

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003698
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Colette Fitzgerald
Lead inspector:	Col Conway
Support inspector(s):	Mary O'Mahony; Vincent Kearns
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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 November 2014 08:45	05 November 2014 16:00
06 November 2014 08:00	06 November 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
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 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

This report outlines the findings of an unannounced monitoring inspection undertaken by the Health Information and Quality Authority (the Authority) on 5 and 6 November 2014. The centre comprised of eight houses and residential services were provided for up to a maximum capacity of 41 adults. The inspectors were informed that the majority of the residents had significant intellectual disabilities and some of the residents also required additional significant supports in relation to behaviours that challenged.

During this inspection inspectors met with some of the residents and staff members. They reviewed the premises, observed practices and reviewed documentation related to risk management and health and safety, residents' records, accident and incident logs, policies and procedures and a sample of staff files. There was evidence that residents had access to members of a multidisciplinary health care team and it was obvious to inspectors during the two days of inspection that staff knew the residents

and their individual preferences well. Many of the residents required a high level of assistance and monitoring due to the complexity of their individual needs, however, inspectors found that residents were not provided with a person centred and quality service that allowed opportunities for them to achieve their full potential. This will be addressed throughout the body of the report.

There was serious and significant non compliance in relation to a number of fundamental and essential components of the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 including core aspects of governance, staffing and provision of person centred care:

- insufficient number and inappropriate skill mix of staff in relation to residents' required support needs
- inadequate supervision of care practices and staff
- poor risk management processes and systems across the centre
- an unclean premises and in some areas poorly maintained premises
- care plans that did not identify each resident's actual needs
- poor access to meaningful activities for residents with many residents sitting for long periods without any interactions
- staff were not provided with access to appropriate fire safety training.

At the inspection feedback meeting inspectors identified the key findings listed above to the nominated provider, the person in charge and the chief executive officer of COPE Foundation. Reassurances were given to inspectors that immediate action would be taken to provide satisfactory governance and management of the centre. A request was made by the Authority for no admissions to the centre until further notice. A warning letter was sent to the provider with the draft inspection report in relation to the Authority's serious concerns about the significant level of non compliance found during this inspection.

The action plans at the end of this report identifies where significant improvements are required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The person in charge (PIC) informed inspectors that each resident was assigned a staff member as a key worker and they were responsible for updating their assigned residents' personal care plans (PCPs). In the sample of PCPs that inspectors reviewed, individual resident's preferences were captured. However, residents were not consistently offered opportunities to participate in communications or discussions about the running of the centre. The person in charge confirmed that there was no residents' committee and residents did not have access to readily available advocacy services.

Staff generally were observed respecting residents' dignity by the manner in which they engaged with residents and it was obvious to inspectors that staff knew residents and their individual style of communication well. Staff were overheard offering individual resident's choice, for example, with what they wanted to eat, whether they wanted to sit in a lounge area or spend time in the privacy of their bedroom. However, there was robust evidence that residents' rights and dignity were compromised as they were not consistently provided with opportunities to achieve their full potential. While some residents were facilitated to attend an on-site day centre that offered recreational activities, other residents were not always facilitated to participate in an activities programme that was based on individual need, capacity and preference. Residents were observed spending long periods of time not engaged in any meaningful activities throughout their day. Residents were observed by inspectors either sitting or standing for long periods without any interaction with staff.

Inspectors noted that each resident had furniture in their bedroom for storing their own clothing and personal possessions. There was evidence that appropriate processes were

in place in regard to managing and protecting residents' finances. The records that an inspector reviewed in regard to residents' finances were clearly itemised and transparent.

There was a written complaints policy that outlined the process and actions to be taken in the event of a resident or their relative wanting to make a complaint. However, each resident did not have access to a complaints procedure that was in an appropriate format taking into consideration the nature of their disability. Records of complaints were maintained in a complaints log, however, the sample that were reviewed by inspectors did not provide sufficient detail of all complaints or the on going management of same. In addition the complaints log did not record whether or not the complainant was satisfied with the outcome of the complaint.

Judgment:

Non Compliant - Major

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

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

Staff maintained records in individual resident's PCPs of any contact between residents and their relatives and the records confirmed that residents were facilitated to have visits from their relatives as well as to go and stay with family members. Residents also had access to telephones to receive calls. However, it was noted by inspectors that not all residents had access to areas that were separate from their bedrooms to meet their visitors in private.

