

**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-0003291
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Bernadette O'Sullivan
Lead inspector:	Col Conway
Support inspector(s):	Breeda Desmond;
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 March 2014 08:45	25 March 2014 16:30
26 March 2014 08:50	26 March 2014 16:30

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

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

Summary of findings from this inspection

This was a registration inspection following application to the Health Information and Quality Authority (the Authority) by Cope Foundation to register the centre as a residential service for up to a maximum of 30 older adults with an intellectual disability, some of whom have a dementia. The design of the centre is such that accommodation is split across three levels: ground, first and second floors.

During this inspection, the inspectors met with some of the residents and staff members and reviewed the premises, observed practices and reviewed documentation such as residents' records, accident and incident logs, policies and

procedures and some records maintained on staff files.

There was evidence that residents received overall a good standard of care provided by staff who knew them and their individual needs and preferences well, residents had choice in what they did throughout their day and they had access to members of a multidisciplinary health care team.

The action plan at the end of this report identifies where improvements are required to meet the requirements of the Health 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 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:

There was evidence that residents were frequently consulted with and offered opportunities to participate in discussions in regard to their preferences and aspects of the service as there was a self advocacy group/residents' committee. An inspector read records of the facilitated meetings and it was evident that appropriate action was taken in relation to residents' requests.

Bedroom accommodation consisted of 26 single rooms and two twin rooms. There were wardrobes provided for residents to store their clothing, however, not all residents had a bedside locker/cabinet and/or other bedroom furniture for storing or displaying their personal possessions.

An inspector read the complaints logs and a record was maintained of the details of any complaints, the ongoing management of same and the complainant's level of satisfaction. There was a complaints policy, it was available in formats appropriate for residents and their representatives and it was also displayed in a prominent place.

There was evidence that residents were facilitated to attend employment and work and residents who were not in employment or working were provided with opportunities to participate in recreational activities.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Staff were observed communicating with residents in a respectful manner and they assisted and supported residents to communicate.

It was obvious to inspectors that staff knew residents and their individual communication needs well and some residents had their specific communication needs comprehensively outlined in a 'communication passport'.

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 evidence in residents' personal care plans (PCPs) that residents were involved with their families as well as in some community events and activities.

There was evidence of good communication between staff and residents' families. Visiting was encouraged and residents were facilitated to be involved in outings from the centre.

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:

While there were nursing and allied health records maintained in regard to a resident's admission to the centre, contracts of care were not in place at the time of inspection. Inspectors were informed that a Cope Foundation contract for the provision of residential services was being developed and soon to be implemented.

Judgment:

Non Compliant - Major

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:

It was obvious to inspectors that staff knew the residents well and staff were observed engaging with residents in a sensitive and encouraging manner.

Residents each had PCPs in place and various well recognised assessment tools were used by staff to determine residents' needs and to identify their required individual care and support. However, improvements were needed in relation to assessment of an individual for the use of bed rail restraints, and this will be addressed in Outcomes 7 and 18. Improvements were also required in relation to documentation of personal and intimate care needs for each resident, in their PCP, and this will be addressed in

Outcome 8.

It was evident that residents had opportunities to participate in social and recreational activities and during the two days of inspection the inspectors observed staff skillfully facilitating various activities, such as, baking, music and exercises. The activities sessions were relaxed and residents were obviously enjoying themselves. However, assessment of individual resident's interests and capacities for meaningful social and recreational activities as well as a person-centred activities programme were not in place in each resident's PCP.

Judgment:

Non Compliant - Moderate

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:

Entrances to the centre as well as the corridors were wheelchair accessible and the premises was bright and spacious. The main entrance was via a secure front door and a good amount of car parking space was provided at the front of the building. The centre was warm and decoration was of a homely and domestic nature.

There was sufficient communal accommodation as there were various living rooms and lounges as well as areas where residents could meet visitors in private. Some of the covering on the couches in a lounge room was damaged.

A patio and courtyard gardens were accessible from various locations in the centre and they provided areas for residents to walk and sit.

