

**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-0003697
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Ronan O'Murchu
Lead inspector:	Mairead Harrington
Support inspector(s):	John Greaney; Mary Moore; Mary O'Mahony; Vincent Kearns
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 following notification of a significant incident or event. 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:
08 July 2015 08:00	08 July 2015 19:00
09 July 2015 09:00	09 July 2015 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was triggered as a result of information received by the Authority. It was an unannounced inspection of a designated centre, operated by COPE Foundation, providing accommodation and care for people with disabilities including dual diagnosis, autism, epilepsy and individuals with behaviours that might challenge. The centre comprised nine units over four separate addresses and was inspected over two days. As part of the inspection process there was a review of premises and both care and administration practices were observed. The inspectors also reviewed documentation including staff records and the personal care plans of a number of residents. Inspectors met with residents and staff members as well as the nominated provider.

The findings of the inspection are set out under a series of 11 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspection identified a number of failings against these Outcomes and in

particular in relation to:

- Safe and suitable premises
- Rights, dignity and consultation
- Health and Safety and Risk Management
- Safeguarding and Safety
- Healthcare needs
- Medication Management
- Governance
- Workforce

One immediate action issued in relation to governance and management was as follows:

The registered provider was failing to ensure that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of service provision under Regulation 23 (1) (b).

The provider submitted a satisfactory response to this required action within the timeframe set by the Authority.

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 inspectors observed that staff interacted positively with residents observing privacy and dignity in their day to day activities as a matter of course. Staff demonstrated a well developed knowledge of residents needs and personalities and delivered appropriate levels of support. Inspectors noted that residents were informally consulted on a daily basis and preferences were recorded in personal care plans. Where possible residents were involved in decision making around day to day activities and also participated in the choice and preparation of meals. Residents were assigned key workers who acted on behalf of individual residents as evidenced in their personal plans of care. However, in some units there were no independent advocacy arrangements in place.

A current copy of the organisational complaints policy was available however there was no policy in place specific to the centre. Action on this finding was recorded against Outcome 18 on documentation. Personalised, easy to read booklets explaining the complaints procedure were available to each resident. Where the complaints procedure was on display it was in an easy to read format however it did not nominate either a complaints officer or anyone with responsibility for oversight of the complaints process. Where complaint logs were maintained it was not always clear that the complainant was either aware of, or satisfied with, the resolution.

Inspectors noted that where possible residents retained control over their own possessions and there was adequate space provided for storage of their possessions. A policy was in place for residents' personal property dated March 2014. A record of the handling of money was maintained with receipts provided for transactions. However, practices were not always in keeping with the policy of dual signing and in some instances there was only one signature against the transaction.

Overall there were adequate facilities for recreation and occupation and activities varied between units with some residents leaving the unit to attend day services whilst more attended day services on site or at the main campus. A broad range of activities were available to suit the needs, interests and capacities of residents. If a resident chose not to attend their day service there was evidence that preferences were facilitated and the option to stay at the unit was available.

However, one unit housed two residents with complex care needs and the accommodation of these residents together was not compatible with meeting their individual needs. In this respect individual choices could not be effectively promoted and choices around activities and living circumstances were compromised. This issue was further compounded by inadequate staffing levels as identified for action in Outcome 17 on workforce.

Similarly, another unit housed three residents, one of whom had complex care needs and the accommodation of these residents together was also not compatible with meeting their individual needs or effectively promoting choice around activities and living circumstances.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each resident had a written personal care plan (PCP) which was well laid out and person centred with clear details around their individual needs and choices. Inspectors reviewed a number of PCPs which were comprehensive, personalised and presented in written and pictorial format. These included records of residents' involvement and consultation, clearly identifying choices around goals, both short and long-term. Appropriate plans were in place around residents' goals and needs including communication issues, personal care, activities and education and learning. A nominated key-worker was responsible for implementing actions to achieve these goals and these were seen to be reviewed at regular milestones and revised with a clear rationale for any amendments as well as evidence of consultation with both the resident and family members. Residents

spoken with were aware of their PCPs and had access to them.

Inspectors noted that personal care plans were regularly reviewed and meetings were attended by both family members and staff. The review took into account changes in circumstances and new developments, and also assessed outcomes achieved and identified those responsible for pursuing objectives within agreed time-scales.

Inspectors noted that where residents were moving between services associated needs were discussed at staff meetings and family members were informed.