Staff confirmed and there was also written evidence in residents' PCPs that residents were involved in outings from the centre, however, not all residents were consistently supported to develop and maintain links with the wider community. As already addressed in outcome one, residents were not always facilitated to be involved in meaningful activities and this will be further discussed in outcomes five and 17.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

As already addressed in outcome one, each resident was assigned a key worker and a written PCP was in place that was designed to provide details about each individual resident. The format of the PCP was designed in such a way that information was captured about residents' needs, what assistance they may require, their preferences and overall goals for the year. However, from the sample of PCP's that were reviewed by inspectors not all of them had been reviewed yearly or more often if required. A number of PCP's had not been updated in accordance with the resident's changing circumstances and there was also no clear evidence that the PCP's had been developed in consultation with residents.

As will be discussed throughout this report; staff duty rosters as well as the nominated provider, the person in charge and staff confirmed that there was not a sufficient number or suitable skill mix of staff employed in the centre to meet the identified needs of residents. Inspectors formed a view that this seriously impacted on the provision of care and welfare of residents in this centre. This issue in relation to lack of suitable staff was addressed under outcome 17.

Inspectors found evidence of inadequate care provision, for example, one resident had recently transitioned from one bungalow to another bungalow in the centre. However, this resident's PCP did not detail suitable arrangements and supports required for the resident in relation to this move. There was inadequate reference to the provision of information on the services and supports available or the provision of training in life-skills to facilitate this new living arrangement. In relation to another resident there were insufficient arrangements in place to meet the assessed needs of this resident also. For example inspectors noted that this resident had not received suitable or appropriate care in relation to behaviours that challenge. Inspectors noted that there was strong evidence of seriously inadequate care practices. In addition, there was a significant lack of appropriate reporting systems or reporting relationships as regards this resident's social care provision. Inspectors also noted that the clinical supervision was also completely inadequate in relation to this resident's care.

As already addressed in outcome one, some residents were provided with opportunities to take part in an activities programme delivered in an on-site recreation facility. External outings were also organised and these included, for example, taking residents for a drive, going swimming or shopping, dining out or attending movies. However, inspectors found that not all residents' welfare was maintained, as activities, identified as necessary to meet individual resident's social needs, were not always facilitated. Residents were observed spending long periods of time not engaged in any meaningful activities throughout their day. This was confirmed by staff as well as in records maintained of each resident's actual involvement in activities.

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):

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

Findings:

The centre consisted of eight houses: There were six houses on one campus and two houses off campus.

Six houses on the campus:

Six of the eight houses in the centre were purpose built and located on one campus. The entrance and exit to these six houses as well as the corridors were wheelchair accessible and the design of the premises provided natural light into bedrooms and communal areas. Residents had access to the outdoors. There were enclosed courtyards that could be accessed from within the houses as well as other walking areas that were part of the main campus. The necessary assistive equipment was available such as shower chairs, wheelchairs and specialised seating. However, equipment was not stored discreetly as storage space was inadequate with equipment such as wheelchairs and assisted chairs seen stored in living areas.

Bedroom accommodation comprised of single rooms and as already addressed in outcome one, each resident had sufficient storage space for personal belongings. However, some residents had bed mattresses that were in a poor condition, for example, inspectors noted that one bed mattress had a large brown stain and noted

that there was a foul odour emanating from another mattress. Toilet and washing facilities were communal and there was a sufficient number of these available. However, the paintwork, flooring, tiling and grout were in a poor state of repair in some of these facilities. Each of the six houses had a kitchen, a laundry, dining room, communal lounge and sitting areas. However, within these premises some appliances required repair for example, faulty washing machines and fridge doors. Inspectors also noted there was rust and chipped paint on these appliances. Staff informed inspectors that they had made requests for maintenance to be undertaken, however, at the time of inspection this work had not been completed. In addition, it was noted by inspectors that paintwork, floor covering and cupboard doors in some of these communal areas were in a poor state of repair.

Inspectors were informed that there was an allocation of 1.5 hours each day during the week in relation to cleaning for each premises and that this service was provided by an outside company. However, inspectors noted that a number of areas in the premises were visibly unclean with dirty workspace surfaces, cupboards, dirty floors, toilets and stains on walls. A number of ceiling areas contained cobwebs and dust was evident in a number of locations.

