Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Cork City North 14
Centre ID:	OSV-0003293
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Anna Broderick
Lead inspector:	Carol Maricle
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	11
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 1 day(s).

The inspection took place over the following dates and times

From:	To:
26 April 2017 09:00	26 April 2017 20:00

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 second inspection of this centre as a standalone centre by the Health Information Quality Authority (HIQA). The centre had previously been part of a larger centre. This centre was a designated centre for adults with disabilities that offered a residential service. The current inspection was scheduled following an application by the provider to register the centre.

The previous inspection of centre was carried out in August 2016 which found that further measures were required to ensure safe care and a quality of life for all residents. This inspection followed up on previously identified failings during the

August 2016 inspection and also inspected all 18 outcomes as part of the registration inspection.

How we gathered our evidence:
As part of the inspection, inspectors met with six residents and a number of staff that included nurses and care assistants, the person in charge and the person representing the provider. The inspectors spent time with some of the residents. The majority of the residents were able to share with inspectors their views of the service provided, and inspectors also observed staff interacting with residents. The inspectors read documentation such as a sample of resident personal plans, pre-inspection questionnaires submitted by residents and their relatives along with other relevant records kept in the centre.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The statement of purpose identified that the centre catered for adults with a diagnosis of an intellectual disability and or autism. The maximum number of residents that the centre could cater for was 11. The centre was a part of a purpose-built housing development located in an urban setting, located within walking distance to local shops and facilities.

The centre comprised three floors which were interconnected by stairs. Each resident had their own en-suite bedroom. Each floor had a kitchen, dining area and living room while laundry facilities, staff rooms and visiting rooms were also available.

Overall judgments of our findings:
Inspectors were satisfied that the provider had put systems in place to ensure safe care and a quality of life for all residents.

There was evidence of compliances in 11 of the 18 outcomes inspected. Some areas of non compliances were identified in relation to:
-the provision of fire safety training for all staff (Outcome 7)
-improvements were required in the review of some restrictive practices (Outcome 8)
-the performance management of some staff (Outcome 14)
-absence of some Schedule 2 documentation for staff (Outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were systems to ensure that residents were consulted with and actively participated in the running of the centre. The privacy of residents was respected. Residents were enabled to exercise choice and control in their life. Complaints were recorded and acted upon.

At the previous inspection, there were a number of findings pertaining to this outcome and these findings were found to be of a major non compliance. During this inspection, these findings were found to have been addressed.

Staff were observed communicating effectively with the residents and engaging with them in a kind and respectful manner. They treated each resident as an individual and the management team were equally all very familiar with each resident and could speak about their individual interests and routines. There was lots of laughter within the house with residents and staff engaging in discussion. Residents were observed departing for outings to the community, some with and without the support of staff.

Residents had access to advocacy services. Three residents had recently attended advocacy training in 2017 and the content of the course they had completed was contained within the centre advocacy folder. The impact of this training on advocacy within the centre in its entirety was still in its infancy. There were copies of correspondence, in the advocacy folder, from a recently appointed advocacy officer, based within the organisation. This post-holder was seeking information from the centre with regards to organising and implementing advocacy services.

There was documented evidence that residents were consulted with and engaged in their person centred planning. One of the residents sat with an inspector and staff member and discussed their personal plan and goals. They presented as being satisfied with aspects of how they lived their life and spoke about their enjoyment when completing courses in the local community.

There was evidence that there had been in-house service user meetings held throughout 2016 but none in 2017. The person in charge and person representing the provider informed the inspectors that, due to a number of issues that had arisen at the meetings in 2016, they were actively moving away from a group forum as the method of attaining feedback from residents about the running of the centre; it was demonstrated that it was not suitable to all residents. This was found to be an appropriate decision by the inspectors. The provider was, at the time of this inspection, exploring a more appropriate model for consulting with residents about the running of the centre.

The inspectors spoke with a number of residents over the course of the inspection who confirmed their satisfaction with the services received at the centre and they spoke about their interests, routines and other issues like how they liked to furnish their bedrooms.

