

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	ORG-0011464
Centre county:	Cork
Email address:	lfitzgerald@cope-foundation.ie
Registered provider:	COPE Foundation
Provider Nominee:	Bernadette O'Sullivan
Person in charge:	Liza Fitzgerald
Lead inspector:	Maeve O'Sullivan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
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 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:
09 December 2013 09:00	09 December 2013 18:00
10 December 2013 08:30	10 December 2013 17:30

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

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

Summary of findings from this inspection

This registration inspection of a designated centre run by the COPE Foundation was announced and took place over two days. As part of the registration inspection inspectors met with residents, relatives, the person in charge, the provider, the clinical nurse manager level one and other staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Twenty four people live in the three houses visited by the inspector. All residents live in the houses on a full-time basis. Some residents access activities in a day centre situated on campus.

Overall, the inspector found that residents received a good person-centred quality service. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met. The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff.

The person in charge had put arrangements in place to ensure that the three houses were maintained to a good standard, met the needs of residents and ensured the safety of residents, staff and visitors.

While evidence of good practice was found across all outcomes, areas of non-compliance with the Regulation were identified. The non-compliances are discussed in the body of the report. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- a number of policies required updating
- the complaints policy and access to advocacy services required updating
- residents' contracts required updating
- residents' personal plans were not adequate and not focused on quality outcomes
- supporting residents to develop and maintain personal relationships and links with the wider community in accordance with their wishes
- to ensure that all staff receive appropriate training in relation to safeguarding residents, and the prevention, detection and response to abuse
- ensuring that a copy of the Residents' Guide was provided to each resident
- there were gaps in health and safety and fire safety procedures
- staff supervision and professional development was not adequate
- the statement of purpose, directory of residents and Residents' Guide required updating
- some staff files did not have all the documentation as required by the Regulations.

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 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

Judgement:

Non Compliant - Minor

Findings:

The inspector found that the rights, privacy and dignity of residents in the three houses was promoted and residents' choice was encouraged and respected. However, ensuring that residents and their families were aware of the complaints process needed improvement.

Although there was no evidence of regular residents meetings in any of the three houses, the inspector observed in resident's care plans that residents and their families were consulted about the care they received. The person in charge informed inspectors that residents and their representatives were actively involved in the centre and that a residents' forum meeting was held every six weeks. The inspector noted that parents visited the houses at different times during the inspection and parents reported easy access to the houses at all times.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained, while continuing to maximise their independence. Staff worked with each resident throughout the day, promoting choice and encouraging participation in activities. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records. The inspector spoke to one resident and one family member. The resident spoke positively about their care and stated that they liked living in the centre. The family member said that they were very happy with the person centred care. Inspectors observed staff providing residents with as much choice and control as possible by facilitating their individual preferences for example in relation to daily activities and food choices.

Some residents attended activities on site at the central activity centre while others participated in activities in their houses. Each house had an activities timetable that was regularly reviewed. The list of activity options ranged from swimming, a disco, access to the sensory room, music, music therapy, beauty sessions, day trips and activities in the activity centre. Although the daily records reviewed by the inspector documented the various activities that residents were involved both in and outside of the houses, the consistent recording of activities in each resident's file needed improvement. The inspector observed that some residents participated in a number of activities during the course of the inspection. However, for residents with particularly high needs who did not consistently attend the day centre or other day services, the occupation and recreational facilities to promote and support their individual developmental needs were inadequate.

The organisation had a complaints policy that identified the nominated complaints officer and also included an independent appeals process as required by the Regulations. A poster on the complaints process was displayed in a prominent place in the houses. However, it did not include information about the designated complaints officer or the person appointed to deal with appeals. The inspector reviewed the recently introduced complaints logs in the houses. Staff confirmed to the inspector that no recent complaint had been made. A family member confirmed to the inspector that while they knew who to go to if they had a complaint, they had not received any documentation on the complaints process. There was no evidence in the resident's care file to confirm that they and their families were made aware of the complaints process. In addition, the inspector noted that residents did not have formal access to advocacy services. The person in charge told the inspector that an internal advocacy working group had recently been established.

Inspectors noted that where possible residents retained control over their own possessions. The organisation had a policy on residents' personal property which was centre specific. There was adequate storage space provided for personal possessions in the resident's bedrooms. Each house had an accessible laundry room.

Residents had access to personal monies and where possible control over their own financial affairs in accordance with their wishes. However, the majority of residents did not have their own bank account. Residents were supported to choose and purchase their own clothes when out shopping. The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. The arrangements included the allocation of a nominated staff member (usually a key worker) to assist individual residents with their personal shopping. The nominated staff member was accountable to the person in charge as well as to the individual resident concerned. All financial transactions when possible, were signed by residents. In addition all transactions were checked and counter signed using double signatures by staff and written receipts retained for all purchases made on the residents' behalf.