Two Houses off the campus:

A further two houses provided accommodation for one resident in each house and they were located external to the main campus. Suitable bedrooms, toilet and washing facilities, kitchens, laundry facilities and living spaces were provided and the two premises were adequate and appeared clean. There were external areas attached where each of the resident's could spend time outdoors.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a health and safety statement as well as health and safety and risk management policies in the centre. However, inspectors were not satisfied that effective systems were in place for the management of potential risks to residents. For example, there was a risk register that listed risks in the centre and actions to be taken to reduce risks of injury to any residents. However, there was no up-to-date documented evidence that the identified risks were being closely monitored as there were no dates or

responsible person/s assigned to follow up on any hazards. From speaking with staff and following a review of documentation, inspectors formed the view that there were inadequate arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. In addition inspectors noted that some areas required assessing for potential hazards to residents including;

- inadequate locking mechanisms on doors to storage rooms and offices
- potential hazards in kitchens including unrestricted access to kettles, bread knives and cookers
- unsecured storage of cleaning chemicals.

As previously noted, staff duty rosters as well as the nominated provider, the person in charge and staff members confirmed that there was not a sufficient number and suitable skill mix of staff employed in the centre, to meet the identified needs of residents and ensure risks to them were mitigated. The impact of this lack of suitable staff placed residents at significant potential risk of injury as many of the residents were at risk of self injury therefore they required a high level of assistance, supervision and monitoring.

While records were maintained of incidents involving residents, there was no evidence that robust arrangements were in place to frequently analyse and learn from incidents or adverse events in an effort to mitigate risks to residents. It was not clear to inspectors whether the possible causes of multiple incidents involving residents were identified, many of which resulted in residents sustaining minor injuries as a result of assaults by peers. This will be further addressed in outcome eight .

Residents were at potential risk of cross infection as the premises and some practices and procedures were not consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. For example, toilet and washing facilities as well as kitchens were visibly unclean and poorly maintained, laundry appliances required repair and clinical waste was not appropriately stored.

Suitable fire equipment and signage were in place and fire exits were noted to be unobstructed however, inspectors found evidence that appropriate measures had not been taken in regard to fire safety. Fire doors were kept open with door wedges or chairs and this posed a risk to residents by potentially preventing such fire doors from closing in the event of a fire. Staff training records as well as staff themselves confirmed that not all staff had been provided with opportunities to attend fire safety training and/or fire drills. Inspectors were informed by one staff that she had not attended any fire training in the past three years. This staff member demonstrated a poor understanding of fire evacuation procedures including a lack of knowledge/awareness in relation to the operation of the fire panel. In addition, this staff member informed inspectors that she had never attended any fire evacuation drill.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy for the management of an allegation of abuse and the national Health Service Executive (HSE), 'Trust in Care' procedural document was available in regard to responding to an allegation of abuse. It was noted during the two days of inspection that staff seemed to know the residents well and they were generally observed communicating with residents in a respectful manner. Staff training records indicated that staff had been provided with opportunities to attend training in the prevention, detection and response to abuse. However, inspectors found that staff demonstrated a poor understanding and poor recognition of the abusive nature of residents physically assaulting other residents. Furthermore a review of incident records indicated that residents regularly sustained minor injuries following assaults by other residents. There was no evidence that all the required measures had been taken to protect residents from being injured following these incidents of peer assault. This placed residents at on going risk of potential injury. As already addressed in outcome seven, staff were not appropriately supervised and there was not a sufficient number or suitable skill mix of staff employed in the centre to monitor residents and meet all of their needs. This inadequate staffing arrangement also placed residents at further risk of potential injury on an ongoing basis.

In regards to the management of challenging behaviour, inspectors found evidence that overall, residents had good access to an allied health care team and this will be further addressed in outcome 11. Plans of care were in place for residents who exhibited challenging behaviour and the PCPs identified underlying causes for any behaviours that challenged. However, as already addressed in outcome seven; staff were not appropriately supervised and there was not a sufficient number and suitable skill mix of staff employed in the centre. Staff confirmed that this had a significant impact on residents care including the management of behaviours that challenge. For example therapeutic interventions could not always be facilitated by staff in an effort to alleviate residents' symptoms such as, provision of meaningful activities and the suitable use of de-escalating techniques. Staff confirmed that the inadequate staffing levels resulted in episodes of escalated behaviours that challenge for individual residents and in some cases residents sustaining injuries.