The centre had an up-to-date complaints policy. A complaints coordinator was identified. The complaints log was reviewed and it was evident that details of a complaint were recorded; the actions taken to resolve the complaint; the outcome and signatures of persons involved.

To date, 21 complaints were recorded in the 12 months prior to the inspection and all were noted as resolved to the satisfaction of the complainant. The inspectors spoke with the person in charge about one particular complaint and the steps taken to address the nature of the complaint were set out by her and these steps involved the participation and inclusion of the resident themselves.

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):
No actions were required from the previous inspection.

Findings:
Residents were facilitated to communicate at all times. Where required, there were

systems in place to ensure that effective and supportive interactions were provided to residents to ensure their communication needs were met.

There was a policy on communication developed by the provider. Staff, with whom inspectors spoke with, were aware of the different communication needs of the residents. The majority of the residents were able to communicate verbally and staff were observed engaging in discussion and chat with these residents.

The assessment of need and subsequent resident personal plan highlighted the strengths and any difficulties in the area of communication.

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community.

Positive relationships between residents and their family members were supported. Residents were supported to meet with family and friends. Families were encouraged to get involved in the lives of the residents. A resident spoke about how she visited her extended family in the community each week. There was ample space throughout the centre for residents to meet privately with their family members.

Where there was any restriction in visiting arrangements, this was done in conjunction with the health service executive (HSE) adult safeguarding team and the social work team employed by the provider.

There was evidence that family members were involved in the residents' personal plan review meetings. This was evidenced by the family members signing to confirm their involvement in reviews.

Residents were supported to develop personal relationships. Some of the residents described themselves to the inspector as good friends with each other and were seen departing together to activities in the community.

The centre was located quite centrally in a local community and residents were observed departing for mass located within a few minutes walk away. There was a shopping centre, library, cinema and coffee shops all located within walking distance. Internet facilities were available on the ground floor of the centre on a computer. Residents had access to television, the media and local events on in the community.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the previous inspection it was found that not all residents had an agreed contract for the provision of services in place. During this inspection, inspectors reviewed a sample of contracts and found that the majority of the contracts reviewed had been signed by either the resident and, or their representative. One of the residents did not have all of the required signatures on their contract; however, the circumstances of this were explained to the inspectors and found to be appropriate.

Inspectors were informed that the contracts were in the process of being reviewed to accurately reflect the fees to be charged to residents.

Since the previous inspection there had been no new admission to the designated centre but the registered provider had clear policies and procedures in this area.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between

services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were systems in place to ensure that all residents had personal plans in place based on assessment of need that was informed by multidisciplinary assessments.

At the previous inspection, it was found that not all residents had an assessment of their health, personal and social needs carried out nor a personal plan prepared. At this inspection it was found that all residents had assessments carried out, with a corresponding plan put in place with multidisciplinary input where necessary. Residents who were assessed with specific needs had plans put in place around these. The assessment process was also used to determine if the centre was suitable to meeting the needs of residents on an ongoing basis.

Inspectors saw records of personal planning meetings which were attended by residents and their representatives where available. During such meetings person centred goals were set for each resident including trips away, attending concerns and redecorating their bedrooms. A progress sheets for goals was maintained and inspectors saw evidence of goals having been either completed or were being progressed.

Residents also had access to their personal plans in an accessible format. One resident showed an inspector their personal plan and discussed how they and their family were involved in developing the personal plan. The resident also discussed their personal goals that were contained in the plan and expressed satisfaction at having recently accomplished one of their goals.

The inspectors saw that there was acknowledgment in the personal plan of one the residents to transfer to a more suitable long term accommodation, in keeping with their age and the age of the residents at the centre. The person in charge was aware of this move which was at a planning stage.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The designated centre was part of a large complex and comprised three floors interconnected by stairs. An external lift was also available. The first floor comprised a kitchen, dining area, living room, staff office, two bedrooms, a utility room, a laundry, store room and toilet. The second floor had a kitchen, dining area, living room, four bedrooms and a visitors' rooms. The third floor consisted of five bedrooms, a kitchen, dining area, living room, linen room and toilet.