Bedroom accommodation consisted of 26 single and two twin rooms, however, some of the single bedrooms did not provide adequate accommodation as they were not suitable sizes and layouts. While there were portable screens in the two twin bedrooms they did not provide adequate privacy around each of the bed spaces.

Generally the premises was adequately maintained, however, some of the floor covering, paintwork and grouting required repair. Also in an identified bedroom a door, the floor covering and the en suite shower facility, were not maintained in a good state

of repair.

The layout of the laundry room did not allow for best infection control practices to be implemented.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was an overall Cope Foundation health and safety statement as well as a risk management policy in place, however, these documents were not specific to the centre so up-to-date potential hazards and the required control measures were not identified. The provider informed inspectors that these required documents were being revised and were close to completion.

Inspectors noted some areas in the building required risk assessing for potential hazards to residents:

- unrestricted window openings
- locking mechanisms on doors to storage rooms and nurses offices
- both kitchens
- sluice facilities
- storage of chemicals in the laundry.

Suitable fire equipment was provided, fire exits were unobstructed, a procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed and a certificate of fire compliance had been submitted to the Authority. Records indicated that staff had received fire safety training.

While there were cleaning schedules in place, inspectors found there was not best infection control practices implemented in regard to cleaning procedures.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Inspectors observed staff engaging with residents in a respectful and dignified manner and staff were observed taking the appropriate measures to ensure residents' privacy was maintained while attending to personal care.

Inspectors were satisfied that appropriate action would be taken by the person in charge in the event of an allegation of abuse, however, she confirmed that at the time of inspection some staff required training or an update in the prevention, detection and response to abuse. The national Health Service Executive, 'Trust in Care' procedural document was available and inspectors were informed that this was the governing policy in regard to responding to an allegation of abuse.

There was a comprehensive policy document available in regard to provision of personal and intimate care for residents. However, there was not up to date and comprehensive information in place for all residents in their PCPs in regard to their individual personal and intimate care needs.

There was evidence in residents' PCPs that underlying causes were identified for any behaviours that challenged as well as necessary actions or interventions to alleviate any symptoms. There was a policy in relation to the use of restrictive procedures, however, there were not up to date assessments for each resident whom required the use of bed rail restraint and the necessary monitoring records were also not in place.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

An inspector reviewed the incident/accident log and a record was maintained that detailed what had occurred and the management of any event. As required, notification of incidents had been forwarded 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:

At the time of inspection five of the 30 residents were attending work outside of the centre. Staff were observed encouraging these residents and assisting them to be on time for the transport to take them from the centre to their place of work. These residents identified to an inspector that they enjoyed being in the workplace and they felt supported by the staff who facilitated this to happen.

Resident access to and involvement in social and recreational activities has already been addressed in 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:

It was obvious to inspectors that staff were knowledgeable about residents' health care needs and resident's records indicated that overall residents' health care needs were met. Required improvements to PCPs have already been addressed in Outcomes 5 and 8.

Residents had access to a multi-disciplinary health team and residents records indicated that each resident was frequently reviewed by a general medical practitioner and had access to out of hours medical services when required. There was also evidence that residents had access to allied health professionals, such as, speech and language therapy, dietician services, physiotherapy and occupational therapy. Records also indicated nursing staff implemented any allied health recommendations.

In the sample of residents PCPs that were reviewed by the inspectors, residents' food preferences and special dietary requirements were identified. A menu was available and it indicated choice of main meal. Staff were observed using appropriate techniques to assist residents who required help with eating and drinking.

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:

An inspector reviewed a sample of residents' individual medicine prescription charts and medicines were prescribed by medical practitioners and the charts were clearly labelled, they had photographic identification of each resident and they were legible.

As required by the Regulations, there was a written medication management policy and procedures in place. While medicine administration records were in place, an inspector found robust evidence that administration and stock balance records for scheduled/controlled medicines were incomplete and not maintained by nursing staff in line with professional guidelines and regulatory requirements.

Judgment:
Non Compliant - Major

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:

While the centre had a Statement of Purpose, it did not contain all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in a Designated Centre for Persons (Children and Adults) With Disabilities) Regulations 2013.

Judgment:
Non Compliant - Minor

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:

Inspectors found there were effective management systems in place as well as clearly defined management structures.