There was a policy in relation to the use of restrictive procedures, individual resident's were assessed if the need for restraint was identified and their need for restraint was referred to a multi disciplinary restrictive practices committee for consideration. However, an inspector found clear evidence that best practice was not in place in the case of an identified resident who had physical restraint applied by staff when obtaining regular routine blood tests. It was not clear from speaking with staff and from the resident's records if this resident's right to refuse medical treatment had been respected or recorded; why a procedure that caused a resident distress had to be undertaken; or whether any other alternatives had been explored.

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):

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

Findings:

Inspectors reviewed the records that were maintained of incidents and accidents and they outlined what had occurred and the management of any event. As required by the Regulations, notification of incidents or accidents had been forwarded to the Chief Inspector.

However, the lack of robust arrangements being in place to analyse incidents or adverse events in an effort to mitigate risks to residents has already been addressed in outcome seven.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

As already highlighted in previous outcomes, inspectors found robust evidence that residents did not always receive the care and support that they required in order to protect their welfare or achieve their full potential. For example, as already addressed in outcome five, each resident's well-being and welfare was not always maintained, as residents were not consistently provided with opportunities to participate in meaningful activities that met their social care needs. As already addressed in outcome eight, residents were not always provided with the appropriate emotional, behavioural and therapeutic supports that promoted a positive approach to behaviours that challenged. In addition, and as already discussed under outcome eight in relation to one identified resident, there was evidence that the right to refuse medical treatment was not always respected.

Inspectors found that residents were frequently reviewed by general medical practitioners and they had access to allied health professionals, such as, registered nurses, speech and language therapy, dietician services and occupational therapy. However, not all residents were supported to achieve and enjoy the best possible health as key workers had not reviewed each resident's PCP on an annual basis, or more frequently if a resident's condition changed. This meant there were not always up-to date plans in place that correctly reflected the actual status of a resident or accurately outlined the health care that was required to meet his/her priority healthcare needs. For example, a resident who had health care needs associated with having a significant visual impairment, a diagnosis of epilepsy, as well as being at risk of falling, had no written care plans in place regarding management of his/her specific needs.

Inspectors found individual resident's had their health care information kept in several different files, as well as in various locations which did not provide for ease of retrieval of information. It was difficult to extract the current and relevant clinical information due to the repetitive and disorganised nature of some of the PCPs. Inspectors formed a view that this arrangement posed a real risk of poor communication of care issues and did not facilitate continuity of care; as essential information relating to residents' health care needs could be missed or not communicated between healthcare professionals. For example, nursing records indicated that a resident with diabetes had experienced repeated episodes of low blood sugar levels and while the resident's low blood sugar levels were written in a number of places this event it had not been reported to a medical practitioner in a timely manner. The same resident also had another medical

condition that required a specialised diet and staff confirmed that this specialised diet was not always facilitated.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

As required by the Regulations, there was a written medication management policy and procedures in place. Inspectors reviewed a sample of residents' medicine prescription charts and administration records and noted they were in line with the centre's own policy. Inspectors also observed staff administering medicines and practices in line with the centre's own policy. While there was substantial compliance in regard to the storage of medicines, inspectors noted that medicines were not stored appropriately in an identified house as the medicine cupboard was unlocked. This was not in accordance with the centre's medication management policy. In addition, inspectors were informed that residents were not afforded any choice in relation to their pharmacy services.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a centre specific statement of purpose available in the centre however, it did

not contain all of the information set out in Schedule 1 of the Regulations as it did not include:

- the specific care needs that the centre was intended to meet
- the services which were to be provided by the registered provider to meet those care needs
- the age range and gender of the residents for whom it was intended that accommodation should be provided
- the sizes of the rooms in the centre
- a correct organisational structure
- arrangements made for residents to access education, training and employment.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge was based full-time in the centre and had recently been appointed to the post. The nominated provider and the deputy informed inspectors that they visited the centre on a regular basis and they were in frequent phone contact with the person in charge regarding operational management of the service. However, inspectors found significant and seriously inadequate governance arrangements; that appropriate management and staff resources had not been put in place to ensure that staff were adequately supervised and supported, to ensure that the service provided was safe, appropriate to residents' needs and effectively monitored. This had a significant negative impact on the care for residents as already addressed in outcomes one, five and 11.

