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Cork City North 3, Cork

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 3
Centre ID:	OSV-0003697
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Colette Fitzgerald
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 October 2016 08:30	05 October 2016 17:00
06 October 2016 07:15	06 October 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

A monitoring inspection took place the 8 July and 9 July 2015 the purpose of which was to follow up on a notification of a significant incident. At that time, the centre consisted of eight houses with a maximum capacity for 41 residents. Following the inspection, a reconfiguration of the designated centre was undertaken which resulted in this centre being set up as a standalone designated centre. The provider submitted an application to register the designated centre on the 4 February 2016.

This inspection of the 5 October 2016 was the second inspection undertaken by HIQA of this centre, to follow up on actions generated by an unannounced inspection carried out on the 8 July 2015.

How we gathered our evidence

As part of the inspection, the inspector met with 17 of the 21 residents accommodated in the designated centre. Residents generally voiced how happy they

were in the centre, spoke about the kindness of the staff and invited the inspector to see their bedrooms. Residents' permission was sought before their personal documentation was reviewed.

Staff were observed interacting in a warm and positive manner.

The inspector met with the clinical nurse manager (CNM) and the provider representative on both days on the inspection. The person in charge was supernumerary on both days of inspection and the person participating in management was on duty on the second day of inspection.

Resident and staff related documentation such as personal care plans, medical records, the complaints record, the risk register, policies, the health and safety statement and staff training records were reviewed.

Description of service

The provider's statement of purpose, as required by regulation, required updating to reflect this centre as a stand-alone designated centre. The centre was located within a short distance to local amenities. Transport, provided by the centre, was available to the residents.

The centre comprised three linked bungalows accommodating 20 residents and another two-bed roomed terraced house located a distance of approximately two kilometres from the bungalows. Each residence had its own private entrance. The linked bungalows shared a rear paved area and the stand alone house had its own rear garden.

Overall judgment of findings

Overall, the inspector found that matters as described in the body of this report required addressing to ensure compliance with the Regulations; with particular regard to the centre's statement of purpose, admissions and contracts of care for residents, staffing levels and skill mix in the centre, the lines of authority, person centred planning and the management of complaints. The inspector was not satisfied that the provider had put systems in place to ensure that the Regulations were being met which resulted in some actions from the inspection undertaken on the 8 July 2015 being reissued. This resulted in poor experiences for residents, the details of which are described in the report.

Improvements were required in the following areas:

- complaints management (outcome 1)
- admissions and contracts of care (outcome 4)
- residents' personal care planning and goal setting (outcome 5)
- the lack of private space and general maintenance/housekeeping (outcome 6)
- prevention of infection; risk assessment (outcome 7)
- the policy on restrictive practices (outcome 8)
- a resident's fluid balance record and recommendations from a dietician not incorporated in the resident's care plan (outcome 11)
- the centre's statement of purpose (outcome 13)
- governance and management arrangements (outcome 14)
- staffing levels and skill mix; staff training (outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations which 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:

At the previous inspection, it had been identified that there was no nominated person to ensure the complaints procedure was correctly implemented. The required action had been satisfactorily implemented.

A review of the complaints log captured complaints made by residents in relation to emergency admissions. One complainant stated that the resident 'did not like strangers coming into their home'. On further exploration; residents stated to the inspector that while they were informed that an admission was coming, they were not happy about it. There was no evidence that the complaint was addressed or that the complainants were satisfied with the outcome.

The complaints record detailed other matters raised by residents; however, there was no evidence that matters were addressed to the satisfaction of the complainant.

A review of a sample of residents' finances indicated that accurate and balanced, co-signed records were maintained of residents' financial transactions.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

A sample of residents' contracts of care were reviewed and the following was found:

- the contracts of care were generic and not centre specific
- the contracts did not contain information with regard to the residents' weekly contribution or of associated funding that accompanied a resident on admission
- there was no information on what the COPE organisation provided to the resident as part of the contract of care
- there was no information in a resident's contract of care concerning a resident's tenancy agreement
- no details in the contract of care with regard to fees or of any extra charges.