The centre had access to on-site vehicles and inspectors saw residents being transported to and from a variety of activities and outings.

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 designated centre comprised nine units over four addresses within an approximate two mile radius of each other on the north side of the city.

There were three units at the first address which comprised a main building with communal areas for activities and recreation and three adjoined bungalows accommodating seven residents in each of two and a further six residents in the remaining one. All residents had single rooms. All units were located in a secure campus setting with access to their own external courtyard space and the immediate grounds of the premises were well maintained and provided designated parking. However, in one bungalow the available domestic bath fixture was not compatible with assistive technologies in use and required review to ensure that the resident's needs were appropriately met in accordance with the Regulations.

There was one unit at the second address which was a leased premises accommodating 12 residents in single, en suite bedrooms over a three storey purpose built block providing secure access and parking. Each floor provided a communal sitting space and kitchen/dining rooms with a laundry room on the ground floor. The premises was serviced by both lift and stairs however staff told the inspectors that the lift had been out of order for over a year and the provider nominee stated that the landlord had been notified accordingly.

There was one unit at the third address accommodating one resident in a three bedroomed residential house with accessible external space and available parking.

Aside from the exceptions outlined above the location, design and layout of these units were in keeping with the statement of purpose and contained accommodation appropriate to the individual and collective needs of residents. These units were well furnished, comfortable and decorated in a homely fashion with appropriate equipment for use maintained in good working order. Kitchen and bathroom facilities were clean, accessible and suitably equipped. Residents' rooms were comfortable with adequate storage for belongings and rooms were individualised with personal items and photographs.

The last unit was a terrace of four houses with a total of ten bedrooms accommodating nine residents overall. Each house had its own private entrance with shared access at the rear to a communal garden space overlooking the city.

House 1 accommodated three residents. It was suitable in design and layout to meet the needs of two of the three residents. However, the third resident had significant mobility issues and required a motorised wheelchair. An occupational therapy assessment report, from a referral for this resident in May 2015, concluded that the environment of the house was not suitable to meet the access and mobility needs of this resident in relation to internal doorway dimensions and turning space. Also, storage facilities in the house were inadequate and a hoist was stored in a bedroom. Furthermore the house had a combined laundry and sluice facility and action in this regard is recorded at Outcome 7 on Health and Safety. Also, the house was poorly maintained externally with degraded woodwork and paintwork. In respect of these findings this unit did not meet the requirements of the Regulations.

House 2 accommodated one resident and, overall, the design and layout of the premises was in keeping with the statement of purpose and provided accommodation appropriate to the assessed needs of the resident. However, again in relation to mobility issues associated with a diagnosed health condition the use of a standard, domestic bath fixture in this instance did not meet statutory requirements in relation to the individual needs of this resident.

House 3 accommodated two residents with dual diagnosis both of whom had had recorded incidents of significant behaviour that might challenge such that the use of both physical restraint and single segregation was warranted. A review of personal care plans, including behavioural support strategies, indicated that the complex needs of these residents were not met by the design and layout of the premises and their current placement did not meet the requirements of the Regulations. In this context the individual placements in an appropriate setting required review.

House 4 accommodated three residents and the location, design and layout of this premises was in keeping with the statement of purpose and contained accommodation appropriate to the individual and collective needs of residents. These units were well furnished, comfortable and decorated in a homely fashion with appropriate equipment for use maintained in good working order. Kitchen and bathroom facilities were clean,

accessible and suitably equipped. Residents' rooms were comfortable with adequate storage for belongings and rooms were individualised with personal items and photographs.

Premises related health and safety issues were described and recorded for action against Outcome 7.

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:

Current policies and procedures around infection control, risk management and emergency planning were in place, however, these were often organisation wide documents that did not provided guidance and directions to staff on a site-specific basis as per regulatory requirements. Action in this regard is recorded against Outcome 18 on documentation. A health and safety statement was also in place. Inspectors reviewed precautionary arrangements in the units and identified that escape routes and fire panels were checked on a daily basis. Fire extinguishers were serviced on an annual basis with fire alarms and emergency lighting serviced on a quarterly basis. Fire alarms were tested weekly with fire drills regularly conducted at all units and logs maintained. Evacuation procedures were displayed at each unit and personal care plans (PCPs) reviewed by inspectors included personalised emergency evacuation plans (PEEPs). However, where one resident now required the use of a wheelchair the PEEP had not been updated to reflect this change in circumstance. Furthermore, in one unit where a resident presented a possible risk of choking, and had had near miss incidents, there was no evidence of learning from this adverse event, and, for example no suction machine had been made accessible on-site. In this respect there was no evidence of assessment, management and ongoing review of risk.

