be supported to participate in meal preparation in line with their abilities and preferences. There was adequate provision for the storage of food in hygienic conditions. The person in charge and care staff outlined how any dietary needs would be met and reviewed as required.

Where residents may require enteral nutrition, enteral feeding guidelines were in place. One aspect of the guidelines required review to ensure that it was in line with evidence-based practice, as it related to the prevention of infection. This will be addressed under Outcome 18: Records and documentation. There were arrangements in place to ensure that residents' enteral feed regime would be devised by the dietician and that any required checks and observations would be monitored and recorded. Suitable storage facilities for the clean storage of enteral feeds and any associated equipment had already been identified. Staff training needs in this area had been identified by the person in charge.

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:

Overall, there were policies and procedures in place in relation to medication management. However, some improvements were required.

There was an organisational medicines management policy in place. However, the system to ensure safe medication reconciliation on admission or the management of medicines during transfers lacked clarity and required review to ensure that residents would receive medicines as prescribed. In addition, the responsibilities for the management of medicines as outlined in the medicines management policy required review in line with the relevant legislation. The medicines management policy failing will be addressed under Outcome 18: Records and documentation.

There was a centre-specific medication management policy also in the centre. This outlined specific arrangements in this centre for the monthly ordering, receipt, recording, making requests between monthly orders and the return of used or out of date medicines. The ordering of enteral feeds and equipment was also addressed in this policy. However, the protocol for the management of medication errors did not reflect a systems based approach to medication errors. These failings will be addressed under Outcome 18: Records and Documentation.

The person in charge and staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Measures were in place for the secure storage of medicines. A medication fridge had been ordered and locked storage was available. Provisions were in place for any medicines that required additional controls.

A pharmacy requisition book was available in the centre along with a template for a PRN ("as required") protocol and an evaluation form for any PRN medicines. The template for medication prescription and administration records was reviewed. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medications.

The manner in which medications which are out of date or dispensed to a resident but are no longer needed was managed was outlined in the medicines management policy.

These medicines would be stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A template of the returns form was available which allowed for an itemised, verifiable audit trail.

There were systems in place for checking that medicines received from the pharmacy correspond with the medication prescription records, for ordering of medicines, checking stock levels and returning used or out of date medicines to the pharmacy. Staff told the inspector that a nurse would complete and/or oversee medication audits in this centre.

The training matrix confirmed that all staff identified to work in the centre had received or were scheduled to receive training in medicines management and that this training was mandatory across the organisation.

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 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. The statement of purpose was made available to residents and their representatives.

The statement of purpose required review as it did not accurately describe the services to be provided in the centre. For example, clarity was required in relation to the following: staffing levels, age range of residents for whom it is intended that accommodation should be provided and the supports to be provided to meet residents' needs. While the statement of purpose allowed for emergency admissions, the person in charge and provider representative confirmed that the centre could cater for short-term breaks but not emergency admissions.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, there were systems and arrangements in place to ensure the effective oversight and operation of the designated centre.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

Care staff reported to a clinical nurse manager or the person in charge. Clinical nurse managers (CNM1) reported to the person in charge (CNM2). The person in charge in turn reported to the representative of the provider.

It was demonstrated that the person in charge had the qualifications, skills and experience necessary to manage the designated centre. The role of the person in charge was full-time. The person in charge was also appointed as the person in charge in one other centre and divides her time equally between both centres. During such times that the person in charge would not be in this centre, a clinical nurse manager (CNM1) would be in charge. The CNM1 had been identified as a person participating in the management of the centre.

The person in charge and representative of the provider outlined that there were arrangements in place to monitor and ensure the safety and quality of care provided to residents. These included established systems for the completion of regular audits, unannounced biannual visits by the provider and an annual review of the quality and safety of care. The person in charge and representative of the provider said that they would meet on a monthly basis as part of an established divisional meetings and every two months as part of wider management meetings.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider was aware of the obligation to submit a notification in the event of any proposed absence of the person in charge and the arrangements to cover for the absence.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. A person participating in the management of the centre was identified to deputise for the person in charge in their absence.

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:

Overall, the use of resources had been assessed and identified for the safe and successful operation of this centre.

Staffing resources had been identified to support residents' needs and personal plans and recruitment was underway.

There was a system in place for the identification of any maintenance issues or equipment requiring replacement on an emergency basis.

The centre was in clean and in a good state of repair both internally and externally.

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:

Overall, staff numbers and skill mix of staff required for this centre once operational had been assessed and identified. A staff training programme was in place to meet residents' support requirements. Improvements to staff files were required.

A recruitment and selection process was in progress for this centre. The person in charge said that the roster would be developed to allow for residents to participate in activities and pursue interests in the community at times that suit residents.

