### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by COPE Foundation</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003294</td>
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<tr>
<td>Centre county:</td>
<td>Cork</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>COPE Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Colette Fitzgerald</td>
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<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>12</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 April 2016 08:15
To: 18 April 2016 17:45

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

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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Summary of findings from this inspection

This monitoring inspection was carried out to monitor compliance with specific Outcomes.

As part of the inspection, the inspector met with six residents. Residents told the inspector that they were very happy with the service provided in the centre and were very complimentary of the staff. Residents reported that they enjoyed attending the day service nearby, had many friends and were supported to access services in the local community on a regular basis. However, some residents did outline that the behaviour of a resident did impact negatively on their personal space during the day and at night time. The inspector reviewed documentation such as policies and procedures, risk assessment and templates. The inspector spoke with the person in charge and staff on duty on the day of the inspection.

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was a detached purpose built bungalow accommodating 10 full-time residents with three respite beds available. On the morning of the inspection, three respite residents, who lived in another...
designated centre that was closed at the weekend, were present in the centre. The service was available to adult men and women who had intellectual disabilities.

The provider had not put adequate arrangements in place to protect the privacy and dignity of all residents. The inspector observed that incidents of behaviours that challenge were negatively impacting on all residents and their personal space. The provider had not taken appropriate action to protect residents from recurrence of these incidents. The inspector required the provider to take immediate action to safeguard residents. The provider was issued with an immediate action plan to manage this risk to residents within two days of the inspection. The first plan submitted to the Authority within this timeframe was deemed not to be sufficient. The second plan submitted within the required timeframe was robust and clearly outlined sufficient measures to safeguard all residents.

The inspector found major non-compliances in four other core areas. The system for developing and reviewing personal plans was not robust. Unsafe medicines management practices were seen for residents. The premises was assessed by an occupational therapist as requiring adaptations to meet the needs of the residents. Management systems were not adequate to support and promote the delivery of safe and effective services.

The inspector was not satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in poor experiences for residents, the details of which are described in the report.

The reasons for these findings are explained under each outcome in the report and the Regulations that are not being met are included in the Action Plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Residents with whom the inspector spoke with indicated that residents felt safe and were positive about the care and the consideration provided in the centre. Residents outlined that the staff were readily available to them if they had any concerns. Interaction between the residents and staff was observed and noted to be pleasant, respectful and individualised.

Residents were consulted about, and participated in, decisions about the organisation and day to day running of the centre. Records of monthly residents' advocacy meetings were made available to the inspector. Meetings were attended by residents and staff. The format of these meetings allowed for each resident to express his/her wishes and views. Items such as bedroom layout, activities, menu choices, household chores and trips away were discussed and agreed. Where issues or requests were raised by residents, there was a clear outcome documented.

The person in charge confirmed that residents had access to an independent advocate which was facilitated through the National Advocacy Service and information in relation to this service was available for residents.

Staff were observed providing residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents' capacity to exercise personal independence was promoted.
The person in charge and staff outlined that residents were encouraged to maintain their own privacy and dignity. Two bedrooms had access to en-suite facilities while, for others, the sanitary facilities were shared. The inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, improvement was required as the measures put in place to promote the resident's privacy and dignity during personal care were not outlined in the intimate care plans reviewed by the inspector.

Four bedrooms were twin bedrooms and shared by two residents. In one bedroom, a screen had been provided to promote the privacy and dignity of residents. The inspector saw that this screen had been installed following the request of one of the occupants of the bedroom. However, the lack of screening in the other bedrooms did not allow adequate privacy and dignity for residents in these bedrooms. In addition, the inspector noted that there was limited personal space provided in the twin bedrooms due to the layout of the bedrooms. The resident whose bed was furthest from the door had to cross in front of the other resident's bed to leave the bedroom to access sanitary facilities which could cause disturbance in sleep. Display space and storage for personal possessions was less in the twin bedrooms than in the single bedrooms.