Inspectors were shown around the premises by members and staff and some residents. It was clear that residents were proud of where they lived and efforts had been made to give the premises a homely feel. For example, photographs of residents and events were on display throughout the designated centre. The designated centre was presented in a clean manner on the day of inspection.

Residents' bedrooms were noted to be colourfully decorated and personalised with photographs and ornaments. Some residents informed inspectors that their rooms had recently been redecorated and that they had chosen the paint colours for their rooms. All bedrooms in the centre were en-suite and sufficient storage was available to residents to store their personal belongings in the form of wardrobes and bedside lockers.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The health and safety of residents, staff and visitors were promoted in the designated centre.

A fire alarm system, emergency lighting, fire doors and fire fighting equipment including

fire extinguishers were present in the centre. Emergency lighting was seen to be operational on the day of inspection while fire exits were also seen to be unobstructed. The evacuation procedures were on display in the three floors of the centre.

Inspectors saw records of certificates of maintenance carried out by external bodies at the required intervals for the emergency lighting and the fire extinguishers. A record of a maintenance certificate for the fire alarm was seen dated 31 January 2017 but inspectors were not provided with any earlier such certificates from the time of the previous inspection in August 2016. As such, evidence was not provided that the alarm was serviced at quarterly intervals.

Inspectors reviewed a training matrix for staff working in the centre and noted that they had undergone fire training within the previous 12 months and manual handling training within the previous 24 months. There were some agency staff members who had not undergone sufficient fire safety training but inspectors were informed by a representative of the provider that such staff would have completed this training in the weeks following this inspection. The need for all staff to undergo fire safety had also been identified at the previous inspection.

Residents had personal emergency evacuation plans in place and fire drills were being carried out at regular intervals. A record of these drills was maintained but it was noted that the names of staff members who participated in these drills were not included in the records. In addition, it was observed that the names of the residents who took part in the drills were recorded in a separate book. This is addressed under Outcome 18. Staff members, spoken with during inspection, confirmed that they had participated in fire drills and were aware of the evacuation procedure to be followed.

At the previous inspection it was found that oxygen was not provided in the centre despite being identified as required in the centre's risk register. At this inspection it was found that oxygen was present in the centre and daily records of internal staff checks were seen in relation to this.

A centre-specific risk register had been created which contained details of risk assessments carried out in relation to issues such as manual handling, slips, trips and falls and choking risks. Risk assessments relating to individual residents were contained in each resident's personal plan. At the time of inspection such risk assessments were being updated to a new format which more clearly described the risk in question, the controls measures in place, further actions to be taken and the person responsible. A process was in place for risks to be escalated if required.

Some residents were risk assessed as to the risk of them making an unsubstantiated allegation against a staff member(s). An inspector spoke with the person in charge and person representing the provider about this issue as there was a lack of evidence to show the necessity of these risk assessments on file and the rationale for the subsequent scoring was not always clear. The person in charge and person representing the provider accepted the need to review the necessity of these risk assessments in line with their policies and were observed reviewing them during the inspection.

Hand gels were available throughout the designated centre and training records

reviewed indicated that staff undergone hand hygiene training. A cleaning audit had also been carried out in the weeks before inspection.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the previous inspection, there were a number of non compliances in this outcome. During this inspection, the inspector found that these had been satisfactorily implemented.

There was a policy in place that guided staff on the safeguarding of vulnerable adults. The core team of staff were trained in adult safeguarding. There was also evidence that staff, recruited through external agencies, had completed training in this area as part of their induction to the recruitment agency.

There had been a number of peer to peer incidents reported to HIQA in the 12 months prior to this inspection. These were managed appropriately on each occasion, as demonstrated by the notifications. During this inspection, the inspector asked for an update regarding an adult safeguarding concern and the person in charge was unable to provide this update. However, following the inspection, the update was given to HIQA by the person representing the provider.