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

Judgement:

Compliant

Findings:

Ongoing communications were promoted for all residents. The organisation had a policy of communications and staff practice ensured that residents were communicated with according to their needs and wishes. Information on the communication needs of each resident was well documented in their communications passport and reviewed on a regular basis. The passports were accessible and written from the residents' perspective. They provided the inspector with an insightful picture of the resident.

Many residents were non verbal. Staff were aware of the individual communication needs of each resident and used a variety of picture charts and communication symbols to communicate with residents. The inspector observed staff communicating effectively and in a supportive way with each resident. For example, pictures were used at meal times to provide residents with food choices. Residents had access to various media sources such as the television and the radio with televisions in communal sitting rooms. However, the TV in one house was not in a visibly accessible location.

Residents care plans documented the input from multi-disciplinary professionals including speech and language therapists and occupational therapists to enhance residents' communications. Residents also had access to assistive technology and aids. The inspector observed that residents had access to aids and appliances such as wheelchairs and rollators to enhance their mobility.

The person in charge informed inspectors that the centre had access to their own transport and regularly used a local taxi service to access community facilities and services. Some residents went home at weekends.

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

Judgement:

Non Compliant - Minor

Findings:

Residents were supported to maintain relationships with family and friends. A communications log in each house recorded the contact that each resident had with their family and provided the resident and staff with information on issues such as planned visits home. As part of the registration process relatives had been invited to meet with inspectors during the inspection. Relatives told inspectors that they could visit the houses without any restriction. Residents' families said that they always felt welcomed when visiting and that their opinions were sought and valued by staff. Each house had an area where residents could meet with friends or family in private. Daily activity records highlighted that residents' involvement and integration into the local community was limited and could be developed further. Additionally, residents' needs assessments and care plans reviewed by the inspector did not include a review of residents' education, training needs and opportunities.

The inspector received a warm and welcoming reception from residents and staff on arrival to each house.

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

Judgement:

Non Compliant - Moderate

Findings:

Inspectors noted that there was a centre-specific admission policy. However, it was not adequate as it did not take account of the need to protect residents from abuse by their peers. The centre's statement of purpose outlined the criteria for admission and also the criteria for residents who wished to transfer between centres. Contracts of care as required by the Regulations were not evident in the care files reviewed by the inspector. Therefore detailed information on the care and support and the services to be provided to each resident was not available. The person in charge informed the inspector that this information was kept by the admissions team in the organisation's head office. The person in charge also informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre prior to admission, and that consideration was always given to ensure that the needs and safety of the prospective and current residents were met.

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

Judgement:

Non Compliant - Moderate

Findings:

There were systems in place to assess the needs of residents and ensure that the necessary supports and services were put in place to address those needs. However, further work was required to demonstrate resident's involvement in the development and review of their personal care plans and also to ensure that these plans were more outcomes focused. Nurses and resident's key workers were responsible for assessing and reviewing resident's needs and care plans. Staff told the inspector that care plans were developed in partnership with the residents. There were a number of centre specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of personal and social care needs. The inspector reviewed a sample of resident's personal care plans which contained information on their assessed needs. There was evidence of a range of assessment tools being used and resident's needs were reviewed and care plans revised on an ongoing basis. Needs assessments contained evidence of multidisciplinary team involvement, with a variety of reports available from medical specialists, psychologists, psychiatrists, behavioural therapists and art therapists. There was also evidence in care plans and daily records that these reports guided practice and ensured that the necessary supports and services required by residents were put in place. However, the quality of reviews required improvement in order to demonstrate the resident's and/or their family's involvement, and also to assess whether the individual goals were being achieved. Detailed information on areas such as friendships, belonging and inclusion in the community, resident's short, medium and longer-term aspirations, life-long learning and employment supports, as well as their assistive devices and technology requirements was lacking.

Each resident had a nominated key worker, who was responsible for working with the resident and assisting them to address their needs and achieve their identified goals and objectives. But the recording of this work was not evident in the care files.

Care plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives. The inspector found that the plans concentrated on activities, with limited focus on tangible outcomes and/or whether the activities enhanced a person's quality of

life or not. The clinical nurse manager confirmed to inspectors that the manner in which resident's care plans were developed and reviewed needed improvement so as to be more person centred.

Staff told the inspector that they were not aware of any policy or procedure that guided staff if and when a resident was temporarily transferring or transitioning to another centre or to hospital.

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

Judgement:

Non Compliant - Minor

Findings:

The three houses visited by the inspector were part of a congregated setting. All three houses were modern, easily accessible, well heated and decorated to a good standard. The houses were clean and well furnished. Each house had comfortable sitting rooms where residents could relax and watch TV. Each house had a large kitchen with cooking facilities. However, in two houses access to the kitchen was restricted. Some resident's bedrooms were locked during the day. Staff told the inspector that the reason for this was to promote the safety of residents. The design and appearance of one house resembled a family home. However, the other two were more institutional and corridor and dining areas lacked a warm and homely atmosphere.

