

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 7
Centre ID:	OSV-0003297
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Anna Broderick
Lead inspector:	Kieran Murphy
Support inspector(s):	Julie Hennessy
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 February 2017 09:30	13 February 2017 17:30
14 February 2017 08:30	14 February 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this centre by the Health Information and Quality Authority (HIQA). The current inspection was scheduled following an application by COPE Foundation to renew the registration of the centre.

Description of the service:

COPE Foundation provide a range of day, residential and respite services in Cork. The centre provided a home to 60 residents and was based in a congregated setting in a community on the north side of Cork city.

Accommodation was provided for residents in seven houses in an enclosed "campus style" environment. Four of the houses could accommodate eight residents; two other houses accommodating nine residents; and ten residents lived in the final house. Many of the residents had high support needs with some residents also having complex healthcare needs. Residents were being supported to achieve and enjoy the best possible health.

How we gathered the evidence:

Inspectors met with approximately 40 of the residents living in the centre. Inspectors also met with staff during the inspection and observed their interactions with the residents. In addition inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Four resident and seven family feedback forms were received by HIQA prior to the inspection with one of the families saying "we are very happy with the care provided".

Overall judgment of our findings:

There was some evidence of good practice. Due to the ageing profile of the residents a dementia care project had commenced in the centre as part of the "Innovating the Future" project. At the initial stage of the project all service users within the centre over the age of 35 years with a susceptibility to developing dementia had a "screening" carried out. Another aspect of the project was on-going education for staff and families.

Staff were very committed to improving the quality of life of residents. For example, some staff had come in their spare time to facilitate individualised activities for residents. In addition, staff knew each resident's individual needs and were seen to support residents in a respectful and dignified manner.

However, of the 18 outcomes inspected, five were at the level of major non-compliance:

Outcome 1: Residents rights, dignity and consultation

Residents had little freedom to exercise choice and control in their daily lives. Environmental restrictions were observed throughout the centre, including keypad access on the front door of each house, locked kitchen doors, many resident bedrooms and toilets locked during the day. There was no clear rationale for the use of these restrictions.

Outcome 5: Social care needs

A major non-compliance was identified as the designated centre did not meet the assessed needs of all residents. In addition, not all residents had a personal plan that was based on an assessment of their needs and reflected those needs. It was also found that the review of the personal plan did not meet the requirements of the regulations as it was not multidisciplinary.

Outcome 9: Notifications

It is a requirement that all serious adverse incidents were reported to HIQA within

three working days of the incident. However, this requirement was not being complied with.

Outcome 10: General Welfare and Development

As was found on the two previous inspection of this centre there was scope to extend the social, educational and community integration opportunities for residents, and particularly to provide a more individualised one-to-one social development program for residents.

Outcome 14: Governance

Due to the size and layout of this centre and the complexity of the healthcare needs of some residents, inspectors were not satisfied that oversight arrangements would ensure the effective governance, operational management and administration of the designated centre. In addition, there were repeat findings on this inspection which had been identified on the previous inspection in June 2016. This indicated that management systems were not effective to ensure the service was safe and appropriate to residents' needs.

In addition improvement was also required in relation to:

- the admission practices and policies were not transparent (outcome 4)
- the centre in general was well maintained. However, due to the numbers of residents living in each of the houses it was observed at times there was an increase in noise levels, particularly in the living room areas (outcome 6)
- the process for risk assessment (outcome 7)
- safeguarding plans did not provide clear guidance to staff around a specific issue of concern (outcome 8)
- ensuring appropriate behavioral and therapeutic support was available to all residents who need it (outcome 8)
- supporting residents' dietary needs, healthy living choices and to ensure healthcare plans clearly reflected information known by staff (outcome 11)
- the number and skill mix of staff required review to ensure that the social care needs of residents were being met (outcome 17)
- the management of healthcare records (outcome 18)

The reasons for these findings is 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):

No actions were required from the previous inspection.

Findings:

Residents had little freedom to exercise choice and control in their daily lives.

There was a COPE Foundation service policy on the use of restrictions entitled the "Protection of a person's human rights when considering the use of a restriction". This policy defined a restriction as "the limitation or control of any aspect of a person's life that is not typical for other valued members of society of the same age, gender and culture". While walking through the premises inspectors observed environmental restrictions that included keypad access on the front door of each house, locks on residents' wardrobes and presses and perspex glass covering the television in the living rooms of some houses.