Documents submitted to the Authority as part of the application indicate that the nominated provider acting on behalf of Cope Foundation is suitably experienced. The provider demonstrated to inspectors that they had a good understanding of the Regulations and the Standards.

The person in charge is based full-time in the centre and fulfils the role of clinical nurse manager grade two (CNM2). Written information submitted to the Authority with the application indicated that this person was suitably qualified and experienced.

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:

There is a clinical nurse manager grade one (CNM1) working full time in the centre and they assume responsibility for the centre in the absence of the person in charge.

The person in charge had not been absent for a period of time that required notification to the Authority.

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:

As already addressed in Outcome 6, provision of adequate resources was required to improve the premises to ensure that the facilities reflect the Statement of Purpose.

There was evidence that sufficient resources had also not been made available in regard to provision of staff education and training. This will be addressed further in Outcome 17.

Judgment:
Non Compliant - Major

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:

A roster was maintained that identified the shifts that were to be worked by each staff member and it indicated there was a sufficient number of staff employed as well as enough staff allocated to work each day of the week. The person in charge confirmed that approximately 10 staff worked during the day and five staff during the night.

An inspector reviewed a sample of staff records and found evidence of substantial compliance in regard to maintenance of the records that are required for staff as per schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff had attended training in fire safety and the person in charge confirmed that updates had also been provided for some staff by members of the allied health team in relation to: the physical activities programme, physiotherapy practices, role of the occupational therapist and general nutrition. However, the person in charge confirmed with the inspectors that additional relevant staff training was required and this included, for example, manual handling, food safety and infection control.

Judgment:
Non Compliant - Moderate

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:

There was documentary evidence submitted to the Authority as part of the application that indicated the centre was adequately insured against accidents or injury to residents, staff and visitors.

In regard to records that need to be maintained in the centre as per Schedule 3 (residents records) of the Regulations, inspectors found evidence of some non-compliance. This included:

- in the directory of residents, the date on which any resident first came to reside in the centre
- a record of any occasion when physical restraint was used, such as, bed rail restraint
- appropriate record keeping when money was deposited in the centre by the resident or received on a resident's behalf
- a record of furniture bought by any resident into the bedroom they occupied
- up to date assessment of each resident's needs and reflected in their individual PCP.

Inspectors found evidence of substantial compliance in regard to records that need to be maintained in the centre as per Schedule 4 (general records) of the Regulations.

As already identified in previous Outcomes, some of the operational policies and procedures as required by Schedule 5 of the Regulations were not fully developed at the time of inspection or were not up-to-date and centre-specific. These included policies in relation to:

- admissions, including transfers, discharge and the temporary absence of residents
- residents' personal property, personal finances and possessions
- communication with residents
- visitors
- recruitment, selection and vetting of staff
- staff training and development
- provision of information to residents
- the creation of, access to, retention of, maintenance of and destruction of records
- access (residents) to education, training and development.

The provider and person in charge informed inspectors that the outstanding policies were in the process of being developed and were soon to be implemented.

Judgment:
Non Compliant - Major

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:

Col Conway
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-0003291
Date of Inspection:	25 March 2014
Date of response:	9 May 2014

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents were not provided with adequate storage space for their personal belongings.

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

Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Each resident has been provided with additional storage for items of clothing or personal possessions. Additional storage has been provided in six bedrooms.

Proposed Timescale: 30/06/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

At the time of inspection contracts for the provision of services were not in place.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A contract of care is in draft and will be completed by 31 May 2014. This contract of care will include the terms on which that resident shall reside in the designated centre. Update received from the nominated provider on 21 October 2014. The contract of care has been completed. All residents' families/next of kin have received the contract of care and 26 contracts have been returned.

Proposed Timescale: 31/05/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

An assessment of each resident's preferences and capacities for meaningful social and recreation activities was not in place.

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:

An activation assessment has been created. This is completed for 20 residents. The activation assessment will be completed for all remaining residents. This assessment will be used to inform social and recreational activities for each resident. Update received from the nominated provider on 21 October 2014. The activation assessment has been completed for all residents and a staff member has been assigned full time to support activities for residents.