There were adequate baths, showers and toilets with assistive structures in place including hand and grab rails to meet the needs of residents. However, some of these fittings and radiators were rusty. There was adequate sitting and recreational space separate from the dining room and a bright sunroom in each house. The inspector visited residents' bedrooms with their consent and found them to be nicely decorated and personalised, with photographs of family and friends displayed. Most residents had their own bedroom, a small number of residents shared a bedroom, with a partition wall ensuring privacy. One twin bedroom was not partitioned, however, a screen was erected at night time. Bedrooms had wash hand basins and ample storage facilities for resident's personal items. However, there was no lockable storage facility in the residents' bedrooms for storing valuables. The inspector noted that the layout of the three houses were not in line with the statement of purpose.

Laundry facilities were provided within each premise and were adequate. Residents clothing was marked with their own personal name tags. There were adequate storage facilities for equipment in each house.

The centre was accessed from a busy road via automatic gates, and a CCTV system in the main office observed vehicular access and exit from Monday to Friday. The grounds were well laid out and nicely landscaped and well maintained with ample pathways for walking, and garden seating. The inspector observed residents taking walks around the grounds during the inspection.

Each house was numbered and access was facilitated by a key pad. However, in relation to assisting residents and visitors to navigate the grounds, there were inadequate visual signs to assist residents in achieving and promoting accessibility and independence within the grounds of the complex.

All three houses were well maintained. However, not all staff were familiar with the recently introduced policy and procedure on maintenance. Inspectors observed a maintenance file for each house in the person in charge's office. The inspector noted that staff in one house had made numerous maintenance requests in relation to a leaking dishwasher before it was fixed. The policy requires staff to e mail a maintenance request to head office, however, not all houses have a computer. Other than the daily communication book, there is no system in the houses to track maintenance requests.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Minor

Findings:

The inspector found that the health and safety of residents and staff was promoted, however, the overall system to manage risk required improvement.

The organisation had a safety statement, a risk management policy and a risk registrar in place. However, the risk management policy was not centre specific.

The inspector reviewed a sample of resident's care files and found that individual risk assessments were carried out with residents on specific risks such as mobility and absconding. The person in charge told inspectors that a working group with responsibility for reviewing and revising the risk assessment system had recently been established. The inspector found that staff took a proactive role in the management of risk in the houses. For example, staff provided assistance to residents while in the kitchen area and guided their mobility by ensuring that corridors and stairs were accessible and clear of obstacles. The risk registrar did not adequately cover the precautions that should be in place to control specified risks such as assaults and accidental injury to residents or staff. Neither was there evidence that areas of risk were reviewed over a period of time to establish whether the risk remained or not. For example, in one house the TV was kept in a closed glass covered cabinet on a high

shelf. Staff were not aware of how long the cabinet had been in place. Residents depended on staff to turn the TV on and off and had no control over the channels. In addition, the risk management policy did not adequately cover the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

The centre had a Health and Safety Statement in place. The inspector observed a Health and Safety statement in one house which was dated as having being reviewed in 2011. Health and Safety statements were not centre specific. For example, hot taps in one house had no thermostat control system, and the hot water emitted was very hot. Staff interviewed were not aware of this and the potential risk to residents.

The person in charge informed inspectors that incidents and accidents were recorded and reported to the Safety Officer in head office. When required the Safety Officer investigated accidents and feedback to the person in charge. The inspector found that the health and safety system in place was insufficiently robust and the measures in place to learn from incidents and accidents required improvement.

The provider had ensured that arrangements were in place to manage the risk of infection, however the prevention and control of healthcare associated infections was not sufficiently robust. The inspector spoke with nurses and found that they were familiar with infection control arrangements. The houses were cleaned by an external cleaning agency. The inspector found that cleaning staff were familiar with infection control systems in the houses. Although the inspector found that the houses were clean, facilities and equipment for hand washing were limited. The inspector found that residents in one house shared bed linen. The houses had access to waste disposal facilities, including clinical waste. Inspectors noted that there was a secured area to the rear of the complex for the storage of general and clinical waste.

There were adequate precautions against the risk of fire in place however, fire safety recording systems and staff training required attention. Fire evacuation posters were displayed in the houses. The system in place to check fire equipment and fire exits varied between the three houses, though the recording of the daily, weekly and quarterly checks had improved in recent months. Records reviewed by the inspector in the three houses showed that fire equipment such as alarms, emergency lighting and fire extinguishers were checked and maintained on a regular basis. Fire drills were carried out on a regular basis in all three houses. Staff were familiar with fire evacuation procedures, but not all staff had attended recent fire safety training.

Staff training records reviewed by inspectors indicated that staff had received manual training, although some staff required refresher training.

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

Judgement:

Non Compliant - Moderate

Findings:

The centre had systems in place to safeguard and protect residents from abuse. However, evidence to demonstrate that these systems were implemented consistently and managed in line with the centre's policy, national guidance and legislation was lacking.