The inspector saw that one resident exhibited behaviours that challenge that compromised this resident's privacy and dignity and impacted on the other residents' personal space. The inspector observed that other residents became distressed during incidents of this behaviour on the day of the inspection. A complaint made by a respite resident's representative in relation to this behaviour from February 2016 was made available to the inspector which outlined the 'negative impact' the behaviour was having on the 'quality of life' of other residents. Minutes from residents' meetings indicated discussions by residents in relation to broken sleep due to this behaviour. A mealtime audit from November 2015 stated that the 'atmosphere was tense' and the environment was not pleasant, relaxed or conducive to eating due to this behaviour. The inspector concluded that the provider had failed to put adequate measures in place to ensure that each resident's privacy and dignity was respected. The provider was required to submit a detailed plan for managing this risk to residents within two days of the inspection. The first plan submitted to the Authority was deemed not to be sufficient. The second plan submitted was robust and clearly outlined sufficient measures to safeguard all residents.

The inspector observed that residents did not have free access to all areas of the centre. Access to the kitchen was restricted by keypad access and residents were unable to freely enter and exit this area. This was discussed with the person in charge who acknowledged this restriction and the associated negative impact on all residents in relation to their independence and choice. This restriction was not managed in line with the Authority's guidance.

Residents' personal communications were respected and residents had access to a telephone. The inspector observed that, when residents requested, support to use the telephone was provided promptly. A resident also had access to a personal mobile telephone.
There was a complaints policy dated July 2015. The policy was displayed prominently in the centre and information relating to the complaints process was included in the residents’ guide and the statement of purpose. The complaints policy identified the nominated complaints officer. An independent appeals process was also included.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The response to complaints was thorough, comprehensive and prompt. The outcome of the complaint was recorded on the complaints form. However, the satisfaction of the complainant was not recorded.

Residents were encouraged and facilitated to retain control over their own possessions. Adequate facilities were available for residents to do their own laundry if they so wished.

The person in charge confirmed that residents had easy access to personal monies. A transparent and robust system for the management of residents' finances was in place and an itemised record of the all transactions with the accompanying receipts was kept. However, the inspector saw and the person in charge confirmed that full support was provided to all residents in relation to finances. An assessment of each resident’s competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence.

Residents were facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to attend religious services in line with their wishes.

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:
A sample of residents' personal plans was reviewed by the inspector. The health, personal, social care and support needs of the resident were assessed annually. The assessment formed the basis of a personal plan. A personal plan had been developed for each resident. The personal plan outlined residents' needs in many areas including health care, communication, personal care and personal support network. The resident and representatives were consulted with and participated in the development of the personal plan. However, the person in charge confirmed that the personal plan was made available to each resident in an accessible format in line with their needs.

An assessment of each resident's health care needs was completed annually. The personal plan contained information in relation to each resident's health care needs. Plans had been developed to guide staff in relation to pain, nutrition and hydration. However, care plans were not developed for all residents' assessed health care needs including skin integrity, falls prevention, osteoporosis, constipation, mental health and epilepsy.

Goals and objectives were outlined in some but not all personal plans. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. However, it was identified that goals were based on a resident's individual wishes and did not take into account assessed needs. Therefore, goals were not holistic and focussed on limited aspects of the resident's life. For example, one resident's goals had been suspended in March 2016 due to other ongoing issues and a 'weekly social outing' and 'monthly disco' were listed as goals for three personal plans reviewed. In addition, the person responsible for supporting the resident in pursuing these goals and the timeframe was not always clearly identified.

The person in charge outlined that the personal plan was subject to a review on an annual basis or more frequently if circumstances change. However, the inspector noted two personal plans which had not been reviewed since October 2014.

The inspector saw evidence that the review was carried out with the maximum participation of the resident and their representatives. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the personal plans and amendments were made as appropriate. However, the inspector saw and the person in charge confirmed that the review of the personal plan was not multidisciplinary.

A booklet was available to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

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

Theme:
Effective Services

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

Findings:
The design and layout of the centre was in line with the centre's statement of purpose. However, a recent report indicated that adaptations were required in sanitary facilities to meet the residents' changing needs.