Proposed Timescale: 31/05/2014

Theme: Effective Services

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

Up-to-date plans were not in place for some residents regarding provision of personal and hygiene care.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A personal plan will be devised for a resident no later than 28 days after admission. Update received from the nominated provider on 21 October 2014. Each resident's personal plan was reviewed and a plan is in place for the provision of personal hygiene and care.

Proposed Timescale: 31/05/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some of the single bedrooms did not provide adequate accommodation as they were not of a suitable size and layout.

Action Required:

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

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

The provider is reviewing the design and layout of the centre in order to investigate options to create alternative bedroom space for residents. The services of a fire safety consultant have been employed to advise on the feasibility of alteration works. This

consultation took place on 28 May 2014. The following are the next steps in the plan to create alternative accommodation:

- a fire safety certificate application must be made to Cork City Council by a fire safety consultant on behalf of Cope Foundation
- a disability access certificate must be made to Cork City Council by a consultant on behalf of Cope Foundation
- planning application for the construction of an emergency escape stairs and alterations to the south elevation by a consultant on behalf of Cope Foundation
- full specification and costing to be completed
- approval by board of Directors to proceed with refurbishment works
- project sent to public procurement.

Update received from the nominated provider on 1 October 2014.

The 9 bedrooms at the convent section of the centre will be decommissioned. Alternative bedrooms as well as a living room and bathroom facilities will be created in a section of the centre currently used in part as office accommodation. In order to progress the plan a written request to Cork City Council for a pre planning consultation meeting has been sent. Following the pre planning consultation meeting it is our intention to submit a fire safety certificate application, disability access certificate application and planning application if necessary. The time scales of the applications will be dependant on the outcome of the pre planning consultation meeting. Full specification and costing will be completed followed by approval sought from Board of Directors to proceed with the refurbishment works. The project will then be sent for public tender. The anticipated completion of planning through to procurement would be 31 December 2014 with anticipated commencement of refurbishment in January 2015. The alternative accommodation will provide 5 single bedrooms and one double bedroom. The refurbishment works would be completed by May 2015 provided planning permission is attained.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

In an identified bedroom a door, the floor covering and the en suite shower facility were not maintained in a good state of repair.

Action Required:

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

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

All maintenance has been completed to include: the en suite shower facility has been refurbished, the floor covering has been replaced and the door has been repaired.

Proposed Timescale: 09/05/2014

Theme: Effective Services

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

Some of the floor covering, paintwork and grouting throughout the centre were not maintained in a good state of repair.

Action Required:

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

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

Maintenance of floor covering, grouting and paintwork throughout the designated centre will be addressed. Update received from the nominated provider on 21 October 2014. Maintenance of floor covering, grouting and paintwork throughout the designated centre has been addressed.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The layout of the laundry room did not allow for best infection control practices to be implemented.

Action Required:

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 provider is looking at the design and layout of the designated centre. Options to accommodate the laundry capacity of the centre will be investigated. Update received from the nominated provider on 21 October 2014. The provider is looking at the design and layout of the designated centre and options to accommodate the laundry capacity of the centre will be included in this investigation. The services of a fire safety consultant have been requested to advise on the feasibility of alteration works at the designated centre. A plan will be drawn up to accommodate any proposed changes and time frames outlined.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Adequate private accommodation was not provided in both of the twin bedrooms as the screening curtaining was insufficient around the bed spaces.

Action Required:

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

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

Alternative screens have been sourced and ordered. Update received from the nominated provider on 21 October 2014. Permanent wall mounted screens have been fitted in both of the twin bedrooms.

Proposed Timescale: 31/05/2014

Theme: Effective Services

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

Some of the covering on the couches in one of the lounges was not maintained in a good state of repair.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The couches with damaged covering will be replaced. Update received from the nominated provider on 21 October 2014. The couches have been replaced.

Proposed Timescale: 31/05/2014

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:

Up-to-date potential hazards and the required control measures were not identified as the health and safety statement and the risk management policy were not specific to the centre.

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:

Risk management policy to be reviewed to include putting in place systems for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Update received from the nominated provider on 21 October 2014. The risk assessment policy was reviewed and site specific risk assessments have been completed to include a system for responding to emergencies.