The person in charge informed inspectors that she monitored safe-guarding practices in the centre by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. Not all staff were aware of who the organisation's adult protection officer was. During the inspection the inspectors observed staff interacting with residents in a respectful, sensitive and dignified way. Families to whom inspectors spoke confirmed that they were satisfied that their family member was safe in the centre.

A sample of care plans reviewed by the inspector recorded the personal preferences that residents had in relation to intimate and personal care. Staff were able to tell the inspector about the care preferences of the residents in their care.

Inspectors noted that the centre had a policy in relation to adult protection and abuse, however it had not been reviewed since June 2008. Staff interviewed by the inspector were familiar with the policy, but not all staff had received training on adult protection as required by the Regulations. This could result in staff not being aware of their roles and responsibilities in relation to the identification and reporting of abuse or suspected abuse. Staff met by the inspector said that had received training in Trust in Care, and some staff had attended training in the investigation of allegations of abuse in October 2013.

The systems in place to monitor the risk of and the reporting of adult abuse were not robust. The inspector noted in the care file of one resident that there had been at least eight incidents where the resident allegedly had touched peers inappropriately. Staff reported that the resident's peers were aware of how to keep themselves safe. However, on reviewing the file of the resident involved in the alleged inappropriate behaviour, there was no evidence of risk assessments being carried out. A behaviour strategy to address the inappropriate behaviour had been developed but not dated. Staff

were aware of the resident's behaviour and of the need to keep other residents safe. Following the inspection the inspector spoke to the person in charge. And while the person in charge confirmed that she was aware of the allegations, she had not received any incident reports from staff in the house. The person in charge confirmed that she would investigate any allegations immediately and put systems in place to ensure that all residents were safeguarded and protected from abuse.

The centre had a behavioural support strategy. The inspector found that staff in the houses were familiar with the management of challenging behaviour, with de-escalation and intervention techniques and had attended appropriate training. The inspector reviewed a sample of care plans and noted that behavioural intervention records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. A centre-specific restraint policy had been reviewed by the person in charge in September 2011. The policy promoted a restraint free environment. However, the policy was not adequate as it did not suitably detail the ongoing monitoring and observation of a resident while a restraint was in place. Staff in the three houses told the inspector that restraints were not used in the houses.

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

Judgement:

Compliant

Findings:

Inspectors found that the person in charge was familiar with the process for recording any incident that occurred in the centre and with the procedure for maintaining and retaining suitable records as required under the Regulations. Inspectors noted that incidents and accidents were recorded in the incident logbook and reported to the Safety Officer. The person in charge also outlined the arrangements in place to ensure that a written report was provided to the Authority at the end of each quarter of any incidents that occurred in the centre as required.

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

Judgement:

Non Compliant - Minor

Findings:

The inspector found that the general welfare and development needs of residents were promoted. The inspector found that most residents attended either the activation centre or were involved in a range of social activities as outlined in Outcome 1 above.

Resident's care files showed that they were provided with opportunities for new experiences and sporting and recreational events such as swimming and dancing. However, there was scope to extend the social, educational and community integration opportunities for residents, and particularly to provide a more individualised one-to-one social development programme with residents who had severe to profound disabilities.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Findings:

The inspector found that the majority of residents were supported to access health care relevant to their documented needs. However, inconsistent record keeping could result in the health care needs of some residents not being met. Resident's health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required, with reports evidenced in files. For example, residents with epilepsy were seen by an epilepsy nurse for assessment, while residents prone to falling had a falls assessment. A nurse was onsite 24/7. The centre had policies on the care and welfare of residents including policies on health assessment and care management. Staff informed inspectors that the level of support that individual residents required varied and was documented as part of the resident's support plan.

The inspector reviewed a sample of care plans and found that resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Supports in relation to areas of daily living such as personal cleansing and dressing, toileting and oral care were well documented. Some residents had health support plans in place. All files reviewed demonstrated that residents had regular access to a general practitioner (GP), and to a range of allied health professionals such as chiropodists, opticians and dental services. The inspector observed nurses recording relevant health related information about residents and this information was reported to nursing colleagues at the shift handover meeting.

A nurse confirmed to the inspector that residents were registered on the relevant national health screening databases and care file records showed that residents were facilitated in accessing the appropriate services. The inspector noted that different health check tools were used across the houses, and the quality of assessments varied. In relation to resident's sexual and reproductive health, the majority of health assessment documents reviewed by the inspector were blank. Of concern to the inspector was the fact that for some residents, where their health support plan had highlighted that they needed close monitoring and assistance with a particular aspect of their health care, the records documenting the relevant information were not consistently filled out.

The inspector observed that resident's files contained a letter from the GP to the resident's next of kin in relation to mental capacity for decision making. The letter also outlined the medication that the resident was on and the purpose of the medication. Family members met by the inspector said that they were happy with the quality of health care that their loved ones received.