Mandatory training for staff was up-to-date and staff spoken with understood procedures and good practice in relation to evacuation and manual handling for example. However, there were several examples where regulatory requirements were not met, for example, in one unit practice described was not in keeping with the policy which directed the use of evacuation sheets. Also, contract cleaners spoken with by inspectors, whilst understanding standard evacuation procedures, had not received any fire training. Furthermore, fire doors were in place however a number of these were found to be held open by items on the day of inspection and in one unit the seals around fire doors were warped and ill-fitting. In one unit some large, sliding windows on upper floors had a restricting opening mechanism, however, others did not and there was no risk assessment or rationale in place for these circumstances.

Inspectors were told by staff that standard practice was to secure doors where chemicals and cleaning products were stored. However, on the days of inspection there was unrestricted access to such areas in some instances. Also, where oxygen was in use at one unit it was not appropriately stored and staff spoken with by the inspector had not been trained in its use. Separate staff storage facilities were also available, however a staff handbag was identified in an unrestricted area during the course of the inspection presenting a possible and unqualified risk. Furthermore some units did not meet the regulatory requirements in that risk registers identifying hazards and the assessment of the risk they presented at the centre were not effectively or consistently maintained. It was therefore unclear if effective systems to assess, manage and review risk were in place.

Staff spoken with by inspectors understood good infection control practice such as colour coded cleaning systems and most staff had received training in hand hygiene. However, in one of the units where a commode was in use the sluice facility was not appropriately equipped, or risk assessed, to ensure effective infection control practice. Also, staff did not have available to them the appropriate personal protective equipment available, such as an apron, to ensure effective infection control during cleaning of the commode.

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:

The operational policy and procedure in place referenced national policy on the safeguarding of vulnerable persons at risk of abuse.

Staff with whom the inspectors spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. Where allegations had been made procedures for managing the process were clearly documented and managed in keeping with the centre's policy. Measures to protect residents being harmed or suffering abuse were in place and included a policy on the provision of intimate care dated May 2014. Staff records indicated all staff had received appropriate training in safeguarding and safety, manual handling and managing aggressive and potentially aggressive behaviour.

A policy on the use of restrictive procedures and restraint was also in place dated October 2014 which included directions around chemical restraint. However, this document required review around the definition and boundaries of restrictive practice in relation to medically necessary interventions. Action in this regard is recorded against Outcome 18 on documentation. Appropriate checks and monitoring were in place where restrictive interventions were in use including a designated, multi-disciplinary, restrictive practices committee to review circumstances and reasons. However, the inspectors identified that decision making by this committee, on cases of restraint in relation to medically necessary interventions, were based on the unrevised policy identified above.

A policy dated June 2014 was in place for the provision of behavioural support. Inspectors noted that staff understood the needs of residents and interactions were attentive and responsive. Both staff and management demonstrated a commitment to providing emotional, behavioural and therapeutic support to promote a positive approach in managing behaviour that might challenge. The circumstances of individual residents were taken into account and possible underlying factors were considered when developing strategies to support a resident. Through discussion with both staff members and residents, and observation of interactions between staff and residents, the inspectors were satisfied that most residents were assisted and supported in developing a self-awareness around their behaviour generally and that positive behavioural supports were implemented. Several personal care plans that were reviewed included behaviour monitoring charts where incidents were recorded and positive behavioural interventions were recorded. There was also evidence of input by a multi-disciplinary team.

However, as outlined earlier in this report, one unit accommodated two residents with dual diagnoses both of whom had had recorded incidents of significant behaviour that might challenge. A review of personal care plans, including behavioural support strategies, indicated that the assessed complex needs of these residents were not being met in accordance with the requirements of the Regulations. For example, inspectors noted recorded incidents of the use of both physical restraint and single segregation. In some instances the use of such restraint was not in accordance with policy or evidence based best practice.

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 noted that a record was maintained of incidents and accidents and they

outlined what had occurred and the management of any event. Quarterly returns and notifications of incidents or accidents had been forwarded to the Chief Inspector. However, in the case of one resident a notification had not been provided in relation to a pressure sore as required by the Regulations.