The centre was a single storey building located in a quiet cul de sac within walking distance from a large town. A day service and separate respite premises were located within the same grounds. Ample parking was provided at the entrance to the premises. Pleasant outside space was provided which included an attractive seating area and walking area.

Four single and four twin bedrooms were provided. Two of the bedrooms were en-suite. The inspector noted that bedrooms personalised with the residents' choice of soft furnishings, photographs of family and friends and personal memorabilia. Storage space was provided for residents' personal use but was limited. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including a large living-dining area and a smaller quiet room. The bedrooms and communal space were of a suitable size and layout for the needs of residents. However, the inspector noted that the smaller quiet room was also used for storage of moving and handling equipment.

There was an adequate number of sanitary facilities provided throughout. There were two en-suite shower rooms which contained a toilet, sink and shower. Three shower rooms were also provided which were shared by the residents. However, the person in charge outlined that an assessment had been completed by an occupational therapist from March 2016 in relation to the suitability of the centre in line with residents' assessed needs. The first draft of the recommendations was made available to the inspector. Issues were identified in relation to the design and layout of sanitary facilities. The width of one shower in the first bathroom was not sufficient and no grab rails were in place in the shower area. The layout of the second bathroom was not adequate to ensure that two staff could safely assist residents to transfer from the toilet and no grab rails were in place in the shower area. A second grab rail was required on the wall over the bath in the third bathroom. No grab rails were provided in the en-suite sanitary facilities and steps in the shower required removal to meet the changing profiles of residents. The inspector noted that some residents were assessed to be at a moderate or high risk of falls and required the use of mobility aids or assistance to mobilise and...
transfer. The inspector concluded that, due to the assessed risk of falls and the potential major impact of a fall, the risk rating for falls would be major.

The centre was clean, suitably decorated and well maintained. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of clinical waste.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Effective Services

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

**Findings:**
There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy.

The inspector reviewed the risk register and saw that a number of centre specific risks had been included. The risks identified specifically in the Regulations were included in the risk register. However, some risks in the centre had not been assessed including infectious diseases and unrestricted access to chemicals. In addition, the risk register was not kept under continual review and the due date for review had passed for review of all risks included in the risk register. The due date was identified as July 2015 for the majority of risks in the risk register.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented.
Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in June 2015. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. The fire panel and emergency lighting were serviced on a quarterly basis. Records of daily, weekly and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure. However, the inspector noted gaps in the weekly checks whereby no checks were completed on the week commencing 11 January 2016, 8 February 2016 and 22 February 2016.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire and the training matrix made available confirmed that all staff had received mandatory fire training. Fire drills took place on a regular basis and a record was to be maintained of the duration, day/night scenario, participants and any issues identified. However, for one drill completed in April 2016, the record did not outline the number of residents who participated and whether the drill simulated a day or night time scenario.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated monthly and in line with resident's changing needs.

Procedures were also in place for the prevention and control of infection. The centre was visibly clean. Hand sanitising and washing facilities were provided for residents, staff and visitors. The inspector observed staff prompting and encouraging residents to carry out hand hygiene regularly. Staff confirmed that personal protective equipment such as gloves, aprons and alginate bags were available. However, the inspector saw that a hand-washing sink was not installed in the laundry room.

Suitable moving and handling equipment was provided and serviced regularly, in line with the manufacturer's recommendations.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

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

Findings:
There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in April 2015. The policy identified the designated safeguarding officer. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse.

The intimate care policy outlined how residents and staff were protected. Each resident had an intimate care plan which was reviewed on a regular basis. The plan outlined in detail the supports required and resident's preference in relation to the staff delivering personal care.

Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they would talk to the person in charge if they needed to report any concerns of abuse. However, training records indicated that there was no date of training recorded for five staff members in relation to responding to incidents, suspicions or allegations of abuse and this was confirmed with members of the management team.

The provider and person in charge confirmed that they monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented and staff stated that there was an open culture of reporting within the organisation.