The manner of how the COPE organisation managed emergency admissions did not consider the wishes, needs and safety of other residents currently living in the centre. There was evidence that emergency admissions had a negative impact on the lives of the residents currently living in the centre; residents vocalised this to the inspector on the two days of inspection. The provider representative confirmed that while emergency admissions were accepted, no assessment was undertaken as to how an emergency admission would impact on the lives of the current cohort of residents.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

A sample of eight residents' personal care plans (PCPs) was reviewed.

Residents spoke to the inspector about their goals, hopes and aspirations; for example; attend art lessons, exhibit art, attend singing lessons, access the internet, move to another bedroom. However, none of this information was captured in the residents' PCPs.

While residents voiced their satisfaction in using a computer and expressed how they enjoyed using a computer in the day service, there was no internet access in the centre. Residents expressed that they would like to be able to access a computer in the centre. This was not captured in the residents' goals.

The person in charge and staff concurred with this finding. In addition, staff stated that residents' PCPs were not kept up-to-date due to:

- the level of staff turnover, unfamiliar staff or new staff
- no staff were provided to cover staff on leave (sick leave, annual leave or other types of leave).

Residents voiced how they went to the library, attended courses and classes, went shopping and to the gym. All expressed a high level of satisfaction of how kind the staff were and that staff accompanied residents to any social gatherings the residents wished to attend.

Documentation folders pertinent to residents' information were maintained in an organised manner. While plans were in place around residents' needs; for example; communication, personal care, activities and education and learning, residents' plans of care were not reviewed annually as per the Regulations; plans were last reviewed and updated in January 2015.

There was no documented evidence that short and long term goals were tracked, reviewed and updated. However, residents were able to confirm that some of their goals were achieved (holidays, attending a social occasion).

Residents were supported to attend to their own laundry.

However, while residents had access to allied services (speech and language, occupational therapy, physiotherapy, dietetics), a GP, a consultant psychiatrist and social work; a multi-disciplinary annual review to assess the effectiveness of the PCP and take into account changes in circumstances, was not carried out.

The centre had access to on-site day activation service and vehicles were available to residents.

Judgment:

Non Compliant - Major

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):

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

Findings:

The centre comprised three linked bungalows accommodating 20 residents and another two-bedroomed terraced house located a distance of approximately two kilometres from the bungalows. Each residence had its own private entrance. The linked bungalows shared a rear paved area and the stand alone house had its own rear garden.

Residents had their own bedroom and invited the inspector to view their rooms. All rooms were decorated in a personable, homely and individual manner. Each house had a sitting room, a kitchen come dining area, a shower room, a bathroom with bath, toilets, housekeeping rooms, a boiler room, a linen come store room, a laundry room and other storage areas. A staff office was located in one of the three houses.

The stand alone house comprised three single bedrooms (one for staff), a bathroom, linen press, a kitchen come dining area, a sitting room, understairs storage and a staff office.

However, there was inadequate provision of private space for residents as required by Schedule 6 of the Regulations in all four houses. Other than the resident's bedroom, there was no private space for a resident to entertain a visitor in a private manner.

In addition, on this inspection the following was found:

- flooring in some bedrooms, laundry rooms, communal areas was in a state of disrepair. A bathroom in the stand alone house had no floor covering and the timber boards were stained
- leak stains were noted on the ceiling of the sitting room of the stand alone house
- some furniture was notably in a state of disrepair; seating in the sitting rooms
- tiles/grout in some bathrooms were visibly grimy
- doors of fridges were rusty and some plastic shelving in fridges was broken
- a washing machine door was broken
- fire detectors were notably dusty
- a number of walls in the bungalows were visibly damaged
- general paintwork required attention
- carpet areas were visibly stained
- a sink unit in a shower room in bungalow two was in state of disrepair
- external fencing and paving at the rear of the bungalows required maintenance
- the paved area in the rear garden of the stand alone house required attention as the

paving stones were visibly loose and a trip hazard

- the staff housekeeping rooms in each of the bungalows were unclean, walls were in disrepair and there was no staff hand washing facility
- windows and sills, external doors were visibly dirty.

It was confirmed by the staff that there was no routine plan for maintenance for general refurbishment.

Staff also confirmed that issues found by the inspector had been reported to the maintenance department and as far back as 2014; however no action had been taken to date.

