

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cork City South 6
<b>Centre ID:</b>	OSV-0005509
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Patricia Hetherington
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **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:
28 November 2016 09:30	28 November 2016 16:30
29 November 2016 09:30	29 November 2016 14:00

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:

The inspector met with the person in charge of the centre, the representative of the provider and a care staff member who was identified as participating in the

management of the centre. The inspector interviewed all three staff members and reviewed the systems and processes in place with those staff as they related to providing a safe, quality service for any prospective residents.

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

Description of the service:

The centre was a two-storey house located in a mature estate in a city suburb close to a city. The centre was warm, bright and had been recently renovated and upgraded. Staff outlined that residents would be supported to personalize their bedrooms.

The service provided was intended to accommodate adult male residents with an intellectual disability and/or autism.

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.

The provider had appointed a person in charge who met the requirements of the regulations and there were systems and arrangements in place to ensure the effective oversight and operation of the designated centre.

Improvements were required to ensure that all identifiable risks would be adequately assessed in advance of this centre being occupied.

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. A staff protocol regarding dignity and welfare was displayed in the office. An intimate care template included the identification of residents' ability to perform tasks in relation to personal hygiene and dressing. There were no shared bedrooms in the centre and there were locks on bathroom doors.

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 do their own laundry, if they wished.

The person in charge and care staff outlined arrangements for consulting with residents

and their representatives. This would involve identifying and establishing individual preferences and on-going consultation as part of developing a new personal plan. These arrangements were also outlined in the residents' guide. There was information available in relation to advocacy and the person in charge had made contact with an independent advocate for this centre.

**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 outlined how any individual resident with communication needs would be supported to communicate. This included making and pursuing referrals to speech and language therapy, the use of communication passports, communication dictionaries and the use of other means (visual aids, object cues). The person in charge also said that they had made a request for training from speech and language therapy to support any residents who may not communicate verbally.

The person in charge confirmed that they had made contact with their own information technology (IT) department and relevant service providers to ensure that residents would have access to the wider community. This included the need to provide television and internet services.

**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 each resident to receive visitors in private. Parking was identified as potentially posing an issue to family or friends visiting this centre in the future. The provider representative told the inspector that they were planning to address this by having a book of parking discs available for any visitors to use.

The person in charge and care staff had already met with families and supported a visit to this centre. A gradual programme for introducing residents to their new home and to each other at their own pace was being developed and would be further progressed on registration of this centre.

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 transport. The need for a vehicle to support residents to access facilities, amenities and activities of their choice was identified by all involved in this inspection as a key requirement for the successful operation of this centre. This will be further addressed under Outcome 16: Resources.

### **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. A transition plan had been developed for any prospective residents, which considered elements required to support a successful transition. This included preparing the physical residence for occupancy, procurement of a vehicle, developing the residential team and individualised transition plans for residents who had been identified as being suitable to live in this residence.

The person in charge outlined how they have taken account of the need to protect residents from behaviours that may challenge of their peers. The person in charge said that this consideration formed part of the assessment of needs. The person in charge outlined preventative measures including staff training in positive behaviour support, multidisciplinary supports to residents and their staff, the development and on-going review of behaviour support plans, a phased and gradual introduction of residents to each other at their own pace, access to transport to facilitate space and individualised activities and the creation of a relaxation room within the centre.

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. However, the contract was not individualized and did not fully outline the service to be provided and fees to be charged. The provider representative was aware that the contract required development and had arranged for a member of the financial team to prepare a satisfactory contract of care, which would include a financial assessment. The provider was aware of the need for a verifiable audit trail for how residents' finances would be spent.

**Judgment:**

Substantially 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):**



**Findings:**

Overall, the person in charge outlined the arrangements in place for assessing residents' needs and developing and reviewing the 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. A sample of tools were viewed that would be used to document assessments, including in relation to healthcare, oral hygiene, communication, intimate care, safety awareness and behaviour support. However, it was not demonstrated that residents would receive a comprehensive assessment of their needs following admission to the designated centre to reflect changes in need and circumstances but no less frequently than on an annual basis.

