

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City South 3
Centre ID:	OSV-0003311
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Bernadette O'Sullivan
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 September 2016 10:15	12 September 2016 18:15
13 September 2016 09:45	13 September 2016 14:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection carried out to monitor compliance with the regulations and standards.

How evidence was gathered:

As part of the inspection, the inspector met with 27 of the 29 residents who were residing in the centre on the days of inspection. The majority of residents were able to verbally express their views of the service provided. Residents views were also expressed in the manner of their behaviour and general demeanor. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the last inspection in February 2014, eight residents moved into two vacant houses that were part of this registered centre.

The inspector spoke with staff who shared their views on the care provided, spoke of aspects of the service which worked well and areas which could be improved. The inspector spoke with the team leader and gained an insight into her role in the operation of the centre. In particular her role in attending to the healthcare of all 29 full time residents in addition to approximately 30 respite residents and 40 residents in three other centres.

The inspector met with the person in charge and gained an understanding of her role, her impact on the centre and the challenges she faced in keeping abreast of her responsibilities.

The provider nominee, who was also the director of nursing, made herself available throughout the inspection and was present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as having the objective to 'empower residents to lead as full and independent life as possible'. It aimed to achieve this by 'creating a homely and personalised environment'. Accommodation was in two-storey and single-storey semi detached houses. Between four and six residents occupied each house. Each house had a sitting room, kitchen, dining cum sitting room, single occupancy bedrooms, adapted sanitary facilities and laundry facilities.

The service catered for a wide range of intellectual disability. Some residents were very independent while others needed constant supervision. Some residents had significant physical needs and the centre was able to accommodate such needs. Some residents had a dual diagnosis of intellectual disability and mental health issues. The centre had facilities to cater for residents whose behaviours were challenging.

The service was available to both male and female residents. In addition to the 29 residents who lived in the centre, up to 30 other residents availed of respite care. One bed was assigned for full time respite and the bedrooms of those who went home at the weekend were regularly used to facilitate respite arrangements.

Many of the residents were out and about daily. Several attended a day service from Monday to Friday. Eight of the residents required, and were provided with, full time nursing care. These residents were provided with activities in house. However, they had limited access to outside activities and limited access to transport.

Overall judgement of our findings:

The inspector noted the pleasant, good humoured atmosphere in the houses. Care was flexible, professional and person centered. Accommodation was of a high standard and the premises were well maintained. Equipment provided was appropriate and was a good standard. Residents who were independent or semi-independent enjoyed a good quality of life. However, those residents who were less independent had limited access to activities, limited access to the outdoors and limited access to transport.

Risk assessments were completed. However, they were not regularly reviewed, not always accurately assessed and some documentation was incomplete.

The food provided was nutritious and sufficient in quantity. However, there was little or no choice offered for the main meal of the day to the eight residents who did not access day services.

Staff appraisals were not completed, there were gaps in staff training and personal care plan goals were not always achieved.

The person in charge was also person in charge for three other centres. The total number of residents for whom she had responsibilities was 100. These 100 residents were accommodated in 12 different houses in four different locations throughout Cork city and its suburbs. The office of the person in charge was in the day services. Approximately 70 staff reported to the person in charge.

A team leader was in place who deputised for the person in charge; however, the team leader already had a large caseload and had limited time available to her to assist the person in charge with her managerial duties.

The person in charge was competent, experienced and had a good knowledge of residents. However, the inspector was not satisfied that the governance arrangements, namely the workload responsibilities, were safe or satisfactory. This was brought to the provider's attention in January 2016 when one of the provider's other centres was inspected. Minimal change took place in the interim to address the unsatisfactory Governance and Management arrangements.

Improvements were identified as being required under Outcome 5 (Social Care Needs), Outcome 7 (Health and Safety and Risk Management), Outcome 8 (Safeguarding and Safety), Outcome 11 (Healthcare Needs), Outcome 14 (Governance and Management) and Outcome 17 (Workforce).

These findings are outlined under each outcome in the report.

