## Centre name:
A designated centre for people with disabilities operated by COPE Foundation

## Centre ID:
OSV-0003295

## Centre county:
Cork

## Type of centre:
Health Act 2004 Section 38 Arrangement

## Registered provider:
COPE Foundation

## Provider Nominee:
Bernadette O'Sullivan

## Lead inspector:
Col Conway

## Support inspector(s):
None

## Type of inspection
Announced

## Number of residents on the date of inspection:
26

## 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 06 August 2014 08:15 07 August 2014 08:30
To: 06 August 2014 17:00 07 August 2014 17:30

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

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Summary of findings from this inspection
This was a registration inspection following application to the Health Information and Quality Authority (the Authority) by Cope Foundation to register the centre as a service for up to a maximum of 27 adults with an intellectual disability. The centre consists of two attached units and provides long term residential care for 23 residents and short term respite care for four residents.

During this inspection, the inspector met with residents, their relatives and staff members and reviewed the premises, observed practices and reviewed documentation such as residents’ records, accident and incident logs, policies and
procedures and some records maintained on staff files.

The inspector found that residents lived in very well maintained premises and there was robust evidence that residents received a good quality service which will be addressed throughout the body of this report. Staff knew residents and their individual needs and preferences well, residents had choice in what they did throughout their day and they had access to members of a multidisciplinary health care team.

The action plan at the end of this report identifies where 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:
There was evidence in residents’ written personal care plans (PCP’s) that they were frequently offered opportunities to make decisions about living in the centre. The person in charge informed the inspector that a key worker was assigned to each resident and individual's choices and their preferences were clearly identified in their PCP’s. The inspector observed staff offering residents choice as well as facilitating their preferences. Relatives that the inspector spoke with confirmed they were also regularly consulted with and offered opportunities to provide feedback. The inspector was informed that a family forum was held approximately every two to four months whereby the person in charge met with family members to discuss relevant topics. Minutes of these meetings that the inspector reviewed confirmed same.

Staff were observed respecting residents' dignity by the manner in which they engaged with residents and they were also observed respecting residents' privacy when residents were in their bedroom accommodation and/or using toilet and washing facilities. Doors were noted to always be shut and signs were placed on doors to alert staff when personal care was being provided.

Inspectors noted that each resident had furniture for storing their own clothing and personal possessions. Samples of records that the inspector reviewed in regard to residents' personal property and finances were clearly itemised and transparent.

There was a written complaints policy and procedures that outlined the process and actions to be taken in the event of a resident or their relative wanting to make a complaint. It was made available in a combined written and pictorial format and it was
displayed in a prominent place. Records of any complaints were maintained and contained details of any complaint and the management of same.

**Judgment:**
Compliant

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### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
In the sample of residents' PCP's plans that were reviewed by the inspector, resident's individual specific communication needs were clearly identified. It was obvious to the inspector that staff knew residents and their individual communication needs extremely well and staff were observed communicating with residents in a respectful manner and responding to residents as per their individual plans. Staff were also observed encouraging residents to communicate and staff were seen picking up on cues from residents when they were trying to communicate either verbally or with gestures. The inspector observed communication aids being used including photo cards when offering residents choice at mealtimes. Residents had access for their own use to telephones, televisions, radios and electronic devices for listening to music.

**Judgment:**
Compliant

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### 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:**
Families were actively encouraged and involved in the lives of residents. Throughout the two days of inspection the inspector observed relatives visiting at various times of the day and the inspector had the opportunity to speak with many of the relatives. They all
confirmed that there was open visiting in the centre and residents were facilitated to go and stay with family members at weekends or during the week.

Residents were involved in outings from the centre and a mini bus was available for staff to use to transport residents to external activities. Relatives confirmed that residents were frequently escorted by staff to various events and this was also captured in the residents' PCP's.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

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

**Findings:**
There was an up-to-date written policy and procedures regarding admission, transfer, discharge and temporary absence of residents and the written statement of purpose also outlined the admission criteria and process. There were allied health records maintained in regard to a resident's admission and there was evidence that admissions were in line with the centre's own policy and procedures.

There were written agreements in place between Cope Foundation and residents and /or their representatives that dealt with the support, care and welfare of the residents and they clearly outlined the residential services to be delivered.

**Judgment:**
Compliant

### Outcome 05: Social Care Needs

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

**Theme:**
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 comprehensive PCP was in place for each resident. The PCP’s provided detail about an individual’s preferences and particular needs as well as their capacities. The inspector reviewed a sample of the personal plans and there was evidence they had been developed in consultation with residents’ and or/their relatives. Relatives that the inspector spoke with confirmed they were involved in meetings with the person in charge whereby PCP’s were discussed.