The person in charge confirmed that there had not been any incidents, allegations and suspicions of abuse since the commencement of the Regulations. The person in charge demonstrated knowledge in relation to the appropriate investigation and management of incidents, allegations or suspicions of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques. However, the training matrix indicated that there was no date of training recorded for two staff members and this was confirmed with members of the management team.

The inspector reviewed a plan to support a resident with behaviour that challenges and spoke with staff. The inspector noted that the plan had been developed with specialist input and that proactive and reactive strategies were outlined. However, the date of development or review of the plan was not recorded.

A policy in relation to restrictive practices was in place. Chemical restraint was prescribed and was seen to have been administered on 11 occasions in March 2016.
However, the documentation made available to the inspector did not demonstrate that the use of chemical restraint was in line with evidence based practice. The documentation did not record if less restrictive alternatives were considered, the clear rationale for the use of the restrictive practice and the associated monitoring.

**Judgment:**
Non Compliant - Moderate

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Residents’ healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that their treatment was recommended and agreed by residents, this treatment was facilitated. Residents’ right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, occupational therapy, speech and language, dietician and dental.

The inspector reviewed a sample of residents' records and saw that a plan had not been developed to capture each resident’s wishes in relation to care at times of illness or end of life. Therefore, information would not be available to guide staff in meeting all residents’ needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents were encouraged to be active through walking and exercise classes.

Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions. The advice of dieticians and speech and language therapists were
Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents’ needs was available in an easy read format.

**Judgment:**
Substantially 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:**
Medicines for residents were supplied by local community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. However, the person in charge outlined that a number of residents had expressed a wish to change their pharmacist but this had not been facilitated to change pharmacist by the provider.

There was a medicines management policy dated June 2014. Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely.

A sample of medication prescription and administration records was reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector observed unsafe practices where a resident was administered medicines even though there was no prescription in the centre at the time to ensure that these medicines were administered as prescribed. In addition, a medication administration record was not complete as the inspector noted a total of 6 gaps on one medication administration record where medicines were due to be administered and no reason recorded for non-administration.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.
The person in charge confirmed that medicines requiring additional controls were not in use at the time of the inspection. The inspector observed that a robust system was in place for the management of these medicines in line with regulatory requirements. Medicines requiring refrigeration were in use at the time of the inspection. However, the inspector noted that the maximum temperature noted on the refrigerator thermometer was above the recommended range for the storage of these medicines which may cause these medicines to be ineffective.

A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

**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:**
There were systems in place to monitor the quality of care and experience of residents. The inspector saw that a number of audits had been completed in 2014 and 2015 relating the intimate care, hand hygiene, bedrooms, privacy and mealtimes. However, there were no action plans emanating from this audit to demonstrate that measures had been put in place to address the deficiencies identified and the audits had not been repeated.

The person nominated by the provider outlined to the inspector that she had completed two unannounced visits to the centre in the past year and records of these visits were maintained. However, the record did not demonstrate that residents had been consulted during these visits. In addition, the record was not sufficient in guiding the provider on the quality and safety of care that residents received at this centre. Furthermore, it was confirmed to the inspector by the provider nominee that an annual review of the service had not been completed in 2015.
There was a clearly defined management structure that identified the lines of authority and accountability. The inspector concluded that the centre was managed by a suitably qualified, skilled and experienced person. The person in charge was a registered nurse in intellectual disabilities and had many years' experience of supporting adults with an intellectual disability. The post of the person in charge was full time. The person in charge was committed to providing support that was individualised. The residents with whom the inspector spoke were very complimentary of the person in charge and said that they found her to be approachable and effective. However, the inspector concluded that inadequate systems were in place to ensure that the person in charge had sufficient authority, accountability and responsibility for the service. The person in charge outlined that she was also person in charge of two other centres and had responsibility for a nearby day service. The person in charge described that she was based in this centre and visited the other centres outside her normal working hours. The person in charge confirmed that she was not supernumery on the roster and, as a result, was finding it difficult to meet the requirements of the person in charge role.

The inspector concluded, based on the findings of this report that the management systems at the time of the inspection did not support and promote the delivery of safe and effective services. There were significant failings in a number of key areas which were impacting on the care and support provided to residents especially in relation to safeguarding. The lack of oversight had led to unsafe practices in relation to medicines management and inadequate personal planning processes.