Dinner was prepared off site and the inspector observed the delivery of food in thermally insulated trolleys. Staff adapted the meals to accommodate individual residents' food preferences or dietary requirements. Staff told the inspector that occasionally, such as at weekends food was prepared in the houses. Records of resident's particular dietary requirements were observed in the kitchen of each house. The inspector found that there was a good supply of dairy products in the fridges. There was also a variety of snacks available for residents between meals. Weekly menu sheets were displayed in the houses' kitchen. Meal options included turkey, beef, gammon streak, fish and burgers.

The inspector observed residents being provided with food choices, and picture charts were used to assist some residents in making those choices. Staff told the inspector that they regularly spoke to residents about food preferences and the menu would be changed accordingly. The inspector observed a dining experience in one of the houses and noted that the food looked nutritious and meals were well presented. Staff provided assistance to residents who required it, and the inspector observed that residents were provided with ample time and appropriate encouragement to eat and enjoy their food. The centre had a policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were checked regularly and weight records were maintained. Care plans reviewed by the inspector showed the appropriate referral to dieticians and the monitoring of resident's nutritional intake where required. For one resident who continued to gain weight over a period of time, a programme incorporating a healthy diet, life style changes and education was in place.

Outcome 12. Medication Management

Each resident is protected by the designated centres' policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Findings:

The inspector found that the person in charge had systems in place to support staff in protecting residents in relation to medication management. Inspectors noted that a copy of Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines was available. All medication was administered by a registered nurse. Nursing staff to whom inspectors spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication was stored and secured in the nurses' office and the medication keys were held by the staff nurse on duty. One house that did not have a staff room maintained the resident's medication in a locked cupboard in the kitchen. All residents' medication administration records reviewed had photographic identification in place. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. However, the medication policy was not adequate as it had not been reviewed since 2007. The person in charge told the inspector that medication errors were recorded and reported to the Safety Officer.

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

Judgement:

Non Compliant - Minor

Findings:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre and the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. The inspector noted that there was a copy of the Statement of Purpose in each house. However, staff informed the inspector that a copy had not been made available to residents and their families. In addition, the statement of purpose did not detail the arrangements for residents to access education, training and employment and the arrangements made for residents to attend religious services of their choice. Neither did it highlight the fact that nursing care is available to residents 24/7. The layout of all three houses was not in accordance with the description in the statement of purpose.

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

Judgement:

Non Compliant - Minor

Findings:

There was a full-time person in charge who was a registered nurse and demonstrated the required skills and experience to ensure the effective care and welfare of residents in the centre. In the absence of the person in charge, the clinical nurse manager or the senior staff nurse on duty was responsible. During the course of the inspection, inspectors noted that the person in charge had a good managerial oversight of the centre. However, evidence to support that the person in charge or their designate regularly visited the centres and quality assured the care being delivered to residents was lacking. The person in charge acknowledged this deficit in managerial oversight and assured inspectors that a system would be put in place immediately. The person in charge was clear about the management structure across the organisation, and about her lines of authority and accountability. A copy of the organisational structure was contained in the centre's statement of purpose. The person in charge told inspectors that she met with and received regular and effective support from her line manager.

Staff to whom inspectors spoke were clear about who to report to within the organisational line management structure in the centre. Inspectors attended a morning handover meeting between nurses and noted that the person in charge and the clinical nurse manager were also present. Inspectors noted that this meeting was used to convey priority issues or concerns in relation to resident's care and wellbeing and/or to clarify arrangements for the forthcoming day. The person in charge informed inspectors that this meeting assisted her to remain up to date in relation to residents' care. It also afforded her the opportunity to effectively communicate issues to staff.

An average of four staff meetings were held annually. Inspectors reviewed minutes of these meetings. The agenda was broad and covered issues such as Regulation and Standards, self audits, staffing resources and clinical issues. The centre had established a specific working group to prepare for Regulation. Staff told the inspector that they found the staff meetings informative.

At the time of inspection the centre did not have a performance management and development system in place for staff. The person in charge told inspectors that performance management policies and procedures were being developed, with a commencement date of June 2014.

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

Judgement:

Compliant

Findings:

The person in charge told inspectors that they were familiar with the Regulatory requirements if and when they were absent for a continuous period of more than 28 days. The person in charge also confirmed to inspectors that the organisation had the necessary arrangement in place should the person in charge be absent.

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

Judgement:

Compliant

Findings:

The inspector found that the person in charge used staffing resources efficiently and flexibly to meet the support needs of residents. The roster in the three houses was tight and depending on the location of resident's social activities external to the house, one staff member could be left in the house with three or more residents. Some staff told the inspector that occasionally if a number of staff were required to accompany residents on social trips or appointments outside of the centre, or if one house was busier than another, staff were moved between houses to address the demand for additional staffing supports.

The three houses were maintained to a good standard and had sufficient assistive equipment to meet the needs of residents. Servicing records for assistive equipment was up to date. There were assisted bathrooms to cater for the individual and complex needs of the residents. Accessible transport was available to bring residents to different venues including social occasions off site.

