

**\* Preparing for HIQA  
Registration  
An organisational  
perspective**

Bernie O'Sullivan

Liza Fitzgerald

09/10/2014

# \* Provider Nominees

- \* Cope Foundation originally had 25 designated Centres. HIQA have now requested that 2 centres are divided into separate centres.
- \* We have also changed from 1 Provider Nominee (myself) to 4 provider nominees following advice from HIQA.
- \* The role of the Provider Nominee, in addition to complying with all requirements of the Regulations, has to oversee that all actions from an Inspection are completed.

# \* Preparing for HIQA

- \* Cope Foundation set up an internal group in 2012 to prepare for HIQA Registration.
- \* Bernie O'Sullivan was appointed lead of the project.
- \* The Draft Standards were the focus of the group.
- \* Presentations were given to Residential Managers and Staff Members.
- \* The collation of information for Registration, including Section 69 completion was extensive in terms of information gathering and resources.
- \* Cope Foundation presently has Bernie O'Sullivan acting on behalf of the Registered Provider and Mary O'Byrne as Administrator.

- \* **Lessons from the Preparation stage.**
- \* Cope Foundation placed emphasis on the **Standards** in their preparation work.
- \* However, the experience in Cope Foundation to date has been that the main focus of Registration is on the content of the **Regulations** and standards.
- \* The Co-operation of many divisions in Cope Foundation was essential, for example: Human Resources, Maintenance, Safety and Finance.

# \* Inspections to Date

- \* No of Monitoring Inspections - 4 up to April 2014  
- all inspections full Registration after that date.
- \* No. of Full Registration - 12 (includes 3 to Ard Na Gaoithe)
- \* Inspections in Cope Foundation include Designated Centres providing services to Children and to Adults.

# \*The Process

- \* Cope Foundation put itself forward in the early tranche of inspections in November 2013.
- \* Cluster type residential setting of 7 houses had been submitted in the application as 3 designated centres.
- \* Notified of **monitoring inspection** to take place in November and this was for 1 day.
- \* Further notification of **full registration** inspection December on 9 & 10 December 2013.

# \*The day of inspection

- \* Inspectors arrived early in the morning – the full inspection was to take 3 days.
- \* Photo ID and passport were shown.
- \* The lead inspector identified himself and gave an outline of what to expect for the inspection day.
- \* The inspectors familiarised themselves with premises and met with residents a “meet and greet”

# \* Meeting with PIC

- \* Inspectors stayed in the residences to carry out inspection while one other remained with the PIC
- \* The PIC was asked re allegations of abuse - the Inspector wanted to ascertain specifically that the PIC knew it was a notifiable event to the Authority.
- \* The inspector then asked the PIC to list the remaining notifiable events.
- \* The PIC remained with the inspector for the duration of the first day.



## \*Meeting with PIC (continued)

- \* One inspector viewed policies and procedures, HR documentation (which had been requested to be on site). All HR records were checked against Schedule 3
- \* Training records were viewed with emphasis on attendance at manual handling and fire training
- \* Fire safety checks detailing drills and daily /weekly checks were inspected
- \* Maintenance records were examined. There was discussion on how maintenance was logged and attended to.

## \* Meeting with PIC (continued)

- \* Two inspectors conducted a formal interview with the PIC
- \* There were no surprises as it was a recap of all that they had looked for in the previous day but with an emphasis on governance.
- \* The inspectors looked for evidence of meetings between the PIC and the person that she reported to
- \* They looked for detailed information on procedure for the absence of the PIC
- \* Again they were ascertaining that the PIC knew it was a notification if she was absent for a period of 28 days

## \* Meeting with PIC (continued)

- \* There was consistent indirect checking that the PIC was familiar with the regulations throughout the interview....they were always testing the PIC's knowledge
- \* The PIC was asked re her own professional development and plans for the coming year
- \* They questioned in detail the complaints process and how complaints were dealt with. Written evidence of complaints were asked for
- \* There was frequent revisiting of topics that came under more than one outcome.

## \*The visit - staff perspective

- \* At every inspection they have met with other members of staff. The PPIM is also interviewed.
- \* They observed staff at work
- \* Some interviews with staff were on a 1:1 and looked at for example: goals, health care needs of people we support.
- \* They spoke to staff regarding their relationship with the PIC, i.e. was she visible, available to staff, etc.

## \* Staff Members (cont'd)

- \* They asked staff about training
- \* They asked staff re Fire training and evacuation plans
- \* They were keen to ascertain staff members' knowledge on who to contact/refer to in the absence of the PIC
- \* Medication management was observed and the process from ordering through to returns was inspected.
- \* The inspectors regularly start their Inspection by attending report/handover.

# \* Effective Services

- \* Inspectors sat with residents at dining table.
- \* They looked at food records in detail – including menus.
- \* Personal plans were inspected in detail; during the inspector's meetings with staff they were asked regarding the goals identified for the person we support in the plan.
- \* They looked in wardrobes of residents.
- \* They looked at bin storage and safe locking of these areas to include clinical waste disposal and records of same.

## \* Top Tips for PIC – **Knowledge**

- \* **Know** the Regulations - specifically where they say the PIC shall...
- \* Have excellent **knowledge** of the people you support **and staff**
- \* Have excellent knowledge of the training/training requirements of your team.
- \* Have a plan to address any shortfalls if applicable...be honest and open of where you are at.

## \* Feedback – the end of the Day

- \* Feedback is given to the PIC
- \* Verbal report is given on each of the 18 outcomes
- \* Feedback does not give a strong focus on what is done well.
- \* Positives are noted in the actual report
- \* Feedback does not give whether outcomes are compliant/ minor /moderate /major unless it is clearly identifiable as a major non compliance.
- \* Until PIC sees draft report do not rely on verbal feedback
- \* Draft report is strictly confidential and must not be disseminated



**\*Thank you.**