As already addressed in Outcomes two and three, there was evidence that residents’ social needs were maintained in relation to having communication needs met as well as supporting personal relationships. Residents were provided with opportunities to participate in meaningful activities as there was a social activities and recreational programme in place and this will be further addressed in Outcome 10.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The centre consists of two attached and interconnected units with the service being provided for 14 residents in one unit and 13 residents in the other unit. The premises was well maintained and the furniture and fittings were of good quality. The centre was clean and tidy and decoration was of a homely and domestic nature.

Bedroom accommodation consisted of 15 single rooms and six twin rooms and bedrooms were personalised. Each resident had furniture to store their own clothing and personal possessions. Mobile screens were available to be used for privacy between beds in the shared bedrooms. There were a sufficient number of toilet and washing facilities for residents’ use and the necessary assistive equipment was available such as,
hoists, wheelchairs and specialised seating.

Communal living and dining spaces were provided as well as areas where residents could meet visitors in private. There were also extensive external grounds with various patios and planted garden areas that provided areas for residents to walk and sit. Entrances to the centre as well as the corridors were wheelchair accessible and the main entrance was via a secure front door.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found evidence that the health and safety of residents, visitors and staff was protected and promoted as:
- there was a current health and safety statement that identified potential risks and the required control measures to mitigate risks
- there were risk management, emergency planning and health and safety policies and procedures in place
- health and safety meetings were held and if related actions were required there was evidence they were assigned to a delegated person and progress was followed up
- mandatory manual handling training was up to date for staff
- records indicated that equipment such as hoists were regularly serviced and daily safety checks were undertaken to monitor potential risks, such as, storage of cleaning chemicals.

Appropriate fire equipment was located throughout the centre, fire exits were unobstructed, a procedure for the safe evacuation of residents and staff in the event of fire was displayed and a certificate of fire compliance had been submitted to the Authority. Records indicated that staff had received fire safety training and had also attended frequent fire drills.

The inspector noted that procedures and systems were in place in regard to the prevention and control of infection, for example, an adequate number of wash-hand basins and anti microbial hand washing solutions were supplied.

Judgment:
Compliant
**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector noted that the entrance and exit doors were closely monitored to maintain residents' safety. Staff knew residents extremely well and engaged with residents in a respectful and dignified manner. As already addressed in Outcome one, staff were observed showing consideration for residents' privacy. Relatives that the inspector spoke with confirmed same. As will be further addressed in Outcome 17, there was evidence that staff were vetted in line with best practice and staff were supervised on an appropriate basis.

A written policy was available in regard to management of an allegation of abuse and training records indicated that staff were up to date with training in the prevention, detection and response to abuse. Staff that the inspector spoke with were knowledgeable about what constituted abuse, what were the signs and symptoms of the various types of abuse and their responsibilities with regard to reporting an allegation of abuse. The inspector was satisfied that appropriate action would be taken and suitable procedures were in place in the event of an allegation of abuse.

There was up to-date information in the residents personal plans in regard to the level of support required with their personal and intimate care needs and staff were observed discreetly assisting residents.

As will be addressed further in Outcome 11, residents had good access to an allied health care team and therapeutic supports. In the sample of residents’ records that were reviewed by the inspector, individual's likes and dislikes were identified as were any behaviours that challenged. It was also clearly stated what therapeutic actions were required to support a resident if they had any behaviours that challenged.

**Judgment:**

Compliant
### 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:**
The inspector reviewed the records of any incidents or accidents and they detailed what had occurred and the management of any event. As required by the Regulations, notification of any accidents or incidents had been forwarded to the Chief Inspector.

**Judgment:**
Compliant

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### Outcome 10. General Welfare and Development

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence that residents’ general welfare and development was promoted and facilitated as already addressed in Outcomes two and three. As has already been addressed in Outcome five, residents had opportunities for new experiences and social participation as they were facilitated to partake in stimulating activities that were appropriate to his or her interests and preferences.

The activities sessions that the inspector observed were relaxed and residents were obviously enjoying themselves. Relatives and staff that the inspector spoke with confirmed that residents were facilitated to take part in a variety of activities throughout the day and residents' PCP's also confirmed same, such as:

- music
- exercises
- hydrotherapy
- art
- multi sensory sessions
• story telling
• karaoke
• outings
• games.

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:**
The inspector found robust evidence that each resident’s healthcare needs were facilitated and they were supported to achieve and enjoy the best possible health. As already addressed in Outcome one, each resident was assigned a key worker and each resident had their own comprehensive PCP in place. In the sample of personal plans that were reviewed by the inspector, the records indicated that residents’ were frequently assessed and findings of nursing assessments informed the care that was provided. The residents’ plans were adjusted to reflect the care that was needed if a resident’s condition or circumstances changed. The care plans and daily nursing notes demonstrated that residents’ progress was closely monitored and if a resident deteriorated it was quickly identified and managed appropriately.