**Judgment:**
Non Compliant - Major

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**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 planned and actual staff roster in place which showed the staff on duty during the day and at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The person in charge confirmed that agency staff were on duty at the time of the
inspection and regular staff were on duty with agency staff to provide continuity.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the policy made available to the inspector. Documentary evidence of up to date registration with the relevant professional body was available for nursing staff.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff meetings were held every four months and the inspector saw the minutes of the most recent staff meeting in February 2016. Items discussed included policies, training, advocacy, complaints, fire safety and an update on each resident.

The person in charge outlined that there was a system of training for staff that covered mandatory and essential training. However, the training matrix indicated that manual handling training had not been recorded as completed for two staff members.

The inspector saw evidence that confirmation was obtained for agency staff that mandatory training, vetting and references had been completed.

Judgment:
Substantially Compliant

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:
Only the area relating to the relevant records and documentation required under the outcomes examined on this inspection were considered. The medicines management policy required review as it did not cover inhaled or topical medicines which were
prescribed and administered on the day of inspection.

**Judgment:**
Substantially Compliant

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**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by COPE Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003294</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 April 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>8 June 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have free access to all parts of the centre.

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
All doors are now unlocked to give all residents free access to all parts of the centre, including kitchen area. A risk assessment will be completed to ensure that all measures and controls are put in place to minimise risk of harm to any resident, staff or visitors. The locks will be permanently removed once this is completed.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

Screening was not provided in shared bedrooms.

Personal space was limited in shared bedrooms.

The measures put in place to promote the resident's privacy and dignity during personal care were not outlined in intimate care plans.

2. 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:
A requisition for funding of a fixed, permanent screen for the bedroom where full-time residents are sharing bedrooms in being submitted.

The remaining two double bedrooms do not always have a second person sharing and when the second beds are occupied they will be able to avail of the mobile screen will be used to allow for adequate privacy and dignity for residents.

All intimate care plans will be reviewed to ensure that measures are in place to promote each residents privacy and dignity during personal care.

Proposed Timescale: 31/08/2016
Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An assessment of each resident's competency in relation to finances had not been completed to identify measures that could be put in place to promote financial independence.

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:
The person in charge and staff members will complete an assessment process with the residents and their families/advocates to support each resident’s unique level of ability in relation to their finances. This assessment process will begin shortly.

Proposed Timescale: 31/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The satisfaction of the complainant was not recorded on the complaints form.

4. 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:
At a staff meeting on 03/6/16 the person in charge informed all staff that the outcome of all complaints must be recorded in the complaints log in accordance with regulations.

Proposed Timescale: 08/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plan was not available to the resident in an accessible format.
5. **Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**
The personal plans are being reviewed. In consultation with the resident and/or representative the person in charge will ensure that all personal plans are developed in an accessible format.

**Proposed Timescale:** 31/08/2016  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The names of those responsible for pursuing objectives in the plan within agreed timescales were not outlined.

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

**Please state the actions you have taken or are planning to take:**
A plan will be put in place to ensure that the names of those responsible for pursuing objectives in all resident’s personal plans are agreed and that the timescales are clearly outlined within personal plan in an accessible format.

**Proposed Timescale:** 31/08/2016  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Goals were not holistic and focused on limited aspects of the resident's life. Therefore residents' personal development was not maximised.

7. **Action Required:**
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.
Please state the actions you have taken or are planning to take:
Personal plans will be reviewed to ensure that all goals are holistic and focus on the assessed needs of the residents. This will be carried out in collaboration with residents and/or their representative.

Proposed Timescale: 31/08/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two personal plans had not been reviewed since October 2014.

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

Please state the actions you have taken or are planning to take:
The review will ensure the implementation, development and review of all individual person plans displaying a multi-disciplinary approach to care.

Proposed Timescale: 31/08/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multidisciplinary.

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

Please state the actions you have taken or are planning to take:
The review will ensure the implementation, development and review of all individuals personal plans display a multi-disciplinary approach to care.