Residents personal plans would be developed to reflect such assessed needs and the person in charge outlined that the personal plan would be maintained on an on-going basis by keyworkers, reviewed at centre-level every three months and more formally every six months. The review of the personal plan would be multi-disciplinary, to reflect residents' needs in this centre. The person in charge held a qualification in person centred planning and outlined that staff would receive training and support in this area.

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:**

Substantially 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. However, some areas required attention in relation to the premises itself and arrangements for the management of clinical waste.

The design and layout of the centre was in line with the centre's statement of purpose. The centre was a domestic two- storey house located in within a mature housing development in a city suburb close to a large city. The premises had been recently renovated with modern fixtures and fittings. There was a small garden to the front and rear of the house.

There was adequate private and communal space for residents. The premises comprised three bedrooms; two bedrooms for resident use and a bedroom was to be converted into a room for relaxation for residents. A bedroom was provided for each resident and the person in charge described how bedrooms would be individualised based on prospective preferences (for example, for a television or internet access). Ample built-in storage space was provided for residents' personal use. Rooms were of ample size and suitable layout.

There were adequate sanitary facilities provided. Downstairs, there was a toilet with hand wash basin. Upstairs, the facilities had been renovated to accommodate a shower, which was based on the preferences of prospective residents.

The centre was clean and overall, in good condition. There was suitable heating, lighting and ventilation and the centre was free from obvious hazards. There were suitable and sufficient furnishings, fixtures and fittings. A separate staff office was available on the ground floor.

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.

Arrangements were yet to be confirmed for the disposal of any clinical waste. In addition, the inspector observed a number of areas or items that required attention. For example, there were no hand drying facilities in the downstairs toilet, the hand soap dispenser in the same facility did not work, the layout and finish of fittings and tiles in the upstairs bathroom required review, small holes were observed in the upstairs bathroom and downstairs television room walls, curtains and pictures had yet to be purchased or hung on walls and a wall-mounted television was to be installed in one bedroom.

The person in charge confirmed that a final snag-list or walkabout had not been completed in the centre, which is supported by the observations made by the inspector.

**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. However, additional assessment involving a suitably qualified person was required to ensure that adequate procedures will be in place to protect residents who may be at risk of a healthcare associated infection.

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 assessment. A number of risk assessments had already commenced as they related to reasonably foreseeable risks in this centre. The person in charge said that he had liaised with the health and safety officer to complete a health and safety risk assessment for this centre. However, further assessment with input from a suitably qualified person was required of the risk of cross contamination due to the location of washing and drying facilities in the kitchen preparation area and to prepare for the planned dual use of an office as a (clinical) treatment room.

Other arrangements were in place in relation to infection prevention and control including hand hygiene information and equipment. The person in charge was trained as a hand hygiene trainer and outlined that he would complete competency assessments for all staff. Food safety training would also be arranged for all staff and had been requested.

Arrangements were in place for the identification, reporting, investigating and learning from accidents and incidents. An incident report book had been ordered for this centre.

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. Care staff had commenced personal evacuation plans based on their familiarity with prospective residents and said that these would be completed once residents moved into this centre.

**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:**

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 was qualified and experienced in relation to positive behaviour support, autism spectrum disorder, psychology and applied behaviour analysis. A training schedule had been developed that identified staff training needs in this area. Training had commenced to ensure that all staff working in this centre would receive the training that they would require to support any prospective residents' behaviour support needs.

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 a sample of referrals to that committee.

The person in charge and care staff demonstrated a positive approach to promoting a restraint-free environment and provided examples whereby the least restrictive practice would be applied and how they would work to minimize or eliminate the use of restrictive practices where possible.

**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 he would be linking in with the day service in relation to identified residents' training and personal development goals. The person in charge outlined that residents' general welfare and development needs would be captured in their personal plans. Examples were provided whereby opportunities for new experiences would be explored for residents in the community. These included pursuing different leisure activities and also visiting new areas (such as beaches or parks).

The person in charge had identified that the team will be working on daily living skills and self-care skills for residents who move into this centre.