Residents were frequently reviewed by a general medical practitioner and there was also evidence that residents had access to allied health professionals, such as, physiotherapy, speech and language therapy, dietician services and occupational therapy.

There was good evidence in residents' personal plans that individual resident's food preferences and special dietary requirements were identified and facilitated. Staff were also observed encouraging residents at mealtimes as well as using appropriate assisted eating techniques when helping residents with their meals.

Judgment:
Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*
**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
As required by the Regulations, there was a written medication management policy and procedure in place. The inspector observed that medication management practices were in line with the centre's own policy and professional nursing guidelines. The inspector reviewed a sample of residents’ individual medicine prescription charts and administration records. Medicines were prescribed by a medical practitioner, the medicine prescription charts were clearly legible and they had photographic identification of each resident attached. When medicines were administered by nursing staff they were signed for by the relevant staff member and medicines were stored appropriately.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
A written statement of purpose was available in the centre as required by Schedule 1 of the Regulations. It described the service and the manner in which care was provided and it reflected the diverse needs of the residents. However, at the time of inspection the document did not include the size of bedrooms and whether they were single or twins rooms.

**Judgment:**
Non Compliant - Minor
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 inspector found good evidence of effective management systems and a clearly defined management structure. The person in charge works in a full-time capacity based in the centre and the nominated provider acting on behalf of Cope Foundation met regularly with the person in charge. Documents submitted to the Authority as part of the application process indicated that both the person in charge and the nominated provider acting on behalf of Cope Foundation were suitably experienced and qualified persons. The person in charge demonstrated during the two days of inspection a good understanding of the Regulations and what is required to provide a quality service. It was obvious that the person in charge knew the residents and their relatives extremely well and they were actively involved in the daily functioning of the service. All of the relatives whom the inspector spoke with confirmed that they knew who was in charge and that they met frequently with the person in charge to discuss relevant matters.

There was evidence that systems were in place to review the quality of care and services that were provided. The inspector reviewed reports from audits that had been undertaken, such as, medication management, condition of bed mattresses, hand hygiene facilities, quality of meals and the dining experience and residents’ PCP’s. The person in charge and nominated provider had also begun benchmarking the service against the National Standards for Residential Services for Children and Adults with Disabilities. There was documented evidence of their findings as well as required actions for improvement.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was informed that a clinical nurse manager who is based full time in the centre covers the absence of the person in charge. Documents submitted to the Authority as part of the application process indicated this person was suitably experienced and qualified and they demonstrated during the inspection that they were very familiar with the service and the residents and their needs.

At the time of inspection the person in charge had not been absent for a period of time that required notification to the Authority.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
As already addressed in previous Outcomes, the inspector found robust evidence that sufficient resources had been put in place to ensure an effective service in accordance with the Statement of Purpose. For example, resources had been made available to meet residents' health and social care needs, provide transport for residents, maintain the premises in a good condition and supply suitable assistive equipment and furniture. It will be further addressed in Outcome 17 how sufficient resources had also been made available in regard to the workforce.

**Judgment:**
Compliant

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Duty rosters of the shifts worked by staff were maintained and they indicated there were appropriate numbers and skill mix of staff to meet the needs of the residents. Staff whom the inspector spoke with also confirmed this as did residents’ relatives. As already addressed in Outcomes 14 and 15, there were suitable governance and management arrangements in place. Staff duty rosters indicated that staff were supervised on an appropriate basis and minutes of staff meetings indicated that the person in charge met frequently with groups of staff to discuss relevant issues.

The inspector reviewed a sample of staff records and found evidence that staff were recruited, selected and vetted in accordance with best recruitment practice. There was substantial compliance in regard to maintenance of the records that are required for staff as per Schedule 2 of the Regulations.

Staff training records were well maintained and as already addressed in Outcomes seven and eight, staff had been provided with mandatory training. Opportunities for other training relevant to provision of the service had also been provided, such as, hand hygiene, basic life support and managing challenging behaviour. Staff also informed the inspector that weekly information sessions were held in the centre for staff on topics such as food hygiene or specific policies and procedures. Training records confirmed same.

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**
Use of Information
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was documentary evidence submitted to the Authority as part of the application process that indicated the centre was adequately insured against accidents or injury to residents, staff and visitors.

As already addressed in previous Outcomes, the inspector found evidence of substantial compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) and Schedule 4 (general records) of the Regulations.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place and there was documented evidence that staff had read the policies.

It was noted by the inspector that records were maintained in a complete and organised manner and this made for ease of retrieval.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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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 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At the time of the inspection the written statement of purpose did not include a description of the rooms in the centre including their size and primary function.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 revised statement of function and purpose containing the room sizes and whether they were single or twin rooms was sent into the Authority on 18 August 2014.

**Proposed Timescale:** 18/08/2014