Judgment:

Substantially 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:

Residents were encouraged and facilitated to engage in activity programmes appropriate to their abilities and interests. Recreational activities routinely incorporated physical exercise and independence was promoted in the management of day-to-day needs and practices in relation to health, hygiene and nutrition. Healthy living choices were encouraged and residents, where possible, were involved in the choice and preparation of ingredients for meals. Meal choices could be varied and personalised according to individual preferences whilst consideration was also given to a balanced diet. There was evidence of multi-disciplinary input on several PCP's reviewed. Access to allied healthcare professionals was available with documented referrals in relation to consultations with dentists, dieticians and occupational therapists for example. A review of medical notes showed that a general practitioner (GP) was in regular attendance at all units across the centre.

The inspectors reviewed a number of residents' personal care plans (PCP's) across all units and found them to be of a good standard with person centred information and regular reviews and input by a general practitioner (GP) where necessary. In general health needs were appropriately assessed and met by the care provided across the centre. However, where the profile of needs of a resident might be changing, in relation to nursing care for example, reviews, monitoring and referrals were not always consistent. For example arrangements were not adequate to meet the needs of one resident who had had two recent acute admissions where fluid intake/output monitoring was necessary but not in place. On one record a dietician referral had not been actioned and it was also unclear whether that there had been a follow up in obtaining specialist equipment for one resident as recommended by an occupational therapist.

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:

There was a policy in place, dated June 2014, for medication management that included direction on the prescribing, administration, storage, safekeeping and disposal of medicines. However, this was an organisational document, not specific to any centre and required amendment accordingly. Action on this finding is recorded against Outcome 18 on records and documentation. Procedures were in place around the storage and disposal of medication and staff were seen to adhere to appropriate medication management practices. However, there were some instances where practice did not follow procedure and inspectors noted that in one unit medication that should have been segregated, and disposed of, or returned to the pharmacy, was being retained on site.

Individual medication plans were appropriately implemented and reviewed as part of the personal plans. Prescription sheets were maintained in accordance with requirements and contained the necessary biographical information. Medication administration sheets were also maintained in accordance with requirements and contained the medications identified on the prescription sheet and included the signatures of administering staff. However, inspectors did identify a record where there was an inconsistency around dosage between the prescription and administration sheet and as a result it was unclear whether, in this instance, the correct dosage was being administered.

Systems were in place for recording medication errors and also for reviewing and monitoring safe medication management practices, such as audits. However, where a repeated medication error had been recorded it was unclear whether the incident was appropriately reviewed or where learning from the incident had been recorded or implemented. Action in this regard is recorded against Outcome 14 on Governance.

Judgment:

Non Compliant - Major

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:

One immediate action issued in relation to governance and management was as follows: The registered provider was failing to ensure that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of service provision under Regulation 23 (1) (b).

The provider submitted a satisfactory response to this required action within the timeframe set by the Authority.

The provider informed inspectors that weekly visits were undertaken at the centre and contact was regular and frequent with the person in charge regarding the operational management of the service. However, inspectors found significant shortcomings around governance in relation to the identification of lines of authority and accountability in the existing management structure. In particular, at the time of inspection, the deputising arrangements for the person in charge were unclear with staff unable to clearly identify the relevant individual responsible for the role. Appropriate management and staff resources had not been put in place at the time to supervise and support staff and ensure that the service provided was safe, appropriate to residents' needs and effectively monitored in accordance with the Regulations. Inspectors identified that this issue was further compounded by the number of units in the centre and their spread over a geographical area.

Inspectors found that management systems were in place in regard to reviewing and improving the quality and safety of care including audits and management meetings. However, as identified in Outcome 12 on Medication Management, review systems did not always result in action being taken to address shortcomings identified.

The provider informed inspectors that unannounced six monthly visits to the centre had commenced and a report to this effect was available. However, an annual review of quality and safety of care in the centre had not been completed in keeping with regulatory requirements.

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:

There was a centre-specific policy on recruitment and selection of staff. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Inspectors reviewed a number of staff personnel and training records and confirmed with both staff and management that performance management systems were in place and being implemented.