There was a policy on restrictive practices that had been reviewed in the 12 months prior to the inspection. There were two environmental restrictive practices in place at the time of this inspection, of an environmental nature, pertaining to one resident who was restricted in their access to one of the kitchens at the centre and also restricted in accessing the contents of their wardrobe. There was evidence to show that due process had taken place with respect to a rights committee being involved with overseeing this restriction. The updated policy set out the need for risk assessments to be in place to demonstrate the risk to the resident or others should a restrictive practice be employed or not. These were found to be in place, however, the risk assessment referenced

incidents which had occurred over 12 months ago or prior to the restriction being put in place. The person representing the provider accepted that the resident with the support of staff may or may not still require such restrictions and she stated that a behavioural support therapist review may be able to assist with determining whether or not to introduce a positive risk taking approach to this situation in an effort to review their necessity.

The person in charge was not fully conversant with the rationale for a particular restriction at the centre relevant to one resident and did not have all the information to hand. She was observed securing this information with the necessary professionals during the inspection. Following the inspection, the person in charge confirmed to HIQA that she now had all the necessary information to hand and was assured of the need for the practice to continue. However, this practice had not been reviewed as outlined by organisational policy.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
While reviewing the fire register for this centre it was noted that some unplanned evacuations had not been notified to HIQA as required. A log of accidents and incidents was also reviewed and it was found that all other notifiable events, including some uses of environmental restraint, had been submitted within the required timeframe.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Inspectors saw evidence of and were told by residents that they were engaged in activities both internal and external to the centre. Examples of this included seasonal activities and birthday parties, attending day services, going shopping, going to a public house, going out for coffee and participating in employment. Residents were also supported to pursue education if they wished and inspectors saw completed certificates which some residents had achieved in areas such as advocacy.

An inspector met with a resident who discussed the night courses that they attended from time to time and it was clear that they enjoyed these courses. These courses were organised by an external organisation, based within the community and the resident was facilitated to attend with the support of staff.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents were supported to enjoy the best possible health within the designated centre.

In line with the assessment of need carried out for all residents, as referred to under Outcome 5, residents' specific healthcare needs had also been assessed with corresponding care plans put in place. A specific healthcare assessment was carried out which looked at issues including weight and allergies. In the sample of healthcare assessment viewed, it was found that these had been carried out within the previous 12 months.

Residents had access to a range of allied health professionals if required. A record of appointments which residents attended was maintained. Such records clearly showed what allied health professionals residents had attended, such as physiotherapists, chiropodists and dentist, along with any actions resulting from these appointments.

Inspectors also saw evidence that routine checks such as blood pressure and weight were maintained while vaccinations were also provided for. Residents also had hospital passports contained in their personal plans which outlined key information relating to residents should they be admitted to hospital. The sample of personal plans all had such hospital passports but it was noted that these passports were undated.

Inspectors were also satisfied that residents were supported to buy, prepare and cook their own food necessary with appropriate facilities provided for this. Residents also had accessed to snacks and refreshments if required.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Procedures were in place relating to medicines management but it was noted that the protocol for a medicine taken as required (PRN), did not clearly state the maximum dose to be administered.

A sample of prescription and administration records were reviewed by inspectors. It was found that the required information such as the medicines' names, the medicines' dosage and the residents' date of birth were contained in these records. Records indicated that medicines were administered at the time indicated in the prescription sheets. However, while comparing one resident's prescription record against a PRN protocol, it was noted that the maximum dose to be administered was not clearly stated. This was highlighted to a member of staff who undertook to rectify this.

A secure locker was in place for the storage of medicines with a separate space available for out-of-date or returned medicines. A locked fridge for storing medicines was also available in the designated centre. It was noted that records were kept which indicated that the temperature of this fridge was checked on a daily basis.

Some residents were prescribed a rescue medication used in the event of a seizure. Specific training is required to administer this medication. However, not all staff had received this training. This could pose a risk to residents, particularly at night, when no nurse was on duty in the centre. However, inspectors were informed that most staff had

received this training and staff were always rostered at night to ensure that at least one staff member was on duty who had undergone this training. A representative of the provider informed inspectors that staff who had yet to receive this training would do so in the weeks following inspection.