Inspectors also found that effective management systems were not in place in regard to reviewing and improving the quality and safety of care. Inspectors noted that a review of the service and care provided in this centre was undertaken in February 2014.

Inspectors were informed that senior management of COPE Foundation had commissioned an external review of the service and the care and that this review had been undertaken by an outside agency. In March 2014 senior management of COPE

Foundation had been provided with a copy of this report. Inspectors noted that this review identified and detailed a wide ranging number of significant issues that required addressing. However, inspectors found no evidence of any learning or any improvements in the centre following this review. As evidenced by the findings of this inspection, action had not been taken to improve the care and quality of life of residents as well as to mitigate risks to residents based on the significant deficits that had previously been identified in this review report.

On the second day of inspection, inspectors informed the senior management that the findings of this inspection were of serious and significant concern and requested that the provider immediately put suitable governance arrangements in place. The senior management informed inspectors that additional senior staff would be deployed to the centre immediately to support the existing management and governance arrangements. In addition, given the extent and nature of the non compliances identified senior management agreed to suspend any admissions to the centre until further notice.

Judgment:

Non Compliant - Major

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

There was evidence that adequate resources had not been made available in regard to the provision of a sufficient number and suitable skill mix of staff to ensure the delivery of safe and effective care to all of the residents. This has already been addressed in outcomes five, seven and eight and will be further addressed in Outcome 17.

As already addressed in outcomes six and seven, the centre had not been adequately resourced in regards to ensuring the premises was clean, well maintained and appliances were in good working order.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors found robust evidence that there was not a sufficient number and suitable skill mix of staff employed and appropriately deployed to ensure the delivery of safe and effective care to all residents. The nominated provider, the person in charge and staff confirmed same. The negative impact on residents' welfare of inadequate staffing levels has already been addressed in outcomes five, seven and eight.

As already addressed in outcome 14, inspectors found robust evidence that staff were not appropriately supervised. The negative impact of this on residents' welfare has already been addressed in outcomes five, seven and eight.

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

Staff training records were reviewed however, they confirmed staff were not consistently provided with opportunities to attend on going mandatory training such as, fire safety and manual handling. There was also no adequate training programme in place for each staff member that was relevant to their role in the centre and which would ensure that a high standard of care was provided to all the residents.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003698
Date of Inspection:	05 November 2014
Date of response:	06 January 2015

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:

Residents did not have access to readily available advocacy services.

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.

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

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

The Advocacy Working Group in Cope Foundation are undertaking advocacy awareness road shows in early 2015, which will be open to all staff and people we support, and will aim to increase peoples' general understanding of advocacy and what it involves on a practical level day-to-day. The dates for the road shows in early 2015 are: 21 January, 29 January and 5 February. In addition to this, members of the advocacy working group are currently going through training with SHEP (Cork Advocacy Service) which will finish in early February 2015. We also have a group of people we support who will be doing an Advocacy Workshop with CIT in February 2014. When both of those groups have finished the training they will put together a training and information package for people who will be taking on the role of advocacy champions. Ard Dara is in the process of setting up a resident's forum whereby residents will be consulted about how the centre is planned and run.

Proposed Timescale: 31/01/2015

Theme: Individualised Supports and Care

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

Opportunities were not consistently provided for residents to participate in activities in accordance with their needs, interests and capacities.

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 full review of current residential and day services will be completed. In addition a full review and updating of current Care Plans has commenced and will be completed to ensure each Plan accurately reflects each person's interests, capacities and support needs. Development of Key-Working is to continue. Continuous audit of Care Plans by PIC/PPIM's.

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

Each resident was not provided with appropriate care and support to achieve their full potential, having regard to the nature and extent of the resident's disability, their assessed needs and wishes.

Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the

nature and extent of the resident's disability and assessed needs and his or her wishes.

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

We have commenced the review and updating of current Care Plans to ensure each Plan accurately reflects each person's interests, capacities and support needs. Development of Key-Working is to continue. Continuous audit of Care Plans by PIC/PPIM's.

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

Records maintained of complaints were not always detailed.