On the day of inspection, an external business, as part of its social initiative programme, had arranged for its staff to visit the centre and carry out window cleaning and general brushing of external yards and pathways.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector followed up on the eight actions generated from the 8 July 2015. Following the reconfiguration of the initial centre, seven actions were not applicable to this centre.

One action concerning evacuation arrangements of residents required was addressed and the resident had an up-to-date personal emergency evacuation plan (PEEPs). There was evidence that fire drills were carried out on a regular basis. Residents were very knowledgeable about fire drills and fire safety.

Fire safety (fire alarm, fire equipment, emergency lighting) were regularly checked by an external suitably qualified contractor.

The oversight of temperature recording of freezers containing food required attention as there was evidence that the temperature was not recorded daily; the temperature was recorded on three days only in September 2016. However, this had not been captured in the centre's risk register.

While the centre had a health and safety statement dated 2011, there was no evidence

that it had been reviewed since then.

The centre had procedures for general cleaning and housekeeping practices. However, staff differed on

- when floor mops were to be washed;
- had different approaches to the cleaning of mops and when mops were replaced.

There was evidence that the centre did not concur with its policy on the prevention of infection in that mops were not changed routinely after being used in residents' rooms.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

An action was generated from the previous inspection undertaken on the 8 July 2015 concerning the policy on the use of restrictive practices. The policy did not reflect the definition and boundaries of restrictive practice in relation to medically necessary interventions. This matter had not been addressed and by the timeframe submitted by the provider representative. The action is reissued in the action plan at the end of this report.

Staff had access to policies on the provision of behavioural support. A number of residents had behaviour monitoring charts and positive intervention plans in place to support a resident. However, staff training records reviewed indicated that 13 of 15 staff had no record of attending training in managing potential or actual aggression (MAPA). Staff confirmed that they had not attended training.

The centre had a policy to guide and inform staff on the protection of the vulnerable adult. However, staff training records reflected that three of 15 staff had no record of training on the protection of the vulnerable adult.

Judgment:

Non Compliant - Major

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:

A record of all incidents occurring in the designated centre was maintained and where required, notified to the Authority.

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):

No actions were required from the previous inspection.

Findings:

Two actions were generated from the inspection undertaken on the 8 July 2015. As this centre generated from a reconfiguration of a larger entity, neither action was applicable to this centre.

In addition, the following was noted on this inspection; a resident's food and fluid intake was recorded daily; this resident had specific medical and clinical requirements. While the resident's fluid intake was recorded, there was no evidence that the fluid intake was totalled or reviewed on a daily basis. Staff demonstrated their knowledge of the particular care requirements of this resident.

Residents were facilitated with regular and timely access to their GP and a consultant psychiatrist who visited weekly and as required. While there was evidence that residents had access to allied professionals, there was evidence that the recommendations from a

dietician were not included in a resident's personal care plan.

There was evidence of resident specific risk assessments; for example; self harm, absconding and choking.

Residents had access to a choice of snacks and at a time their choosing. Residents were offered support and assisted with their meals; residents were complimentary of the meal choice on offer and stated that they could have their meals at a time that suited them.

Judgment:

Non Compliant - Moderate

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:

Two actions generated by the inspection undertaken on the 8 July 2015 were completed; these concerned the safe securement of medications no longer in use, and their return to the dispensing pharmacy.

Residents' medication management documentation was maintained in an organised manner. Prescription and administration records were maintained in accordance with legislative requirements.

Systems were in place for recording medication errors.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

An updated statement of purpose was submitted post the inspection and it accurately described the service that was provided in the centre and contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults with Disabilities) Regulations 2013.

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):

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

Findings:

While the person participating in management currently oversaw this centre comprising:

- three terraced bungalows accommodating up to 20 residents with a complexity of diverse needs and dual diagnoses
- a stand-alone house accommodating two independent residents (located two kilometres from the bungalows)

the deputising person in charge was also;

- the acting person in charge for another centre
- rostered to work as a staff nurse in one of the bungalows.

Improvements were required to the arrangements in place to ensure the effective governance, operational management and administration of this designated centre. There was no local deputising arrangement in place for the person participating in management when she was not in the centre either due to annual leave or working in the other centre.

Staff spoken to were not able to identify the relevant individual responsible in the event

the deputising person in charge was on leave or working in the other centre.