Residents had choice in relation to activities and could access activation facilities in their homes, in the activation centre located within the complex or off site in other venues.

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

Judgement:

Non Compliant - Moderate

Findings:

There was robust recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. The centre had a policy on staff recruitment and selection and the person in charge was familiar with the recruitment process. Inspectors reviewed a sample of staff files and noted that the majority of files contained the required documents as outlined in Schedule 2 of the Regulations. However, not all staff files reviewed contained details and documentary evidence of staff's relevant qualifications or two written references. The staff files reviewed indicated that there was a high level of staff continuity, with many staff employed in the centre for a significant period of time.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. The person in charge told the inspector that although there was no formal system in place to measure and match resident's dependency needs with staffing levels, she reviewed staffing requirements throughout the centre on a daily basis and reallocated staff where required.

The person in charge confirmed to inspectors that there was 65.5 whole time equivalent (WTE) staff working in the centre and five full-time managers. At the time of inspection the centre had three vacancies - one staff nurse, one care staff and one clinical nurse manager. The main challenges that the person in charge faced in relation to managing the roster focused on staff leave requirements and the non replacement of staff. The provider told inspectors that an additional clinical nurse manager was commencing work in the centre in January 2014. At the time of inspection, the provider agreed to review the staffing levels, in particular the arrangements for replacing staff on leave; in the context of ensuring that the number and skill mix of staff was appropriate to the number and assessed needs of the residents and the statement of purpose for the centre. At the time of inspection there was no formal system of staff supervision in place.

The person in charge maintained a record of staff training in the centre and the inspectors noted that ongoing staff training was provided which included manual handling training, cardio pulmonary resuscitation (CPR) and medication management training. The centre did not have a training needs analysis, but the person in charge did have a list of essential training undertaken by staff that ensured staff had the necessary

competencies and skills to meet the needs of residents. Staff told the inspector about recent training they had received such as manual handling and CPR and said that they felt confident in carrying out their duties. There was evidence of induction for newly recruited staff. The inspector found that staff were aware of policies and procedures relating to the general welfare and protection of residents.

Staff were also competent in their responses in relation to the delivery of person-centred care and support to residents. However, some staff informed inspectors that they had not received sufficient training or updating of their skills in challenging behaviour, adult abuse and assisting residents with eating and drinking.

Inspectors noted that copies of both the Regulations and the Standards were available in the houses. Staff to whom the inspector spoke were familiar with the Regulations and the Standards. There were no volunteers working in the centre at the time of inspection.

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

Judgement:

Non Compliant - Moderate

Findings:

Inspectors reviewed the centre's policy and procedures and noted that copies were also held in each house. Staff to whom inspectors spoke demonstrated an understanding of the policies and procedures such as medication policy and health and safety.

The system in place to ensure that policies and procedures were regularly reviewed needed improvement. A number of policies such as risk management, the management of allegations of adult abuse, and the admissions policy had not been reviewed in over three years. The residents' guide was not in compliance with the Regulations, and there was no evidence that residents and their families had received a copy of the guide.

In general, residents' records were up to date, although the quality of information recorded required improvement to ensure it was complete, and that it served staff and managers in the planning and delivery of quality services to each resident. Records of resident's visits to the GP were seen by the inspector.

Inspectors reviewed the directories of residents which were located in each house. However, the directory was not in compliance with the Regulations as information such as the name, address and telephone number of the resident's GP was missing.

The inspector observed that each house had a communications book. Staff told the inspector that the books were used to communicate information on residents care and other issues such as maintenance requirements to staff colleagues. The inspector found that key information was not consistently entered. For example, one staff member recorded that she was unable to discuss a resident's health issue with a doctor as she was not aware of what the issue was. Additionally, it was unclear from the system in place whether actions entered in the communications book were followed up or not. In one house information on residents' care was documented on loose pages and inserted in the daily diary. The system in place in the centre was insufficiently robust to ensure the continuous transfer of key information on residents.

Resident's files were kept secure in the staff room or a locked cupboard in the kitchen. Staff records were maintained in a locked cupboard in the person in charge's office.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Maeve O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	ORG-0011464
Date of Inspection:	9 December 2013
Date of response:	18 March 2014

Requirements

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

Outcome 01: Residents' Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Not ensuring that residents had access to advocacy services and information about his or her rights.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Advocacy committee has been developed. This committee will incorporate residents, staff and family members. They will meet on a monthly basis and report to Person in Charge. This committee will look at training, research and implementation of advocacy skills and services.

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

Proposed Timescale: 21/03/2014

Theme: Individualised Supports and Care

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

Not ensuring the provision of sufficient opportunities for all residents to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

A roster review is under way to look at resources to best provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Proposed Timescale: 31/05/2014

Theme: Individualised Supports and Care

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

Not ensuring that residents and their family were aware of the complaints procedure.

Action Required:

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

A complaints, compliments and comments leaflet has been developed. This leaflet will be sent to all families.