Proposed Timescale: 31/08/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not developed for all residents' assessed health care needs.
10. **Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
The person in charge will ensure that all personal plans are developed and implemented to show the residents assessed health care needs. All residents will have an annual Health assessment carried out and plans developed from individual needs.

**Proposed Timescale:** 31/08/2016

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**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 quiet room was used for storage of equipment.

11. **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:
All moving and handling equipment has been removed from the small sitting room and this room is now accessible to all residents as a quiet / visitors room.

**Proposed Timescale:** 08/06/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adaptations were required in sanitary facilities to meet the residents' changing needs, in line with a report from an occupational therapist.

12. **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:
The three communal bathrooms and 2 en-suites require extensive updating and recommendations made by OT have been received. A phased plan of works includes replacing grab rails, shower trays and moving WC's.
The first phase is to provide grab rails to two communal bathrooms and provide improved access to a bath and shower for residents. The works on these two bathrooms will be completed by 30/09/2016 and all residents will be able to access these bathrooms.

The third communal bathroom requires moving WC and sink, which requires extensive re-modelling works. The two En suite bathrooms also require extensive works which may include building work. The WC in the en-suites are accessible and are being used by the residents in these bedrooms, however the showers are not being used at present.

The total cost of all the extensive adaptations is €11,800 inc VAT in total and will take 5 weeks to complete. Application for this funding is being made to the funding body.

**Proposed Timescale:** 30/09/2016

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### 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:
Some risks in the centre had not been assessed.

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

Please state the actions you have taken or are planning to take:
A plan will be put in place to ensure the risk register will be reviewed regularly and as necessary to identify hazards and assess risks throughout the centre.

**Proposed Timescale:** 31/07/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register was not kept under continual review and the due date for review had passed for review of all risks included in the risk register.

**14. 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.
<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
<th>A plan will be put in place to ensure that risk register is regularly reviewed as required and a system for responding to emergencies is developed.</th>
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<tbody>
<tr>
<td><strong>Proposed Timescale:</strong></td>
<td><strong>31/07/2016</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>Effective Services</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A hand-washing sink was not installed in the laundry room.

**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:**
A hand-washing sink will be installed in the laundry room

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<th><strong>Proposed Timescale:</strong></th>
<th><strong>30/06/2016</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Effective Services</td>
</tr>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Gaps were noted in the weekly fire checks.

**16. Action Required:**
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
A plan will be put in place to ensure that adequate arrangements are in place for reviewing fire evacuations. This will be carried out through audit with relevant action plans put in place to address actions required.

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<tr>
<th><strong>Proposed Timescale:</strong></th>
<th><strong>08/06/2016</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A fire drill record did not outline the number of residents who participated and whether the drill simulated a day or night time scenario.
17. **Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
All staff have been informed of the requirements in relation to recording of fire drills and evacuation.

**Proposed Timescale:** 08/06/2016

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The there was no date of training recorded for two staff members in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

**Please state the actions you have taken or are planning to take:**
The person in charge will liaise with positive behavioural support team and organise a training date for staff.

**Proposed Timescale:** 30/09/2016

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The date of development or review of the positive behaviour support plan was not recorded.

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

**Please state the actions you have taken or are planning to take:**
The person in charge will ensure that all Positive Behaviour Support Plans are reviewed and that all documentation including dates of development and reviews and clearly outlined.
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<thead>
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<th>Proposed Timescale: 30/06/2016</th>
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<tr>
<td><strong>Theme:</strong> Safe Services</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Documentation did not demonstrate that the use of chemical restraint was in line with evidence based practice.

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

**Please state the actions you have taken or are planning to take:**
The person in charge will ensure that relevant documentation (PRN Administration protocol) is carried out.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no date of training recorded for five staff members in relation to responding to incidents, suspicions or allegations of abuse.

**21. Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
All staff members have completed training in relation to responding to incidents, suspicions or allegations of abuse.