At the previous inspection it was found that one resident who self-administered medication had not undergone an assessment in relation to this in over six months in line with the provider's own policies. At this inspection, it was found that an assessment had been carried out in the month before inspection while it was also noted that such assessments had also been carried out on residents who did not self-administer medication.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors reviewed a copy of the statement of purpose and found it was missing some of the information required by the regulations. In addition, the statement of purpose did not include reference to a service which was provided to a non resident in the centre on weekdays. Following completion of this inspection, an updated statement of purpose was submitted to HIQA which contained these missing details.

Judgment:
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were adequate systems in place to govern the centre. There was a clear management structure.

At the previous inspection, there had been a number of non compliances found in this area and an action plan response had been accepted by HIQA. At this inspection, these actions were seen to have been completed.

The management system at the centre was clear. Care assistants reported to nursing staff who in turn reported to persons involved in the management of the centre and the person in charge. The person in charge reported to the person representing the provider. During interview, staff were clear about who was in charge and the management structure. On-call services were provided during out of hours.

There were systems in place for the annual review of the centre and six monthly unannounced inspections by a person nominated by the provider. The report from a recent six monthly inspection conducted shortly before this inspection was not yet compiled. The annual review of the service for 2016 was not yet completed, however, the inspectors saw a copy of a six monthly inspection held in the 12 months prior to the inspection. The actions arising from this six monthly unannounced inspection were clearly set out and had been resolved since.

A person involved in the management of the service had also completed a quality of service audit in April 2017. A separate audit had taken place, also in April 2017, conducted by a nursing staff member and this audit identified a number of issues pertaining to the medicines prescription and administration records. The person in charge was familiar with the findings of both audits and was addressing the actions arising, which were small in number.

A series of committees were re-launching in 2017 and some of these committees would include residents. The agenda of these committees would refer to health and safety, finance, care planning and community participation.

A performance management development system was in place at the centre. The inspectors reviewed a sample of records and these did not show in all cases that an interim meeting was held mid-year in addition to the annual meeting. The person representing the provider agreed that these meetings were to take place twice yearly and not annually.

The centre was managed by a clinical nurse manager (the person in charge). She had the relevant experience and had acted previously acted as a person involved in the management of the centre. Following the inspection, the person representing the

provider withdrew the person in charge notification until such time as the post-holder had acquired a management qualification. This meant that shortly after this inspection, the person in charge role reverted back to the previous post-holder for a set time period.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The provider was aware of their responsibility to notify the chief inspector of the absence of the person in charge where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days of more, whether planned or unplanned. To date there had one been one such absence requiring notification. Arrangements were in place to cover such an absence should it arise.

Staff had access to a person involved in the management of the centre during the person in charge's days off and or they also reported to a senior nurse on duty.

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):
No actions were required from the previous inspection.

Findings:

Inspectors noted that there were sufficient resources available to meet residents' assessed needs and to provide the service as outlined in the statement of purpose.

Resources available included en-suite facilities in all bedrooms, vehicles and adequate staffing to support residents in accordance with their assessed needs. The staff at the centre facilitated links with the residents' education and training services and had suitable resources to do this.

Additional resources available included adequate staff facilities and services to enable staff to be effective in the delivery of the service.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Appropriate staff levels were maintained in the centre but some improvement was required in relation to the staff training and the maintenance of staff files.

Inspectors reviewed staff rosters and found that there were sufficient numbers of staff present in the centre to meet the needs of residents while nursing cover was also provided when required. The staffing arrangements within the centre had been reviewed in the months before this inspection in response to some incidents of challenging behaviour. This review had resulted in a reduction of such incidents and staff members expressed the hope that these staffing arrangements would remain in place.

In relation to staff training, there were some gaps in relation to fire training as addressed under Outcome 7 and training relating to the administration of emergency medicines as mentioned under Outcome 12. While safeguarding training had been provided to all staff along with training in behaviours that require a response, it was noted that some agency staff members who worked in the centre had not undergone such training.

Inspectors reviewed a sample of staff files and found that most of the required

information was contained in these files including evidence of an Garda Siochana vetting. However, it was noted that some staff files did not contain evidence of identity that included a recent photograph. In addition, some files relating to agency staff contained references but it was not clear the context in which the referee knew the agency staff member in question.