In the event of after hours or at weekends, staff reported that they would ring the on-call person. The person in charge and the provider representative confirmed that there was no formal deputising arrangement in place. However, the provider representative, subsequent to the inspection, submitted a roster identifying deputising arrangements.

An annual review of the quality and safety of care and support had not been completed. An action was generated in the previous inspection in relation to this matter. This action has not been completed and by the timeline submitted by the provider (16 October 2015); this action is reissued in the action plan at the end of this report.

The provider representative had not carried out an unannounced visit to the centre at least once every six months.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Two actions were generated by the inspection undertaken on the 8 July 2015; neither action was addressed in a satisfactory manner.

The following deficits were noted in staff training matrix (mandatory and other training) submitted to the Authority post the inspection:

- 14 of 15 staff had not attended training on medication management
- 11 of 15 staff had not attended training on safe manual handling practices
- 11 of 15 staff had not attended training on the prevention of infection
- one staff member had no record of attending any training.

The staffing levels and skill mix in the centre required review to ensure that a consistent cohort of core staff were on duty. Staffing was not organised around the needs of the residents.

The staffing levels and skill mix were not enough to meet the assessed needs of the residents in one house. Three staff were on duty on the days of inspection, however, one of the staff had just commenced in the centre and was not familiar with the residents. This house accommodated residents with a complexity of diagnosis, who required maximum supports in relation to their nursing and clinical requirements. It was evident on the second day of inspection that the staffing levels did not meet the assessed needs of all residents as a number of residents required the assistance of two staff; leaving one staff member on their own with a number of residents who displayed behaviours that challenged and self injurious behaviours.

The staffing complement in another house was three staff; however, one staff was new, one staff was completing induction and one staff was reassigned from another house. One resident in this house voiced that they did not like all the staff changes.

There was no evidence that the staffing levels were determined by the assessed needs of the residents. Staff confirmed to the inspector that they were reassigned from house to house to cover staff shortages. Furthermore, staff also reported that they could be moved to another centre, if the other centre required staff.

In other houses in the centre there was evidence that the introduction of new and unfamiliar staff increased the anxiety and caused distress to some residents. Furthermore, residents expressed to the inspector that they did not like new or unfamiliar people as 'they did not know them'. One resident particularly articulated that they did not want to answer questions about their past 'again and again' as it was upsetting.

The inspector reviewed a sample of staff files and all complied with the Regulations.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Ryan
Inspector of Social Services

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003697
Date of Inspection:	05 and 06 October 2016
Date of response:	22 December 2016

Requirements

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

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

Outcome 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:

There was no evidence that matters were addressed to the satisfaction of the complainant.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A record and log of all complaints is maintained in the centre. All complaints are investigated and responded to. In this particular instance the circumstances leading to the complaint were explained to the individual resident and mitigation measures were put in place following consultation with staff in the centre.

The satisfaction or dissatisfaction of a resident with the outcome of the handling of a complaint will be recorded in the complaints log.

Where a complainant remains unsatisfied, the Cope Foundation Complaints Policy has now been reviewed to include a process for the complaint to appear for an internal review if the matter is not resolved to their satisfaction. A named member of the Senior Management Team has been identified in the revised policy.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

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:

Application for admission to the designated centre was not assessed against transparent criteria.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Cope Foundation's policy on Admissions and Discharge is currently under review with regard to making provision for emergency full time or emergency short term admissions; this work is ongoing.

As soon as this policy is completed the SOP will be updated to reflect these changes and a specific protocol included in the SOP of Cork City North 3.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The residents' contracts of care were generic and not centre specific.

The contracts did not contain information with regard to the residents' weekly contribution or of associated funding that accompanied a resident on admission.

There was no information on what the COPE organisation provided to the resident as part of the contract of care.

There was no information in a resident's contract of care concerning a resident's tenancy agreement.

3. 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:

A process is in place to ensure that residents' contract of care are individualised and specific to them and the centre they attend. This is being supported by administrative staff and the Heads of relevant Divisions.

The organisation follows and adheres to national charging protocols for the collection of charges payable by each resident. This information is collated centrally at present and is available on request by each resident or their representative/advocate. The resident weekly contribution will be appended to the Contract of Care.