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<thead>
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<th>Proposed Timescale: 08/06/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
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</table>

**Outcome 11. Healthcare Needs**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A plan had not been developed to capture each resident's wishes in relation to care at times of illness or end of life.
22. **Action Required:**
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

**Please state the actions you have taken or are planning to take:**
A plan will be developed to capture each resident's wishes, and their families, in relation to care at times of illness or end of life at the appropriate time; this will be reflected in their person centred plan.

**Proposed Timescale:** 31/08/2016

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### Outcome 12. Medication Management

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A number of residents had expressed a wish to change their pharmacist but this had not been facilitated.

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

**Please state the actions you have taken or are planning to take:**
Choice of pharmacy for each resident will be established when personal plans are being reviewed.

**Proposed Timescale:** 31/08/2016

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**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medicines were administered even though there was no prescription available in the centre.

A total of 6 gaps were noted on one medication administration record where medicines were due to be administered and no reason was recorded.

**24. 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:
The person in charge will ensure that staff members responsible for administration of medication correctly record the administration of medication in line with the current policy. The person in charge will review and audit the records on a regular basis.

Proposed Timescale: 30/06/2016
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum temperature noted on the refrigerator thermometer was above the recommended range for the storage of medicines requiring refrigeration.

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

Please state the actions you have taken or are planning to take:
The person in charge will ensure that a record is kept of the refrigerator temperatures to ensure medications are stored between 2 degrees and 8 degrees Celsius. Any records outside of this range will be reported to maintenance.

Proposed Timescale: 08/06/2016

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inadequate systems were in place to ensure that the person in charge had sufficient authority, accountability and responsibility for the service.

26. Action Required:
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:
The Provider nominee conducted an unannounced visit on 04-05-16 and residents were consulted during this visit. The Report includes an action plan to address any concerns.
identified in the visit. The Provider Nominee will put systems in place to ensure that the person in charge is given support through regular meetings and visits to the Centre.

In addition the Provider Nominee is arranging for the PIC to be supernumerary to support her going forward to carry out her duties.

The provider has nominated a person with sufficient experience to carry out an annual review of the quality and safety of care and support in the centre.

**Proposed Timescale:** 30/06/2016  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The record of the unannounced visits did not demonstrate that residents had been consulted during these visits and the record was not sufficient in guiding the provider on the quality and safety of care that residents received at this centre.

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

**Please state the actions you have taken or are planning to take:**  
The provider nominee will ensure that residents are consulted as part of the unannounced visits to the centre in accordance with Regulation 23 (2) (a).

**Proposed Timescale:** 08/06/2016  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
No audits had been completed in 2016. Action plans did not emanate from audits to demonstrate that measures had been put in place to address the deficiencies identified and audits had not been repeated.

**28. 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:**  
The person in charge will ensure that regular audits are carried out within the centre.
Proposed Timescale: 31/07/2016  
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 service had not been completed in 2015.

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

Please state the actions you have taken or are planning to take:  
An annual of the service is scheduled to be completed in June by a nominated person with experience in this area.

Proposed Timescale: 30/06/2016  
Theme: Leadership, Governance and Management  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
A system of formal appraisals and performance management was not in place.

30. Action Required:  
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:  
The person in charge will ensure that the organisation’s Performance Management system of formal appraisal is completed in a timely fashion.

Proposed Timescale: 31/08/2016  

Outcome 17: Workforce  
Theme: Responsive Workforce  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
The training matrix indicated that manual handling training had not been recorded as completed for two staff members.
<table>
<thead>
<tr>
<th>31. <strong>Action Required:</strong></th>
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<tbody>
<tr>
<td>Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</td>
</tr>
</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
The person in charge will review all staff training and update records with HR.

**Proposed Timescale:** 31/08/2016

<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The medicines management policy required review as it did not cover inhaled or topical medicines which were prescribed and administered on the day of inspection.

<table>
<thead>
<tr>
<th>32. <strong>Action Required:</strong></th>
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<tbody>
<tr>
<td>Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.</td>
</tr>
</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
The organisations’ Drug Administration Policy is being reviewed at present. The review will include procedures for inhaled and topical medicines as requested.

**Proposed Timescale:** 30/09/2016