The inspectors noted that during interactions with residents staff members were knowledgeable of their individual needs and provided assistance in a respectful, caring and timely manner. Staff were appropriately qualified and experienced to deliver care. However, as outlined earlier in the report, in instances where the needs of residents were changing in relation to nursing care, training and professional development of staff was not always adequate. Additionally, not all staff had had necessary training in the safe administration of medications (SAMs) in a unit where the needs of residents were such that emergency medication might be required, for the treatment of epilepsy for example. Also, as outlined at Outcome 1, staffing levels were not always adequate to ensure that the delivery of service was safe and appropriate to the assessed needs of residents where these needs were demanding and complex.

Records of staff files were well maintained and readily available, those records reviewed were in keeping with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Judgment:

Non Compliant - Major

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):

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

Findings:

Several policies and procedures were not in keeping with statutory requirements in that they were over-arching, organisational policies and did not relate to, or specifically, reference the designated centre being inspected. In particular those policies identified on this inspection related to complaints, risk management, restraint and medication management. Other components around documentation and records were assessed during this inspection only in relation to their relevance against other Outcomes as described in the body of this report.

Judgment:

Substantially 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:

Mairead Harrington
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-0003697
Date of Inspection:	08 July 2015
Date of response:	07 September 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:

In accommodating residents with complex and competing needs together in one unit the registered provider is failing to ensure that each resident's privacy and dignity is appropriately respected in relation to their personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- We are awaiting a specialist Report to suggest a more appropriate placement for one resident.
- We are writing to the HSE outlining the concerns we have and to seek a meeting with the HSE to discuss the suitability of the resident's current services.

Proposed Timescale: 11/09/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

In some units there were no independent advocacy arrangements in place.

2. Action Required:

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

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

- Person in Charge contacted advocacy services on 27/08/2015 to ask if easy read version on accessing independent advocacy services was available.
- Person in Charge developed an easy read version on accessing independent advocacy services which was made available to all residents by 04/09/2015.
- Access to advocacy services will be discussed at next client forum meeting on 11/09/2015
- Advocacy champions will ensure all residents and staff will promote accessing advocacy services if required.

Proposed Timescale: 11/09/2015**Theme:** Individualised Supports and Care**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

In some instances practice was not in keeping with policy as not all transactions were recorded with double signatures.

3. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- Staff were instructed on 26/08/2015 to comply with Policy and Protocols for having all transactions completed.
- 3-monthly audits of signing of receipts will be carried out by a designated person.

Proposed Timescale: 26/09/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

In accommodating residents with complex and competing needs together in one unit the registered provider is failing to provide appropriate care and support in accordance with evidence-based practice or with regard to the nature and extent of the residents' disability, assessed needs or wishes.

4. 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 are awaiting a specialist Report to suggest a more appropriate placement for one resident.
- We are writing to the HSE outlining the concerns we have and to seek a meeting with the HSE to discuss the suitability of the resident's current services.

Proposed Timescale: 11/09/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The complaint procedure did not nominate a complaints officer.

5. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

- The complaints procedure was updated on 04/09/2015 to include the complaints coordinator's name and picture.
- A local complaints officer will be nominated by 30/09/2015

Proposed Timescale: 30/09/2015**Theme:** Individualised Supports and Care

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

Where complaint logs were maintained it was not always clear that the complainant was either aware of, or satisfied with, the resolution.

6. 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:

Complaints log has been updated to include a satisfaction rating for the person who logged the complaint

Proposed Timescale: 04/09/2015

Theme: Individualised Supports and Care

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

The complaint procedure did not nominate anyone with responsibility for oversight of the complaints process.

7. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- A local complaints officer will be nominated by 30/09/2015

Proposed Timescale: 30/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The registered provider is failing to meet the requirement to provide suitable premises designed and laid out to meet the aims and objectives of the service and the number and needs of residents in that:

- the provision of domestic baths to use with assistive equipment was unsuitable to the needs of the resident in two of the units
- the premises did not meet the assessed needs of a resident in relation to the provision of a motorised wheelchair in one of the units
- two residents with complex and demanding needs were inappropriately placed in the

same residential unit.

8. Action Required:

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

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

- Resident in one unit no longer uses the domestic bath and her preference is to shower using a specially adapted shower chair.
- Resident in other unit will have bathroom redecorated with the bath removed and replaced with an accessible shower by 31/10/2015.
- Resident where premises did not meet the assessed needs of that resident in relation to the provision of a motorised wheelchair transferred on 19/08/2015 to another designated centre more suitable to meet his ongoing medical and mobilising needs.
- We are awaiting a specialist Report to suggest a more appropriate placement for one resident.
- We are writing to the HSE by 11/09/2015 outlining the concerns we have and to seek a meeting with the HSE to discuss the suitability of the resident's current services.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Several units had degraded exterior paintwork and woodwork and the lift in one unit was out of order.