Proposed Timescale: 31/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy was not specific to the centre.

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:

Risk management policy to be reviewed to include putting in place systems for the assessment, management and ongoing review of risk and will include a system for responding to emergencies. Update received from the nominated provider on 21 October 2014. The risk assessment policy was reviewed and site specific risk assessments have been completed to include a system for responding to emergencies.

Proposed Timescale: 31/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy was not specific to the centre.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The centre has a site-specific safety statement, which is being reviewed in May 2014. Update received from the nominated provider on 21 October 2014. The risk assessment policy was reviewed and site specific risk assessments have been completed to include a system for responding to emergencies.

Proposed Timescale: 31/05/2014

Theme: Effective Services

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

Best infection control practices were not implemented in regard to cleaning procedures.

Action Required:

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

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

All chemicals will be stored in locked presses. Risk management assessment to be included in the site-specific safety statement and all staff to be made aware of it. The procedures outlined in 'Guidelines on Infection Prevention and Control' are adhered to and refresher training will be provided for staff. Training dates have been scheduled for 15 May 2014 and 17 June 2014. Further training will be scheduled to ensure all staff have training completed. Update received from the nominated provider on 21 October 2014. All chemicals are stored in locked presses. The risk assessment has been included in the site-specific safety statement and all staff have been made aware of it. Staff will be facilitated to attend sessions on infection prevention and control.

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Up-to-date assessments for each resident that needed bed rail restraint as well as appropriate monitoring records when bed rail restraint was used were not in place.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Specific bed rail assessments are now complete on all residents using bed rails and these assessments have been sent to the restrictive practice committee. A night time monitoring record is in place for each resident where bed rails are used.

Proposed Timescale: 09/05/2014

Theme: Safe Services

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

Some staff required training or an update in the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff have received training in 'Trust in Care' and 23 staff have completed training in intellectual disability and abuse and the management of concerns under the 'Children's First: Guidance and Trust in Care'. All remaining staff will have completed the above by 30 June 2014. Update received from the nominated provider on 21 October 2014. All staff have received training in 'Trust in Care' and the remaining two staff who require training on intellectual disability and abuse and the management of concerns under the 'Children's First: Guidance and Trust in Care', have training booked for 3 November 2014.

Proposed Timescale: 30/06/2014

Theme: Safe Services

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

Up-to-date and comprehensive information in regard to personal and intimate care were not in place for all residents in their PCPs.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All residents have a completed personal plan. An assessment of personal and intimate care needs is included in the individual's personal plan.

Proposed Timescale: 09/05/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Administration and stock balance records for scheduled/controlled medicines were incomplete.

Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The incomplete records were addressed by referring to the palliative care teams recording charts and copies of same were obtained and are now placed with records in the centre. All nurses are advised to complete Medication Management (HSELand.ie) and supply the person in charge with certificates. This is now complete. A new controlled drug recording book is now in use and it has additional space for recording two nurses signatures. A monthly audit will be conducted commencing on 1 June 2014. Update received from the nominated provider on 21 October 2014. Regular audits, initially monthly and now two monthly are conducted.

Proposed Timescale: 01/06/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in a Designated Centre for Persons (Children and Adults) With Disabilities) Regulations 2013.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been updated to include the dimensions of the rooms, the staff compliment in whole time equivalents and the strategy for reviewing PCP's.

Proposed Timescale: 09/05/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

Adequate resources had not been made available in regard to provision of suitable facilities in the centre that reflect the statement of purpose as well as consistent provision of relevant education and training for staff.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The provider is reviewing the design and layout of the centre in order to investigate options to create alternative bedroom space for residents. The services of a fire safety consultant have been employed to advise on the feasibility of alteration works. This consultation took place on 28 May 2014. The following are the next steps in the plan to create alternative accommodation:

- a fire safety certificate application must be made to Cork City Council by a fire safety consultant on behalf of Cope Foundation
- a disability access certificate must be made to Cork City Council by a consultant on behalf of Cope Foundation
- planning application for the construction of an emergency escape stairs and alterations to the south elevation by a consultant on behalf of Cope Foundation
- full specification and costing to be completed
- approval by board of Directors to proceed with refurbishment works
- project sent to public procurement.