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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, residents' wellbeing and welfare was maintained by a good standard of care and support. Residents had good assessments which were wide ranging. Assessments had multidisciplinary input. Residents had personal plans. However, it was not demonstrated that families were invited to participate in the development of personal plans (if this was in line with the resident's wishes). The team leader explained to the inspector that the process of care planning was changing with a greater emphasis on information gathering and involving resident families as appropriate. Progress on this was slow.

The supports required to ensure residents achieve their goals were not specified. For example, plans did not state which staff was responsible, what transport arrangements were available, or what other supports the resident needed to achieve their goal. The goals set out in the plans examined were easy to understand. However, these goals were not always achieved. For example the goals for one resident with complex needs were to;

- * go to a restaurant once a week
- * get more active and take regular walks in the park
- * visit the pond and feed the ducks.

Records were maintained as to when these activities took place. These records indicated the resident had not been to a restaurant for over a month, had not been for a walk in over two weeks and there was no record of the resident having fed the ducks. Staff were aware and concerned that these goals had not been achieved. However, there was no process in place to identify the barriers to achieving the goals and no process to escalate the situation. The workload and accompanying responsibilities of the person in charge were such that matters such as this were not adequately attended to.

Residents' health, personal and social care and support needs were assessed before admission. For example, eight residents transferred last year from another facility. Arrangements were made for staff to transfer with the residents for a number of weeks or in some instances staff transferred full time. Depending on the assessed needs, care packages were arranged to address those needs. However, there was a lack of transparency in the package of care that was to be provided to them. It was unclear whether this was due to inadequate assessment prior to transfer or whether there were other reasons why social care provision was inadequate. For example;

- * one resident transferred in anticipation of continuing with regular access to the swimming pool but access to the pool was not regular. This was an activity which benefited the resident physically and one which they enjoyed..

- * another resident transferred with anticipation of having regular access to the outdoors; however, access to the outdoors in the new centre was restricted due to staffing levels and safety issues

- * residents had easy access to transport in their previous facility; however, no transport vehicle was assigned to the new centre.

Facilities to call a taxi were restricted due to limited access to wheelchair accessible taxis, constraints around the times taxis were available and lack of trained staff to accompany residents. To facilitate the resident's swimming, the person in charge occasionally assumed nurse duties in the house, to allow the nurse on duty travel to the swimming pool with the resident. This demonstrated the cognisance and commitment shown by staff and the person in charge to support residents with their activities; however, it was an unsatisfactory arrangement. As discussed further under Outcome 14, the person in charge already had commitments over and above what she was able to fulfil.

Residents who attended day services and were semi-independent, had a varied and interesting social life. They met friends, went bowling, visited the library, went to the cinema, enjoyed baking, attended art classes and visited restaurants. In particular, residents enjoyed the social club which they regularly attended.

A number of residents regularly visited their family home at weekends and stayed overnight for one or two nights. While these residents were away, their bedrooms were occupied by residents availing of respite services. The inspector spoke with a number of residents whose bedrooms were used for the purpose of respite care. None expressed displeasure with these arrangements. The inspector was informed if residents were unhappy with this arrangement their bedroom would not be used for respite care. The inspector was aware of one such incident and was satisfied that the resident's expressed wish in relation to the use of their bedroom was respected.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There were generally good procedures in place for the prevention and control of infection, albeit not all staff had received hand hygiene training. There were arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. Staff were trained in moving and handling of residents where required.

There was a system in place to identify specific hazards relating to the centre. However, the process for undertaking risk assessments required improvement. In particular, the calculation of whether a hazard was at a high, medium or low risk was not always accurate, which in turn affected the priority given to specific risks. Risks were not reviewed on a timely basis and in some instances the documentation was incomplete.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were measures in place to safeguard residents and protect them from abuse. There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff with whom the inspector met knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Most staff had received training in understanding abuse especially as it pertains to adults with a disability. However, in a few instances staff training was not inputted into the training matrix. It was unclear when these staff members commenced work and whether or not they had received training.