Action Required:

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

All complaints are logged and a nominated person keeps records of same. A revised on-site complaints log has been developed which now takes account of details and subsequent actions and outcomes.

Proposed Timescale: 31/01/2015

Theme: Individualised Supports and Care

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

Each resident did not have access to a complaints procedure that was in an appropriate format.

Action Required:

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

An easy read Complaints Procedure will be put in place.

Proposed Timescale: 31/01/2015

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

Theme: Individualised Supports and Care

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

Suitable facilities were not provided for residents to meet with their visitors in private.

Action Required:

Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

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

An area for visitors has been identified in each house where residents can meet friends and family in privacy.

Proposed Timescale: 06/01/2015

Theme: Individualised Supports and Care

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

All residents were not consistently supported to develop and maintain links with the wider community.

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:

Key working system continues to be developed to provide supports to enable residents develop and maintain personal relationships and forge links with community.

Proposed Timescale: 31/07/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans did not positively impact on the lives of residents as adequate arrangements were not in place to meet each resident's assessed social care needs.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

A process to review Care Plans in consultation with residents, their families and keyworkers has commenced and will be completed.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Some residents' personal plans were not reviewed annually or more frequently if there was a change in needs or circumstances.

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:

Care Plans will be reviewed annually and more often where required.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

There was no evidence that reviews of all residents' personal plans were conducted in a manner that ensured the maximum participation of each resident, and where appropriate his or her representative/s, in accordance with the resident's wishes, age and the nature of his or her disability.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures 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.

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

All reviews of care plans have active participation of the residents, their families and keyworker.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

To ensure that a comprehensive assessment, by an appropriate health care

professional, of the health, personal and social care needs of each resident is carried out as required, to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Comprehensive assessments will be carried out by appropriate multidisciplinary team annually or more often when required by the person .

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

To provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

Any future transitions between services will involve the provision of suitable supports for residents who wish to transfer including provision of information .

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

To provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

PIC will source and provide relevant life-skills training required for residents as they transition to new living arrangements.

Proposed Timescale: 31/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Paintwork, tiling and grout in some of the toilet and washing facilities were in a poor state of repair.

Paintwork, floor covering and cupboard doors in some of the communal areas were in a poor state of repair.

Action Required:

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

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

Necessary maintenance requirements were identified. A maintenance plan was initiated and work has commenced. Areas of immediate concern were addressed in 2014 and there is a schedule of maintenance work identified for 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Some areas in the houses were visibly unclean.

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:

Contract cleaning hours have been increased. An audit system has been developed between the cleaning provider and the PIC and is being implemented.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Some washing machines and fridge doors required repair.

Some bed mattresses were in a very poor condition.

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:

New mattresses are in place. Protocol for auditing mattresses is in place. A schedule of necessary repairs on domestic appliances has been logged and progressed.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

There was not sufficient suitable storage, as equipment was stored in living areas.

Action Required:

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

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

Alternative storage facilities will be identified as part of the 2015 maintenance schedule.

Proposed Timescale: 31/07/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was not robust systems in place for the on going review of risk and to learn from incidents or adverse events so that risks to residents' could be mitigated.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk Register is now being updated by PIC, PPIM and staff .It will be updated as required. Training in assessment and management of risk will be sought and delivered to staff.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Some risks in the centre had not been assessed and they posed a potential risk of injuries to residents, such as:

- locking mechanisms on doors to storage rooms and offices
- potential hazards in kitchens
- storage of cleaning chemicals.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Risk Register is now being updated. All identified risks will be assessed. Training in assessment and management of risk will be sought and delivered to staff.

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

Residents were at potential risk of cross infection as the toilet and washing facilities as well as kitchens were visibly unclean and poorly maintained, laundry appliances required repair and clinical waste was not appropriately stored.

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:

Contract cleaning hours have been increased. An in-house committee on infection control has been set up. This committee will monitor and audit standards. In-service training on infection control will be provided to staff.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Staff had not been provided with fire safety management training and/or frequent fire

drills.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire training has been provided to staff. A fire awareness committee is in place. An audit has been devised with regard to fire management and drills.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Fire doors were kept open with inappropriate devices that would not allow a fire to be contained.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

New door holding mechanisms are in the process of being fitted.