Update received from the nominated provider on 1 October 2014.

The 9 bedrooms at the convent section of the centre will be decommissioned. Alternative bedrooms as well as a living room and bathroom facilities will be created in a section of the centre currently used in part as office accommodation. In order to progress the plan a written request to Cork City Council for a pre planning consultation meeting has been sent. Following the pre planning consultation meeting it is our intention to submit a fire safety certificate application, disability access certificate application and planning application if necessary. The time scales of the applications will be dependent on the outcome of the pre planning consultation meeting. Full specification and costing will be completed followed by approval sought from Board of Directors to proceed with the refurbishment works. The project will then be sent for

public tender. The anticipated completion of planning through to procurement would be 31 December 2014 with anticipated commencement of refurbishment in January 2015. The alternative accommodation will provide 5 single bedrooms and one double bedroom. The refurbishment works would be completed by May 2015 provided planning permission is attained.

Update received from the nominated provider on 21 October 2014. Places on mandatory and relevant training courses will be provided for staff and ongoing refresher training will be provided for staff who have not completed manual handling training in the last two years. Refresher training on infection control will be provided on 15 May 2014 and 17 June 2014. Further training will be scheduled to ensure all staff have training completed. Update received from provider on 21 October 2014. All staff have completed mandatory training in manual handling. Ongoing refresher training will be provided.

Proposed Timescale: 31/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Relevant staff training was required and this included mandatory manual handling training.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Places on mandatory and relevant training courses will be provided for staff and ongoing refresher training will be provided for staff who have not completed manual handling training in the last two years. Refresher training on infection control will be provided on 15 May 2014 and 17 June 2014. Further training will be scheduled to ensure all staff have training completed. Update received from provider on 21 October 2014. All staff have completed mandatory training in manual handling. On going refresher training will be provided.

Proposed Timescale: 17/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All of the policies as required by schedule 5 of the Regulations were not developed at the time of inspection.

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:

Eleven policies have been updated or created and the remaining ten policies are in draft and to be completed. Update received from the nominated provider on 21 October 2014. All policies and procedures set out in Schedule 5 of the Health Act 2007 have been prepared and implemented.

Proposed Timescale: 31/08/2014

Theme: Use of Information

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

All of the required policies as per schedule 5 of the Regulations were not available for staff at the time of inspection.

Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

Staff read the policies and are facilitated regularly with presentations on individual policies.

Proposed Timescale: 09/05/2014

Theme: Use of Information

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

Some of required policies as per schedule 5 were not up-to-date at the time of inspection.

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:

Eleven policies have been updated or created and the remaining ten policies are in draft and to be completed. Update received from the nominated provider on 21 October 2014. All policies and procedures set out in Schedule 5 of the Health Act 2007, have been prepared and implemented.

Proposed Timescale: 31/08/2014

Theme: Use of Information

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

Some of the records per schedule 3 (residents records) were not fully maintained:

These included:

- in the directory of residents', the date on which any resident first came to reside in the centre
- a record of any occasion when physical restraint was used, such as, bed rail restraint
- details of any specialist communication needs and methods of communication in respect of every resident
- appropriate record keeping when money was deposited in the centre by the resident or received on a resident's behalf
- a record of furniture bought by any resident into the bedroom they occupied
- up to date assessment of each resident's needs and reflected in their individual PCP.

Action Required:

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

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

- the directory of residents is complete from 1 May 2014
- specific bed rail assessments have been completed and these assessments have been sent to the restrictive practice committee and a night time monitoring record is in use
- some communication passports have been completed and work has commenced on remaining passports
- the recording system for personal monies specifying two signatures is now in place
- the recording system for residents personal property is complete
- all existing care plans have been streamlined. A new specific care plan for the centre has now commenced for two residents and this care plan will be phased in to replace the existing care plans.

Update received from the nominated provider on 21 October 2014.

- 24 'communication passports' have been completed and work has commenced on the remaining six passports
- all care plans have been reviewed and streamlined.

Proposed Timescale: 31/08/2014