Residents in the centre stated they felt safe. Staff members were seen to treat residents with respect and warmth. The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. However, there was scope to strengthen this. Due to competing demands from other centres, the person in charge was not available to staff or available on site to supervise staff on a consistent basis. The person in charge did visit the centre each Friday and at any other times as the need arose. The person in charge spoke with day and night staff by phone on a daily basis.

Any incidents, allegations, suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts are made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Specialist therapeutic interventions were implemented through support from the behaviour support specialists. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was monitored to prevent its overuse. However, the perimeter of the garden area was not secure and to ensure safety, keypads were placed on doors. These keypads did restrict some residents access to the outdoors.

The use of medication to manage behaviour that challenged was monitored. Not all staff were recorded as having had training in the use and implications of restrictive procedures.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The team leader took a lead role in monitoring health care provision. She monitored and checked the delivery of all medication, she followed up on prescriptions, organised and attended specialist appointments with residents, met with the general practitioner (GP) on a weekly basis to review residents, ensure blood tests were carried out as required. In addition she was responsible for leading on the revised care planning process.

Residents' health care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' health needs were assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their diverse care needs. Residents were supported by a visiting consultant psychiatrist and a consultant neurologist in a neurology outreach clinic. Referrals and reports were maintained in residents' files.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. End-of-life care was provided in a manner that met the needs of the resident and in line with best practice.

The service had a hospital communication 'passport' for each resident. This 'passport' included information about the resident so that hospital staff were aware of any relevant healthcare information, how the resident communicated and their likes/dislikes. There was also a section at the back of the 'passport' that could be updated after each admission so that a comprehensive history of the resident's admissions to hospital was available.

For the majority of residents, meals during the week were provided by the day service and prepared in the centre at weekends. Breakfast and tea was prepared in the centre and residents were involved in meal choices and preparing snacks and light meals for themselves. It was noted that many foods (such as meat and vegetables) were ordered in bulk from the central stores. Staff told inspectors that ingredients for snacks and light meals were frequently bought by residents themselves in the local shop with staff support.

Eight residents did not attend day services. One resident was not receiving anything by mouth as they were fed by a tube. The other seven residents had the main meal of the day delivered to them. A choice of main course was available; however, all residents had to choose the same dish. There was no clear explanation for this absence of choice. Staff prepared food for the resident if they did not wish to eat what was offered.

Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. The inspector saw the evening meal being a positive social event.

Residents were supported to prepare their own meals as appropriate to their ability and preference. The advice of dieticians and other specialists was implemented in accordance with each residents personal plan. For example, one resident received specialist support in relation to their nutrition via a stomach tube.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. Staff and residents had access to a nurse prescriber who was also the person in charge.

A system was in place for reviewing and monitoring safe medication management practices. This included a monthly audit carried out by the person in charge or the team leader. It was led by the director of nursing who organised cross monitoring of centres, whereby the person in charge of one centre monitored a centre other than their own and vice versa.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The person in charge was appointed as a person in charge of three designated centres and one non designated centre. The resident occupancy at any one time, in the designated centres, was 63. Approximately one quarter of the 63 residents required full time nursing care. Many had complex physical and mental health issues. In addition to the 63 residents, approximately another 30 residents availed of respite services in these centres throughout the year. The occupancy numbers in the non designated centre, where residents were generally independent, was six. In total the person in charge had direct responsibility for the provision of care to 100 residents, located in 12 different houses, in several locations around Cork City. Over 70 staff reported to the person in charge.

There was a designated person assigned to assist the person in charge with her management duties; however, this person had responsibility for the oversight of the healthcare of all residents using the centres services amongst other responsibilities. The inspector was not satisfied that the person in charge was in a position to ensure the effective governance, operational management and administration of the designated centres concerned.

Staff identified the limited managerial oversight as a shortcoming in the governance of the centre. It was clear the person in charge was accessible by email and phone but had little time to spend on site. Staff identified the need to build a 'solid team' and stated there should 'be a manager on site' and that the person in charge was 'not able to spend sufficient time in the centre'.