Staff meetings did not happen at regular intervals but staff members informed inspectors that these could happen if required or requested. Inspectors were informed that a formal staff handover meeting was held weekly while a communication book was also maintained in the centre.

Inspectors were informed that there were no volunteers involved with the centre at the time of inspection.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors viewed a copy of the directory of residents and the residents' guide in the centre. Some required information was missing from both of these documents which was highlighting to staff who provided the required information by the close of the inspection.

All Schedule 5 policies and procedures, as required by the regulations, were in place and noted to all have been reviewed within the previous three years. The content of such policies had been reviewed on previous inspections of the provider's centres while centre specific procedures had been put in place where required.

As mentioned under Outcome 7 records of fire drills carried out in the centre were maintained in the centre but were spread out over two different log books, neither of

which contained the names of staff members who participated in these drills.
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:

Carol Maricle
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[1]

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003293
Date of Inspection:	26 April 2017
Date of response:	08 June 2017

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 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:** There were some risk assessments found in the files of resident regarding the risk of them making an unsubstantiated allegation against a staff member and the scoring was on occasion stated as high. There was a lack of evidence on file to confirm the need for these risk assessments and the rationale for the high scoring.

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

1. 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:
The PIC has reviewed the risk of residents making an unsubstantiated allegation against staff member; this allegation has now being in cooperated into the residents mental health plans and risk assessment.

Proposed Timescale: completed

Proposed Timescale: 09/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some agency staff members had not undergone fire safety training.

2. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Fire training was provided to all agency staff within the centre.(9 & 10th May 2017)

Proposed Timescale: complete

Proposed Timescale: 09/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence was not provided that the fire alarm system had been subject to maintenance checks at quarterly intervals.

3. Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The PIC has communicated with the maintenance department in relation to this issue.

The maintenance department and the housing body have put a plan in place to ensure The fire alarm system will be checked on a quarterly basis and the maintenance department will receive a copy of the record on quarterly basis.

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A restrictive practice in place at the centre had not followed due process as outlined in the organisational policy.

4. 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:
All Managers and staff within the organisation will receive training in relation to the new policy on Protection of a Person's Human Rights when considering the use of a Rights restriction.

Proposed Timescale: 31/07/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some environmental restrictive practices were in place and the paperwork viewed did not show consideration being given to the overall time period that the restriction was in place for, to show how the practice was in place for the shortest duration of time.

5. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
The PIC will review all current environmental restrictive practices using the policy for Protection of a Person's Human Rights when considering the use of a Rights restriction. Protocols will be in place and basic line recording will be carried out for the month of July to establish the rational for environmental restrictions

Proposed Timescale: 05/08/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all unplanned evacuations had been notified to HIQA.

6. Action Required:
Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

Please state the actions you have taken or are planning to take:
The PIC will ensure all unplanned fire evacuations within the complex will be notified to HIQA.

Proposed Timescale: 26/04/2017

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:
The maximum dose for a PRN medication was not clearly stated.

7. 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:
The pharmacist has review and updated the medication chart. The medication chart now states the maximum dose within 24 hours.

Proposed Timescale: complete

Proposed Timescale: 09/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Performance management records did not show in all cases that an interim meeting was held mid year in addition to the annual meeting.

8. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
The PIC will ensure that performance management records will be reviewed on a on a six monthly basis.

Proposed Timescale: 31/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some of the required information was missing from staff files such as proof of identity that included a recent photograph and appropriate references.

9. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The PIC has communicated with the HR department to ensure all documents as specified in schedule 2 are available and up to date.

Proposed Timescale: 03/05/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were some gaps in staff training in relation to the administration of emergency medicines and training in responding to behaviours.

10. 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:
Training schedule is in place for staff to receive training in administration of emergency medicines and responding to behaviours.

Proposed Timescale: 31/08/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of fire drills were spread across two log books neither of which contained the names of staff members who participated in these drills.

11. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 PIC will ensure that the names of staff members who participate in a fire drill will be documented and record of the drill will be kept onsite.

Proposed Timescale: 08/06/2017