Proposed Timescale: 31/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

An identified resident did not have restraint applied in line with best practice.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The rationale for restrictive procedures will be clearly identified within the Care Plan with regular review dates In addition all identified restrictive interventions will be submitted for review to the restrictive interventions review committee.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

Residents plans for managing behaviours that challenge are not always fully implemented.

Action Required:

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

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

In-service training on behaviours that challenge and on mental health will be sourced and delivered to staff.

Proposed Timescale: 31/07/2015

Theme: Safe Services

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

Staff demonstrated poor knowledge and poor recognition of the abusive nature of residents being physically assaulted and injured by other residents.

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 Trust In Care and the Safeguarding of Vulnerable Persons at Risk of Abuse policy will be delivered to staff.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

Residents were not protected from physical assault from other residents.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

A protocol on protecting persons from physical assault is currently being disseminated.

Proposed Timescale: 31/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate care was not provided for each resident, having regard to their personal plan.

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 review of Care Plans has commenced. Appropriate assessment tools will be included. Plans will be audited by PIC and PPIM's.

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

An identified resident that required a specialised diet did not always have this facilitated.

Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

Specialised diets are now delivered individually to residents requiring same.

Proposed Timescale: 06/01/2015

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:

In an identified house medicines were not securely stored as per the centre's medication management policy.

Action Required:

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

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

A local policy will be developed which will incorporate appropriate and suitable practices. Secure storage of medication is being addressed.

Proposed Timescale: 31/01/2015

Theme: Health and Development

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

To ensure that a pharmacist of the resident's choice or a pharmacist acceptable to the resident, is as far as is practicable, made available to each resident.

Action Required:

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

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

Cope Foundation has a contract with a pharmacy to supply medication. Any resident who wishes to do so can source medication from an alternative provider.

Proposed Timescale: 06/01/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information set out in Schedule 1 of the Regulations as it did not include:

- the specific care needs that the centre was intended to meet
- the services which were to be provided by the registered provider to meet those care needs
- the age range and gender of the residents for whom it was intended that accommodation should be provided
- the sizes of the rooms in the centre
- a correct organisational structure
- arrangements made for residents to access education, training and employment.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be revised to include:

- The specific care needs that the centre is intended to meet.
- The services which are to be provided to meet those care needs.
- The age range and gender of the residents for whom it is intended that accommodation should be provided
- The sizes of the rooms in the centre
- A correct organisational structure
- Arrangements made for residents to access education, training and employment.

Proposed Timescale: 31/01/2015

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:

Management systems were not in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

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:

An experienced manager/PIC is now in place and has established a local management team .

Proposed Timescale: 06/01/2015

Theme: Leadership, Governance and Management

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

A review of the quality and safety of care in the centre had taken place but there was no evidence of learning from the review.

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 will be conducted and made available to residents, their families or representatives.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

A copy of a review of the quality and safety of care was not made available to residents, their families or representatives.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

An annual review of the quality and safety of care will be conducted and made available to residents, their families or representatives

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

Effective arrangements were not in place to support, develop and performance manage staff.

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 has been introduced organisation wide and is being rolled out to all staff in the centre.

Proposed Timescale: 31/03/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not adequately resourced to ensure delivery of safe and effective care

to all of the residents.

The centre was not adequately resourced to ensure the premises was clean, well maintained and appliances were in good working order.

Action Required:

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

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

Contracted cleaning hours have been increased. A maintenance plan is in place for 2015. A schedule of necessary repairs on domestic appliances has been logged and progressed.

Proposed Timescale: 31/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was an inadequate number and skill mix of staff allocated to the centre to safely meet all the needs of residents.

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:

- Staffing levels have been strengthened through the relief panel
- Management in Ard Dara have reviewed the current staffing levels. A submission to the HSE is being drafted regarding the staffing requirements. Initial meetings have taken place and further discussions sought with the HSE to progress this matter

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

Staff were not consistently provided with opportunities to attend ongoing mandatory training such as, fire safety and manual handling.

There was not a training programme in place for each staff member that was relevant to their role in the centre and which would ensure that a high standard of care was provided to all residents.

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 staff training plan has been developed for 2015.

Proposed Timescale: 31/12/2015**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff were not appropriately supervised to ensure safe and quality care was provided to residents that met all of their needs.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

New governance structure in place which ensures the supervision and oversight of the care provided to residents. PIC and PPIM will regularly audit practices.

Proposed Timescale: 06/01/2015