Despite the person in charge's commitment to her duties significant deficits were noted. These included;

- * deficits in the personal plan reviews to adequately assess the effectiveness of each plan
- * deficits in the process to identify the barriers to achieving residents' goals
- * deficits in the process to escalate the barriers to senior management
- * a lack of structured day programmes for some residents, in particular those who transferred in 2015 from another centre
- * the person in charge occasionally assuming nurse duties in a house, to allow the nurse on duty travel to the swimming pool or other activity with the resident
- * inadequacy in the systems in place for the assessment, management and ongoing review of risk. For example; risk review dates had expired, documentation around risk

was incomplete and the calculation of the measure of risk was inaccurate

- * staff training records not readily accessible to the person in charge. These were maintained in a central office and forwarded to the inspector post inspection
- * need for increased staff supervision, mentoring and guidance
- * need for more frequent staff meetings to illicit staff concerns, identify areas for improvement and provide staff support and guidance
- * limited time spent on site by the person in charge. The person in charge's office was not based in the centre.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As previously mentioned, staffing arrangements at times limited residents' choice in relation to whether or not to participate in activities and options to pursue their individual interests. For example, swimming was an irregular activity due to the lack of available qualified staff to facilitate residents to go to the swimming pool.

Not all mandatory training or training required to meet residents' needs was completed as required by the Regulations. As previously mentioned, staff required training in relation to safeguarding, hand hygiene and fire safety.

Challenges arose due to a high staff turnover in the houses where residents required nursing care. This impacted on some residents' continuity of care and support.

The staff training matrix showed that not all staff had appropriate training, including refresher training, as part of a continuous professional development programme.

Staff supervision was impacted by the limited availability of the person in charge in the centre.

Judgment:

Non Compliant - Moderate

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:

Margaret O'Regan
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-0003311
Date of Inspection:	12 and 13 September 2016
Date of response:	18 November 2016

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 05: Social Care Needs

Theme: Effective Services

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

Arrangements in place to meet the assessed needs of each resident were not adequate. Records viewed confirmed specific goals were not achieved. No documentation was available to show the barriers to achieving these goals or how the matter was escalated.

1. Action Required:

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

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

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

A schedule of reviews will be created for all personal plans. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative. The residents' wishes will be ascertained in as far as is practical with regard to the nature of his or her disability.

In future plans will state which staff is responsible, what transport arrangements will be required, or what other supports the resident will need to achieve their goal.

Documentation will be in place to ensure there is regular audit of individual's goals.

Proposed Timescale: Schedule of reviews by 31/12/2016.

Reviews will be completed by 31/05/2017

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

It was not demonstrated that families were invited to participate in the development of personal plans (if this was in line with the resident's wishes).

2. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

A schedule of reviews will be created for all personal plans. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative. The residents' wishes will be ascertained in as far as is practical with regard to the nature of his or her disability.

Proposed Timescale: Schedule of reviews by 31/12/2016.

Reviews will be completed by 31/05/2017

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Personal plan reviews did not adequately assess the effectiveness of each plan. For

example, a resident's goals to be more active and get out and about had not been achieved. No review had taken place to assess how effective this plan was.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A schedule of reviews will be created for all personal plans. The review will be conducted in a manner that ensures the maximum participation of each resident and where appropriate his or her representative. The effectiveness of each plan will be discussed; residents' wishes will be ascertained in as far as is practical with regard to the nature of his or her disability.

Proposed Timescale: Schedule of reviews by 31/12/2016.
Reviews will be completed by 31/05/2017

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Residents were discharged to this centre from another designated centre. However, there was a lack of transparency in the package of care that was to be provided to them. For example;

- * one resident transferred in anticipation of continuing with regular access to the swimming pool but access to the pool was not regular
- * another resident transferred with anticipation of having regular access to the outdoors; however, access to the outdoors in the new centre was restricted due to staffing levels and safety issues
- * resident had easy access to transport in their previous facility; however, no transport vehicle was assigned to the new centre.