9. 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:

- PIC and provider nominee met with Facilities Manager on 31/08/2015.
- Schedule of maintenance work was received from the Facilities Manager on 03/09/2015.
- Degraded exterior paintwork and woodwork will be repainted by 31/03/2016
- It is proposed that the internal lift will be decommissioned by 31/11/2015 as residents have access to another lift external to the apartments but within the complex. Internal lift can be re-commissioned in the future if required.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Regulatory requirements as per Schedule 6 were not met in that a hoist was stored in a

resident's bedroom in one of the units.

10. 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:

Resident transferred on 19/08/2015 to another designated centre more suitable to meet his ongoing changing medical and mobilising needs.

Proposed Timescale: 19/08/2015

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:

Effective systems, including a risk register, were required to assess, manage and review risks throughout the centre and particularly in relation to

- unrestricted access to chemicals and cleaning products
- oxygen storage
- unrestricted access to staff belongings.

11. 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 was updated on 04/09/2015 to include unrestricted access to chemicals and cleaning products and unrestricted access to staff belongings.
- Appropriate O2 storage has been requested from maintenance and is scheduled to be completed.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

In one unit where a resident presented a possible risk of choking, and had had near miss incidents, there was no evidence of learning from this adverse event, and, for example no suction machine had been made accessible on-site. In this respect there was no evidence of assessment, management and ongoing review of risk.

12. 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:

- Regular who are assessed as high risk will be reviewed by Speech & Language on a regular basis.
- An Easy vac will be made available on-site and staff will be trained in its correct application by 09/09/2015.
- A suction machine will be available and accessible on-site by 30/09/2015

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

In one unit some large, sliding windows on upper floors did not have restricting opening mechanisms without a risk assessment or rationale in place for these circumstances.

13. 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:

- Restricting opening mechanisms were put in place on all large, sliding doors on upper floors on 17/07/2015.

Proposed Timescale: 17/07/2015

Theme: Effective Services

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

Practice was not always consistent with procedures for the prevention and control of healthcare associated infections as in one of the units laundry and sluice facilities were co-located where there was a commode in use but the sluice did not have a bed-pan washer.

14. 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:

- Resident transferred on 19/08/2015 to another designated centre more suitable to meet his ongoing medical and mobilising needs. As a result of transfer commode is no longer in use and sluice is no longer required.
- Request to remove sluice was submitted to Facilities Manager on 03/09/2015 and

same is scheduled to be completed.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Practice was not always consistent with procedures for the prevention and control of healthcare associated infections as in one unit staff did not routinely use personal protective equipment when utilising the sluice.

15. 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:

- Request to remove sluice was submitted to Facilities Manager on 03/09/2015. When sluice has been removed from the designated centre the area will become a utility room. Staff were instructed to ensure personal protective equipment is available on-site and used appropriately as required.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Contract staff had not had fire training.

16. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- All contract staff will have fire training completed.

Proposed Timescale: 18/10/2015

Theme: Effective Services

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

In some instances fire doors were found to be held open by items and in one unit the seals around fire doors were warped and ill-fitting.

17. 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:

- PIC and provider nominee met with Facilities Manager on 31/08/2015.
- Schedule of maintenance work for fire doors and magnetic door holders was received from the Facilities Manager on 03/09/2015.
- Replacement/Realignment/Fire Strips & Painting of Fire Doors will be completed by 31/10/2015.
- Magnetic door holders will be in place by 31/10/2015

Proposed Timescale: 31/10/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Evacuation arrangements required review in relation to

- the evacuation of a resident requiring the use of a wheelchair
- directions around practice on the use of evacuation sheets.

18. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- Fire evacuation arrangements were reviewed and updated. Methods of evacuation have been timed as part of this review.

Proposed Timescale: 28/08/2015**Outcome 08: Safeguarding and Safety****Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

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

19. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Where restrictive procedures including physical, chemical or environmental restraint

are used, they are to be applied in accordance with national policy and evidence based practice.

Proposed Timescale: 07/09/2015

Theme: Safe Services

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

There were recorded instances when the use of restraint was not in accordance with policy or evidence based best practice.

20. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Policy on the use of restrictive procedures will be reviewed and updated to include medically necessary interventions.
- Where restrictive procedures including physical, chemical or environmental restraint are used, they are to be applied in accordance with national policy and evidence based practice.

Proposed Timescale: 07/09/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

A notification had not been provided in relation to a serious injury (pressure sore) as required by the Regulations.

21. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

- The PIC has made all staff aware that pressure sores are 3-day notifiable to HIQA.
- The person in charge has instructed staff to immediately report all incidents of pressure sores to the PIC/PPIM.

Proposed Timescale: 04/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate healthcare was not always consistently provided in relation to the changing needs of residents around nursing care, for example, arrangements were not adequate to meet the needs of one resident who had had two recent acute admissions where fluid intake/output monitoring was necessary but not in place.

22. 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:

- All appropriate assessment tools are in place.
- Where the requirement for fluid balance charts is indicated this action will be recorded within the resident's health action plan.

Proposed Timescale: 07/09/2015

Theme: Health and Development

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

The registered provider was not always ensuring access to required health services in that

- there was a delay in referral to a dietician
- it was not clear that there had been a follow up in obtaining specialist equipment as recommended by an occupational therapist.

23. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- Due to resource issues for accessing internal dietician services referrals are now being forwarded to external dietician services by the Person in Charge.
- All referrals and recommendations will be followed up and acted upon in a timely fashion.

Proposed Timescale: 07/09/2015

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 one unit medication that should have been segregated, and disposed of or returned to the pharmacy, was being retained on site.

24. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

- All medicines not in use are returned to the pharmacy.
- A locked press will be put in place within the centre for the appropriate segregation of medicines to be returned to the pharmacy.

Proposed Timescale: 31/10/2015

Theme: Health and Development

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

In one instance it was unclear whether the correct dosage was being administered to a resident.

25. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A new prescription chart was requested from the pharmacy and received on 08/07/2015.

Proposed Timescale: 08/07/2015

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:

A clearly defined management structure in the designated centre that identified the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of service provision were not in place.

26. Action Required:

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

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

- We are proposing a reconfiguration of Cork City (North) 3 from 1 single entity to 3 stand alone centres with one Person in Charge (PIC) for each of the 3 designated centres.
- A staffing gap analysis will be completed by 11/09/2015 to determine staffing requirements for each of the designated centres.
- A request to the HSE for funding to support the additional staffing resources required for the separation of each designated centre will be submitted by 18/09/2015.

Proposed Timescale: 18/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Appropriate management and staff resources had not been put in place at the time to supervise and support staff and ensure that the service provided was safe, appropriate to residents' needs and effectively monitored.

27. 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:

- We are proposing a reconfiguration of Cork City (North) 3 from 1 single entity to 3 stand alone centres with one Person in Charge (PIC) for each of the 3 designated centres.
- A staffing gap analysis will be completed by 11/09/2015 to determine staffing requirements for each of the designated centres.
- A request to the HSE for funding to support the additional staffing resources required for the separation of each designated centre will be submitted by 18/09/2015.

Proposed Timescale: 18/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

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

28. Action Required:

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

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

- An annual review of the quality and safety of care and support in the designated centre will be completed by the provider nominee by 16/10/15.

Proposed Timescale: 16/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The registered provider did not ensure that where the needs of residents were changing, particularly in relation to nursing care, training and professional development of staff was adequate to ensure these needs were appropriately met.

29. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

- Training needs analysis will be completed by the PIC by 18/09/2015.
- Any additional required training will be identified by 30/09/2015 and scheduled and provided accordingly.

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

The registered provider did not ensure that staffing levels were always adequate to ensure that the delivery of service was safe and appropriate to the assessed needs of residents, particularly in units where residents presented with demanding and complex needs.

30. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- A staffing gap analysis will be completed by 11/09/2015 to determine staffing requirements for each of the designated centres.

- A request to the HSE for funding to support the additional staffing resources required for the separation of each designated centre will be submitted by 18/09/2015.

Proposed Timescale: 18/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Prepare in writing, adopt and implement all of the policies and procedures in respect of the centre set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 - including in relation to complaints, risk management, restraint and medication management.

31. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

All the relevant policies will be reviewed, updated appropriately and put in place.

Proposed Timescale: 31/10/2015