Currently no resident in the centre has an individual tenancy. The organisation owns three of the four buildings which make up the centre; the third building operates under a tenancy agreement. The tenancy agreement is between Cope Foundation and the landlord for this property.

Proposed Timescale: 31/03/2017

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:

Some residents' PCPs were not kept up-to-date or under regular review.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

A plan has been developed to ensure that each individual resident's PCP plan will be reviewed on an annual basis. This will be undertaken in conjunction with the individual resident and who they chose to invite to be part of that process.

Each individual resident has an appointed key worker who will assist the resident to develop their PCP.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

A multi-disciplinary annual review to assess the effectiveness of a resident's PCP and take into account changes in circumstances was not carried out.

5. Action Required:

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

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

All PCPs are reviewed on an annual basis in conjunction with the resident. A schedule will be developed to ensure that all residents have an MDT review.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

Residents voiced to the inspector their goals, hopes and aspirations; for example; attend art lessons, singing lessons, access the internet, move to another bedroom. However, none of this information was captured in the residents' PCPs.

6. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

A plan has been developed and is currently being implemented to ensure that all PCP's are reviewed and updated. This process of review will ensure that all recommendations arising out of each personal plan are recorded as well as noting the names of those responsible for ensuring the goals and recommendations are implemented and

achieved.

Proposed Timescale: 28/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The following was noted:

- flooring in some bedrooms, laundry rooms, communal areas was in a state of disrepair. A bathroom in the stand alone house had no floor covering and the timber boards were stained
- leak stains were noted on the ceiling of the sitting room of the stand alone house
- some furniture was notably in a state of disrepair; seating in the sitting rooms
- tiles/grout in some bathrooms were visibly grimy
- doors of fridges were rusty and some plastic shelving in fridges was broken
- a washing machine door was broken
- fire detectors were notably dusty
- a number of walls in the bungalows were visibly damaged
- general paintwork required attention
- carpet areas were visibly stained
- a sink unit in a shower room in bungalow two was in state of disrepair
- external fencing and paving at the rear of the bungalows required maintenance
- the paved area in the rear garden of the stand alone house required attention as the paving stones were visibly loose and a trip hazard
- the staff housekeeping rooms in each of the bungalows were unclean, walls were in disrepair and there was no staff hand washing facility
- windows and sills, external doors were visibly dirty.

There was no routine plan for maintenance of for general refurbishment.

7. Action Required:

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

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

A site specific cleaning schedule is available for staff to follow. On site cleaning is undertaken by a contract cleaning agency. Specific roles are assigned to this and the agency provides supervision and monitoring. Additional monitoring is provided by the centre manager and senior staff on duty.

The organisation will undertake an assessment of the maintenance and refurbishment needs of the property. A plan will be developed with a view to commencing works from January 2017. It is hoped that all works will be completed by the end of March 2017

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

There was inadequate provision of private space for residents as required by Schedule 6 of the Regulations in all four houses

8. 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:

For residents currently living in the three bungalows, there is a large day centre available on site in close proximity to each of the houses. This centre contains a family room that is available to residents during day and evening time to meet with family or other visitors if required. This space is also available at weekends.

In the stand-alone house, there are two bedrooms and a shared living room. If residents wish to meet with family or visitors privately they may use their own bedroom or can have access to the staff office which is located upstairs.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The oversight of temperature recording of freezers containing food required attention as there was evidence that the temperature was not recorded daily; the temperature was recorded on three days only in September 2016.

9. Action Required:

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

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

Risk management policies and the identification of hazards and assessment of risks have been reviewed with staff at team meetings and handover.

The freezer temperature is now recorded daily.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

Theme: Effective Services

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

There was evidence that the centre did not concur with its policy on the prevention of infection in that mops were not changed routinely after being used in residents' rooms.

10. Action Required:

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

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

The policy for the prevention of infection has been reviewed with all staff in the centre through team meetings and handover. The policy has also been reviewed with contract cleaning staff who attend the centre.

Measures to prevent, minimise and control of healthcare infections have been put in place. In particular, mop heads are now changed routinely after being used in residents' rooms. A consistent approach is now used within the centre by staff and contract staff.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Procedures around the definition and review of restrictive interventions did not reflect national policy and evidence based practice.