4. Action Required:

Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre on the basis of transparent criteria in accordance with the statement of purpose.

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

In future residents discharged from another designated centre to this centre will be discharged on the basis of transparent criteria in accordance with the statement of purpose.

Proposed Timescale: Complete

Proposed Timescale: 18/11/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were inadequate systems in place in the designated centre for the assessment, management and ongoing review of risk. For example;

- * risk review dates had expired
- * documentation around risk was incomplete
- * the calculation of the measure of risk was inaccurate.

5. 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:

A system will be put in place to respond to any risks that are identified. Risks that are identified will be assessed and accurately rated as low, medium or high risk and controls put in place to manage the risk. The system will include how emergencies will be responded to. A review of the risk register at the designated centre will commence on 10/11/2016

Proposed Timescale: 11/12/2016

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:

Not all staff were recorded as having received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

6. 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:

PIC will ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. This training has already commenced.

Proposed Timescale: 04/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Each resident was not provided with adequate choice at mealtimes.

7. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

The provider will review with the catering manager choices offered at the designated centre. The provider will ensure that choices are provided at mealtime, this will be in place by 05/12/2016

Proposed Timescale: 05/12/2016

Proposed Timescale: 05/12/2016

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:

The person in charge was appointed as a person in charge of three designated centres and one non designated centre. In total the person in charge had direct responsibility for the provision of care to 100 residents, located in 12 different houses, in several locations around Cork City with a staff of over 70 reporting to her. The inspector was not satisfied that the person in charge was in a position to ensure the effective governance, operational management and administration of the designated centres concerned.

8. 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 remit of the PIC is being reviewed. The Provider acknowledges the large remit of

the PIC, there will be a PIC appointed solely to the designated centre. The recruitment of the PIC has begun with the closing date for applications on 18/11/2016

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

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

9. 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 recruitment process for a PIC has begun, this will ensure that the PIC of the designated centre can 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

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

Ineffective arrangements were in place 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.

10. 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 PIC will ensure that staff have performance management reviews, this will support the staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Proposed Timescale: 22/01/2017

Theme: Leadership, Governance and Management

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

Staff were not adequately facilitated to raise concerns about the quality and safety of the care and support provided to residents. Staff meetings were infrequent and the time the person in charge was available in the centre was limited due to commitments in other centres.

11. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

A schedule of staff meetings will be drawn up by the PIC. Quality and safety of the care and support provided to residents will be included on the agenda of all staff meetings on a 2 monthly basis.

Proposed Timescale: To commence 02/12/2016

Proposed Timescale: 02/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing arrangement were such that the assessed needs of residents could not be always met. For example, swimming was an irregular activity due to the lack of available qualified staff to facilitate residents to go to the swimming pool.

12. 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:

PIC in conjunction with the provider nominee will conduct a review of the skill mix at designated centre. This will 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.

Proposed Timescale: 31/01/2017

Theme: Responsive Workforce

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

Challenges arose due to a high staff turnover in the houses where residents required nursing care. This impacted on some residents' continuity of care and support.

13. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

PIC in conjunction with the provider nominee will conduct a review of the skill mix at designated centre. This will 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. This will ensure continuity of care and support. The Provider in conjunction with Human Resources will review current staffing allocation at the designated centre.

Proposed Timescale: 31/01/2017

Theme: Responsive Workforce

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

Staff training matrix showed that not all staff had appropriate training, including refresher training, as part of a continuous professional development programme.

14. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff training will be reviewed and a plan put in place to ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. Hand hygiene and Fire Training courses will be booked and all staff trained.

Proposed Timescale: 31/12/2016

Theme: Responsive Workforce

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

Staff supervision was impacted by the limited availability of the person in charge in the

centre.

15. Action Required:

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

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

The reconfiguration of the designated centre will ensure that the PIC regularly spends time at the designated centre. This ensures effective governance and management resulting in appropriately supervision of staff.

Proposed Timescale: 31/12/2016