A robust induction was outlined which included job shadowing, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

The person in charge told inspectors that approximately half of the staff team would be transitioning with prospective residents from their current place of residence, to allow for continuity of care. To further support a smooth transition and get to know residents, any new staff would support residents in their current place of residence for a period of time.

The person in charge outlined arrangements to ensure that staff would be facilitated to meet their responsibilities in relation to providing a safe, quality service. This included a daily shift handover, a weekly team handover meeting and a full team meeting every three months. The organisation has an annual performance development and review system in place.

A training matrix for incoming staff was reviewed and it was found that all staff had undergone training in manual handling, fire safety, safeguarding and positive behaviour support within the last two years. Inspectors were informed that additional new staff hired for the centre would undergo an induction training course on commencement which would include topics such as fire safety, infection control, safeguarding, manual handling and information on the provider's policies. A system for continuous professional

development was outlined based on prospective residents needs and included training in the administration of rescue medication, enteral feeds and care of the stoma site.

The inspector reviewed a sample of staff files of staff members who would be moving to this new designated centre from another designated centre when it became occupied. The staff files contained most of the information required such as evidence as Garda vetting and written references. However in the files reviewed it was noted that some information such as proof of identity was not contained in the files.

There were no plans for volunteers to be involved with the designated centre upon commencement.

Judgment:

Substantially 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):

Findings:

Overall, arrangements were in place for the maintenance and safe storage of records required under the regulations. However, improvements were required to a number of policies.

The policies required under Schedule 5 of the regulations were available for review and other relevant policies and clinical guidelines to direct the care and support to be provided to residents in this centre. However, improvements were required to some policies.

As previously mentioned under outcome 1, there was no centre-specific policy for closed circuit television (CCTV) in this centre that considered all aspects of its use. Also under outcome 1, the organisational policy required review to include the details of the second nominated person who would oversee the management of complaints. As previously mentioned under outcome 11, one aspect of the enteral feeding guidelines required

review to ensure that it was in line with evidence-based practice, as it related to the prevention of infection. As previously mentioned under outcome 12, the responsibilities for the management of medicines as outlined in the medicines management policy required review to ensure that medicine that is prescribed is administered as prescribed. Also under outcome 12, the centre-specific protocol for the management of medication errors did not reflect a systems based approach to medication errors.

There was an office available for records to be kept securely, be easily accessible and be kept for the required period of time.

There were arrangements in place to allow for residents' records as required under Schedule 3 of the regulations to be maintained.

Records listed in Schedule 4 to be kept in a designated centre were made available to the inspector.

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

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0005518
Date of Inspection:	06 December 2016
Date of response:	16 December 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 06: Safe and suitable premises

Theme: Effective Services

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

As detailed in the findings, a ceiling track hoist was due to be installed in each bedroom and in the accessible bathroom. Confirmation of when this work would be completed is required.

1. Action Required:

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

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The organisation has approved funding for the purchase of ceiling hoists and an purchase order has been placed with the supplier. The supplier will supply, install and commission ceiling track hoist in each bedroom (6) and two bathrooms.

Proposed Timescale: 28/02/2017

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 person in charge identified a possible risk of heavy fire doors being wedged or propped open and a risk assessment had not been completed to control the risk.

2. 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:

PIC is liaising with the maintenance department regarding measuring supplying, fitting of Magnetic locks to doors to stop the use of wedges. In the interim the PIC will complete a risk assessment (on doors) relevant to living areas where residents access these rooms - bedrooms, dining, living and bathrooms.

Proposed Timescale: 31/01/2017

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 as it did not accurately describe the services to be provided in the centre. For example, clarity was required in relation to the following: staffing levels, age range of residents for whom it is intended that accommodation should be provided and the supports to be provided to meet residents' needs. While the statement of purpose allowed for emergency admissions, the person in charge and provider representative confirmed that the centre could cater for short-term breaks but not emergency admissions.

3. 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 and Residents Guide have been reviewed and updated, copies have been submitted to HIQA

Proposed Timescale: 15/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all of the required documents were contained in a sample of staff files reviewed.

4. 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:

PIC will liaise with the HR department to identify gaps (under schedule 2) in documents within staff files. PIC will inform relevant staff of documentation required for submission for the centre.

Proposed Timescale: 31/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

As detailed in the findings, review of some policies required under schedule 5 of the regulations was required.

5. 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:

PIC will review and update the centre onsite protocol for the management of

medication errors (13/12/2016). Cope Foundation's Leadership Team has approved and authorised updates and reviews to the following policies (Management of complaints, Medication management) plus other policies due for review. The Policy Development Forum is arranging publication and circulation to all sites in January 2017.

Proposed Timescale: 31/01/2017