11. 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:

The organisation is currently undertaking a significant review of the policy for the use of restrictive interventions, with a view to moving towards a rights based policy. This review is largely completed and it is planned to launch the new policy in March 2017.

Proposed Timescale: 31/03/2017

Theme: Safe Services

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

13 of 15 staff had no record of attending training in managing potential or actual aggression (MAPA).

12. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

A full review of the training matrix for all staff is currently being undertaken. Dates have been provided in January 2017 to commence training in MAPA and future dates are being agreed with Instructors for February and March 2017.

Proposed Timescale: 31/03/2017

Theme: Safe Services

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

Three of 15 staff had no record of training on the protection of the vulnerable adult.

13. 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:

A full review of the training matrix for all staff in relation to training on the protection of the vulnerable adult. All staff due training on this will receive same by the end of January 2017.

Proposed Timescale: 31/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no evidence that a resident's fluid intake was totalled or reviewed on a daily basis.

Recommendations from a dietician were not included in a resident's personal care plan.

14. 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:

Where the monitoring and recording of fluid intake is required a process is in place to ensure that this is totalled and reviewed on a daily basis. Where a clinical decision has been made to cease monitoring this will be recorded and documented in the resident's care plan.

Recommendations from a dietician and all other relevant reports and recommendations from other professional or therapeutic staff are now included in the each resident's personal care plan.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

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:

An annual review of the quality and safety of care and support had not been completed.

15. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the quality and safety of care and support is currently being undertaken.

Proposed Timescale: 31/12/2016

Theme: Leadership, Governance and Management

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

The provider representative had not carried out an unannounced visit to the centre at least once every six months.

16. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

A six month unannounced visit to the centre has been undertaken.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

Theme: Leadership, Governance and Management

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

There was no deputising arrangement in place for the acting person in charge when she was not in the centre either due to annual leave or working in the other centre.

Staff spoken to were not able to identify the relevant individual responsible in the event the acting person in charge was on leave or working in the other centre.

17. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Deputising arrangements are now in place in the centre. All staff members are aware of the defined management structure in the event of the Person in Charge or the Acting Person in Charge not being in the centre.

Proposed Timescale: Completed

Proposed Timescale: 22/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels and skill mix were not enough to meet the assessed needs of the residents in one house.

18. 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.

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

A review of the core staffing number in the centre has commenced and a process is currently in place to fill identified vacancies. Interviews for posts have been held and the recruitment process is ongoing. The daily schedule for staff and residents has been reviewed to ensure that where possible there is a cohort of core staff on duty.

Proposed Timescale: 20/02/2017

Theme: Responsive Workforce

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

The staffing levels and skill mix in the centre required review to ensure that a consistent cohort of core staff were on duty. Staffing was not organised around the needs of the residents.

Residents expressed to the inspector that they did not like new or unfamiliar people as 'they did not know them'. One resident particularly articulated that they did not want to answer questions about their past 'again and again' as it was upsetting.

19. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

A review of the core staffing number in the centre has commenced and a process is currently in place to fill identified vacancies. Interviews for posts have been held and the recruitment process is ongoing. The daily schedule for staff and residents has been reviewed to ensure that where possible there is a cohort of core staff on duty.

A site specific induction process for new staff is in place to ensure that they and residents are supported during this transition period. Residents will be informed when new staff are to commence and where possible core familiar staff will also be rostered for this period.

Proposed Timescale: 20/02/2017

Theme: Responsive Workforce

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

The following deficits were noted in staff training matrix (mandatory and other training) submitted to the Authority post the inspection:

- 14 of 15 staff had not attended training on medication management
- 11 of 15 staff had not attended training on safe manual handling practices
- 11 of 15 staff had not attended training on the prevention of infection
- one staff member had no record of attending any training.

20. 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:

A review of the training matrix for all staff has been undertaken and a programme and schedule of providing training dates and releasing staff is being agreed with relevant instructors for medication management, safe manual handling and prevention of infection. Currently only nursing staff are trained in medication management.

In some instances training had been completed but this was not captured correctly by current recording methods. A process of consultation within the organisation will commence to identify the best way to record participation and compliance with training.

The one staff member that had no record of training was on their first day of employment with the organisation. A schedule of training for this staff member has been developed.

Proposed Timescale: 31/03/2017