The person in charge also said that they will be liaising with the day service to ensure that any skills programs in the day service will also be supported in the residential service.

**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. However, it was not clearly demonstrated that prospective residents would be supported to continue to access their own medical practitioner following a move to this centre, in accordance with their wishes, preferences and needs.

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 speech and language therapy. However, the range of supports available to residents to assess and review their needs was not sufficiently clear. This was previously addressed under outcome 5.

The end of life care policy was in final draft. 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.

Suitable facilities were provided for meal preparation. 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.

**Judgment:**

Substantially 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 a 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.

It was not clearly demonstrated that a pharmacist of the resident's choice or a pharmacist acceptable to the resident would be, (as far as is practicable), made available to each resident.

The person in charge and staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Measures were described but needed to be finalised for the secure storage of medicines. A medication fridge was to be purchased and locked storage was to be organised.

The medication policy outlined how any controlled drugs would be managed and included requirements for the checking, administration, monitoring/checking of the stock balance, keeping of keys and documentation of the administration of any such medicines. However, while such arrangements had been discussed, they were not place in the event that any controlled drugs would be prescribed for residents in the centre.

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 were 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:**

Substantially 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):**

**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, the support needs that the centre is intended to meet, the facilities to be provided to meet those support needs and the services to be provided to meet those needs. While the statement of purpose allowed for emergency admissions, the person in charge and provider representative confirmed that the centre could not cater for 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.

At the time that the application to register this centre was made, the provider had not ensured that they appointed a person in charge who met the requirements of the regulations. This was addressed by the time of this inspection.

At this inspection, it was demonstrated that the person now nominated as person in charge had the qualifications, skills and experience necessary to manage the designated centre. He also held a management qualification. 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 was involved in coordinating three community projects. The person in charge confirmed that he was satisfied that his remit allowed him to support the staff team and residents in this centre and he was already working closely with the person participating in the management of this centre.

The person in charge was supported in his role by a care assistant, who had been identified as a person participating in the management of the centre. Other care assistants and social care workers would report into this person participating in the management of the centre, who in turn reported to the person in charge. The person in charge reported to the representative of the provider.

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 to review the quality and safety of care being provided in the centre.

**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, who demonstrated a good understanding of the responsibilities when deputising for the person in charge.

**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 previously discussed under outcome 3, the need for a vehicle to support residents to access facilities, amenities and activities of their choice was identified by all involved in this inspection as a key requirement to meet residents' behaviour support needs and for the successful operation of this centre. The provider representative outlined that funds to finance this vehicle were pending. Given the importance of transport to this centre, confirmation that a vehicle has been secured will be required.

**Judgment:**

Substantially 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 training needs had been assessed and identified to meet mandatory requirements and prospective residents' needs.

The number and skill mix of staff had also been assessed for this centre.

The person in charge had identified the training needs of staff to support prospective residents and a training schedule and plan was available for review. This included training in relation to positive behaviour support and the use of any approved interventions or techniques, medication management and the use of any rescue medication, food safety, hand hygiene, fire safety, cardiopulmonary resuscitation and training to meet residents' specific healthcare needs. This training was also outlined in the Statement of Purpose for the centre. Other training included in the plan related to autism spectrum disorder and personal planning.

A robust recruitment and selection procedure was on-going and supervisory time was to be accounted for in the planned roster. A robust induction was outlined which included job shadowing, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

The number and skill mix of staff had also been assessed for this centre. A clear rationale was provided for the proposed staffing complement and skill mix in line with prospective residents' needs. The provider representative, person in charge and care staff all emphasised that a consistent staff team and maintenance of identified minimum staffing levels would be key to supporting prospective residents in this centre. These minimum levels were clearly articulated by all involved but required clarification in the Statement of Purpose. This was previously addressed under Outcome 13: Statement of Purpose.

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 staff meetings on a monthly basis (at a minimum) and an annual performance development and review system.

<b>Judgment:</b> Compliant

**Outcome 18: Records and documentation**  
*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**  
Use of Information

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The records listed in Schedules 2, 3 and 4 of the regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the regulations were in place. Review required in relation to the medication management policy was previously addressed under outcome 12. As previously mentioned under outcome 1, the complaints policy required review to include the details of the second nominated person who oversaw the management of complaints.