Proposed Timescale: 30/04/2014

Theme: Individualised Supports and Care

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

Not ensuring that the complaints procedure displayed in a prominent place is in an accessible format and contains information about the designated complaints officer or the person appointed to deal with appeals.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an

appeals procedure.

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

A complaints poster will be developed, displayed at a specific site and made readily available to all families and residents. All information on poster will be included within in complaints leaflet which will be circulated to all families.

Proposed Timescale: 30/04/2014

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Not ensuring that all residents are supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

A roster review is underway to promote, develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Proposed Timescale: 31/05/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not ensuring that admission policies and practices take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The registered provide will review admission policy and practice taking into account the need to protect residents from abuse by their peers.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Not ensuring that contracts detail the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents' care and welfare in the designated centre.

Action Required:

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

The Registered provider will develop contract of care and review admissions policy which 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.

Proposed Timescale: 31/08/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not ensuring that personal plans are developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Action Required:

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

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

The Person in Charge will ensure that each resident has a personal plan no later than 28 days after admission.

Proposed Timescale: 18/03/2014

Theme: Effective Services

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

Not ensuring that the personal plan is available, in an accessible format, to the resident and, where appropriate, his or her representative.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

An easy read personal plan will be researched and developed by both Clinical Nurse Manager level one at this designated centre.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Not ensuring that residents' personal plans focused on outcomes for the resident and their quality of life.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person in Charge will invite residents, family members and/or his/her representative to assist in the development and review of personal plans. This will commence in March 2014.

An audit will be carried out to determine quality of review. This audit will be undertaken by Person in Charge and Clinical Nurse Managers and will be documented within residents personal plans.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Not ensuring that when a resident is temporarily absent from the centre, relevant information about the resident is provided to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital, or other place.

Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

A transfer document will be developed which will provide all relevant information pertaining to the resident.

Proposed Timescale: 30/04/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Not ensuring that the centre is suitably decorated to reflect a homely atmosphere.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Corridors and dining in house two and three will be enhanced to ensure a warm and homely atmosphere.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

Not ensuring that there is adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.

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:

Lockable storage facilities will be provided to each resident.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

Not ensuring that the layout of the three houses was in line with the centre's Statement of Purpose.

Action Required:

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

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

Statement of Function and Purpose has been revised to reflect layout.

Proposed Timescale: 31/12/2013

Theme: Effective Services

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

Not ensuring that the designated centre adheres to best practice in achieving and promoting accessibility and not regularly reviewing the centre's accessibility with reference to the statement of purpose and carrying out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Visual signage will be erected to allow for easy accessibility.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

Not ensuring that equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order.

Action Required:

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

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

Requests for maintenance are inputted via email either through reception or Clinical Nurse Manager. A monthly visiting schedule for maintenance exists.

Staff are encouraged to use communication book to document maintenance.

Proposed Timescale: 31/03/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not ensuring that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the measures and actions in place to control hazard identification and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The Registered Provider will review policy to include measures and actions which are in place to control hazard identification and assessment of risks. 31-08-2014
2. Hot water taps were rectified on the day. Complete
3. Risk assessment will be conducted on the placement of a TV in a locked cabinet on a high shelf. 31-03-2014

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Not ensuring that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The registered Provider will review risk management policy to include specific measures and actions in place to control accidental injury to residents, visitors and staff.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Not ensuring that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the measures and actions in place to control aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The registered Provider will review risk management policy to include specific measures and actions in place to control aggression and violence and promote positive behaviour.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Not ensuring that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the measures and actions in place to control self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The registered Provider will review risk management policy to include specific measures and actions to control self-harm.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Not ensuring arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

<p>Please state the actions you have taken or are planning to take:</p> <p>The registered Provider will review risk management policy to include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.</p>
<p>Proposed Timescale: 31/08/2014</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not ensuring that risks are reviewed on an ongoing basis.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>The Registered Provider will review policy to ensure the assessment, management and ongoing review of risk is implemented by all staff, including a system for responding to emergencies. It will be practice that all risk assessments will have a review date present.</p>
<p>Proposed Timescale: 31/08/2014</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not ensuring 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.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>Infection control committee has been set up. This includes Clinical Nurse Manager, staff members, and health promotion officer. This committee will meet on a monthly basis and report to Person in Charge. They will assess and audit current practice and make recommendations where necessary. This will commence on the 4th April 2014.</p>
<p>Proposed Timescale: 04/04/2014</p>

Theme: Effective Services

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

Not ensuring that effective fire safety management systems are in place.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Fire Safety committee has been set up. This includes Clinical Nurse Manager, staff members. This committee will meet on a monthly basis and report to Person in Charge. They will assess and audit current practice and make recommendations where necessary. This commenced on the 15th March 2014.

Proposed Timescale: 15/03/2014

Theme: Effective Services

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

Not ensuring that all staff have received suitable training in fire prevention.

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 is ongoing.