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. A lease agreement was signed for a three-year period.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0005509
<b>Date of Inspection:</b>	28 and 29 November 2016
<b>Date of response:</b>	19 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The contract of care was not individualized and did not adequately reflect financial packages and the fees to be charged.

**1. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contracts of care will be devised, in consultation with the residents, their families and circle of supports, and individualised to reflect financial packages and fees to be charged; in consultation with the finance department.

**Proposed Timescale:** 31/01/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The range of supports available to residents to assess and review their needs following admission to the designated centre was not sufficiently clear.

**2. Action Required:**

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

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

Members of the multi-disciplinary team are currently involved and referrals were made to the relevant departments. Full multi-disciplinary review will be undertaken and recommendations will be present

**Proposed Timescale:** 18/02/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Not all of the requirements of Schedule 6 of the regulations had been met.

**3. 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:**

Issues identified in the report, in relation to maintenance, have been requisitioned through our QFM (Quality Facilities Management System). Arrangement for the disposal of waste and protocols to address same will be in place.

**Proposed Timescale:** 31/01/2017

### **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:**

Additional assessment involving a suitably qualified person was required to ensure that adequate procedures will be in place to protect residents who may be at risk of a healthcare associated infection.

**4. 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:**

A protocol will be devised, to ensure residents who may be at risk of a health associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections, in consultation with the health promotion officer in Cope Foundation and in line with the HSE infection prevention and control policy (HSE South: Cork and Kerry Services).

**Proposed Timescale:** 31/01/2017

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

It was not clearly demonstrated that prospective residents would be supported to continue to access their own medical practitioner following a move to this centre in accordance with their wishes, preferences and needs.

**5. Action Required:**

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

Prospective residents will be supported to continue to access their own medical practitioners, following a move to this centre, in accordance with their wishes, preferences, and needs; and also in conjunction with their families.



**Proposed Timescale:** 31/01/2017

## **Outcome 12. Medication Management**

**Theme:** Health and Development

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

It was not clearly demonstrated that a pharmacist of the resident's choice or a pharmacist acceptable to the resident would be, (as far as is practicable), made available to each resident.

**6. Action Required:**

Under Regulation 29 (1) you are required to: Ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident is as far as is practicable, made available to each resident.

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

We will ensure that a pharmacist, of the residents' choice or a pharmacist acceptable to the residents, is as far as is practicable, made available to each resident; also in consultation with their families.

**Proposed Timescale:** 31/01/2017

**Theme:** Health and Development

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

Appropriate and suitable practices were required relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre will be stored securely. For example:

- Arrangements were not in place for the secure storage of medicines, including medicines that required refrigeration.
- Arrangements were not in place in the event that any controlled drugs would be prescribed for residents in the centre to ensure that they would be managed in line with relevant guidance and stored safely.

**7. Action Required:**

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

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

- Arrangement for the secure, safe storage of medication, including those needing refrigeration, will be put in place.

- Arrangements will be put in place for controlled drugs, in line with Cope Foundation's medication policy.

**Proposed Timescale:** 31/01/2017

**Theme:** Health and Development

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

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.

**8. Action Required:**

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

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

Appropriate and suitable practices will be reflected in the organisation's medication administration policy.

**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.

**9. 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 will be reviewed and will accurately describe the services to be provided in the centre.

**Proposed Timescale:** 31/01/2017

## Outcome 16: Use of Resources

**Theme:** Use of Resources

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

Given the importance of transport identified by all involved to the successful operation of this centre, confirmation that a vehicle has been secured will be required.

**10. 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:**

A vehicle has been identified and purchase of same is in process; in consultation with the finance department.

**Proposed Timescale:** 31/01/2017

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The complaints policy required review to include the details of the second nominated person who oversaw the management of complaints.

**11. Action Required:**

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

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

The complaints policy will be reviewed and will include details of a second nominated person who oversees the management of complaints.

**Proposed Timescale:** 31/01/2017