Proposed Timescale: 30/04/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not ensuring that where restrictive procedures including physical, chemical or environmental restraint are used, that such procedures are applied in accordance with national policy and evidence-based practice.

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:

Training on guidelines for the prevention of use of restrictive interventions will be given to all staff to ensure staff have up to date knowledge to assist them in their daily work. This will include up to date knowledge on National Guidelines and Policies and also site specific guidelines.

Proposed Timescale: 30/04/2014

Theme: Safe Services

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

Not ensuring that all staff received appropriate training in relation to safeguarding residents, and the prevention, detection and response to abuse.

Action Required:

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

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

Training in the policy and procedures on the management of allegation of abuse of clients and also Children First National Guidelines for the protection and welfare of children will be given to all staff. In addition appropriate training in the management of abuse has been commissioned from an outside expert. It is planned that this training will take place in May 2014. It will involve the organisation as a whole and will provide training to approximately 150 staff, members of the management team and the provision of train the trainer for 16 people. This training will centre on abuse, relationships and sexuality.

Proposed Timescale: 30/05/2014

Theme: Safe Services

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

Non-compliance with the centre's Adult protection policy and procedure.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

A plan has been put in place to promote awareness of and implementation of the centres Adult Protection Policy and Procedures. Staff have been requested to record any incidents to senior person on duty.

Proposed Timescale: 30/04/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Not ensuring that all residents are supported to access opportunities for education, training and employment.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

A roster review is underway looking at best use of resources to best meet individual clients needs in the area of educations, training and development.

Proposed Timescale: 31/05/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Inconsistent record keeping, which could result in the health care needs of some residents not being met.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Person in Charge has put in place an audit tool where by Clinical Nurse Managers and Person in Charge will monitor recordings systems within personal plans.

Proposed Timescale: 31/03/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Not ensuring that the centre has appropriate and suitable practices relating to medication administration and management, as the relevant policy document to guide staff practice had not been reviewed since 2007.

Action Required:

Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

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

The Registered Provider will review current medication management policy.

Proposed Timescale: 31/08/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

Not having a statement of purpose that contained the information set out in Schedule 1.

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:

Statement of Function of Purpose has been reviewed and submitted to HIQA in December 2013.

Proposed Timescale: 18/03/2014

Theme: Leadership Governance and Management

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

Not making a copy of the statement of purpose available to residents and their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

The Person in Charge will write to all families making them aware of the statement of function and purpose and the availability of same.

Proposed Timescale: 30/04/2014

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:

No evidence to support managerial oversight in relation to ensuring that staff provide consistently safe and appropriate care to residents.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A system has been put in place where by the Person in Charge and Clinical Nurse Managers regularly inspect and quality assures the care being delivered to residents. They will sign and date records and documentation.

Proposed Timescale: 30/04/2014

Theme: Leadership Governance and Management

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

There was no formal performance management system for staff in place.

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:

Performance management system will be piloted in May 2104 and rolled out across organisation in September 2014.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not ensuring that the number, qualifications and skills mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

<p>Action Required: Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</p> <p>Please state the actions you have taken or are planning to take: One Clinical Nurse Manager and One Care Staff vacancy have been filled. The Registered Provider is currently undertaking rostering review to optimise best use of resources.</p>
<p>Proposed Timescale: 31/05/2014</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Not all staff files contained the information and documentation specified in Schedule 2 of the Regulations.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: The Human Resources Department will ensure that information and documents specified in Schedule 2 are obtained for all staff.</p>
<p>Proposed Timescale: 31/05/2014</p> <p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: There was no formal staff supervision system in place.</p> <p>Action Required: Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.</p> <p>Please state the actions you have taken or are planning to take: The present system allows for a staff nurse and care staff to work within each house. These staff report to Clinical Nurse Managers who in turn report to Person in Charge. Staff meet daily at the start and end of shift. Clinical Nurse Managers and Person in charge meet with staff throughout the day. A weekly report is held where by two shifts meet and discuss relevant needs.</p>
<p>Proposed Timescale: 18/03/2014</p>

Theme: Responsive Workforce

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

Not ensuring that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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:

An annual training plan has been developed. Thirteen staff recently attended an educational seminar on managing patients with dysphagia, following identified need for training in this area. Five members of staff have attended training in management of actual and potential aggression foundation Programme, with a further four places booked.

Proposed Timescale: 31/03/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not reviewing policies and procedures in line with the Regulations.

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 registered provider shall ensure that all policies and procedure are reviewed at intervals not exceeding three years.

Proposed Timescale: 31/08/2014

Theme: Use of Information

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

Not ensuring that the directory of residents was in compliance with the Regulations, as specified in paragraph (3) of Schedule 3.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Directory of Residents in place.

Proposed Timescale: 18/03/2014

Theme: Use of Information

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

Not ensuring that a copy of the residents' guide was provided to each resident.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

A residents' guide will be developed and made available to all residents and his/her representative.

Proposed Timescale: 30/04/2014