It was also noted that many bedrooms doors were locked during the day, toilets in some of the houses were locked during the day and the kitchen door in each house was locked at all times. Staff were unclear as to the rationale for most of these restrictions and risk assessments was not always available in relation to restrictions on the residents' home environment. The outcome for residents was that there was little or no access to private space during the day.

The policy on the use of restrictions also outlined the process for the sanctioning of any restriction. The policy stated that any rights restriction must be comprehensively assessed. There was documentation available on site in relation to two applications for approval of a restrictive practice. However, risk assessments were not available for all other restrictions seen during the inspection.

In addition, there were documents available which recorded residents sleep record during the night. This meant that a staff member had to physically enter the resident's room to check whether the resident was awake or asleep at intervals during the night. While there were safety or health concerns for some residents to validate the use of these physical checks, for the other residents there was no safety, or other reasons, either documented or outlined during the inspection. This practice did not ensure that each resident's privacy and dignity was respected in relation to their personal and living space.

Residents could keep control of their own possessions. There was an up to date property list in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms. In relation to privacy and dignity there were a number of shared double bedrooms and screens were available to safeguard the privacy of residents who were sharing these bedrooms. A number of bathrooms were accessible from adjacent bedrooms and since the last inspection there was signage available to indicate to residents that the bathroom was in use.

There were no residents meeting for each of the seven individual houses of the centre. However, a forum had been established where residents could voice their opinions on issues that concerned them. These forum meetings took place on a regular basis. COPE Foundation had facilitated an independent advocate to also attend these meetings.

The organisation had a complaints policy and easy-to-read versions were displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. Each house had a complaints log and inspectors reviewed the logs in two of the seven houses.

In the feedback received by HIQA prior to the inspection, family members and residents said that they knew how to make a complaint and who to send the complaint to.

Judgment:

Non Compliant - Major

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication and in the sample of care plans reviewed there

was evidence that residents were assisted and supported to communicate.

In feedback submitted to HIQA prior to the inspection one family said that “staff know and understand the residents very well and are capable of understanding and communicating with the residents”.

A number of residents had communication profiles which clearly outlined their background, family support, home life, work life, likes/dislikes and any particular area where support was required.

Inspectors observed a communication board in some of the houses which contained a picture rota of which staff were on duty.

Television was provided in the main living rooms, although inspectors observed that many residents had not interest in watching the television.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with their families.

Positive relationships between residents and family members were supported. Some residents spent weekends and holidays with family. One resident said to inspectors that family contact was “the most important thing for me. I have the best of both worlds here, my family at home and visiting me here”.

There was a policy on visiting and residents said to inspectors that families were welcome and were free to visit. A log was maintained of all visitors.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Residents were being admitted to the centre in a manner that was not in accordance with the statement of purpose of the centre.

Inspectors were told that there were two residents who had been recently admitted to the centre, one resident as an "emergency" and the second resident as a "respite" resident. The statement of purpose, which is a document that describes the service provided in the centre, did outline how residents could be admitted to the centre in an "emergency". However, there was no provision outlined in the statement of purpose to admit residents on a "respite" basis. In addition, there was no evidence of any consultation with the existing residents in relation to these admissions.

This issue of admissions to the centre was of particular relevance as the COPE Foundation service outlined to inspectors that new admissions may be occurring as there were currently a number of vacancies in the centre.

Judgment:

Non Compliant - Moderate

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:

A major non-compliance was identified as the designated centre did not meet the assessed needs of all residents. In addition, not all residents had a personal plan that was based on an assessment of their needs and reflected those needs. It was also found that the review of the personal plan did not meet the requirements of the regulations as it was not multidisciplinary.

The designated centre did not meet the assessed needs of all residents and inspectors found that a number of residents appeared to be inappropriately placed in this centre. Depending on the individual, residents were inappropriately placed as they preferred to live with a smaller number of their peers, with peers of their own age and similar ability or with peers for which fewer environmental restrictions would be required. The impact of these unsuitable placements was that residents were not being supported to have a meaningful day in accordance with their interests.

There was evidence that one of the residents who had been recently admitted was inappropriately placed and a comprehensive assessment of needs had not yet been completed. Some required input had been received, for example an assessment by occupational therapy input. However, other input had been identified as necessary with referrals having been made to psychology and social work to support not only this placement but a planned further transfer to the community.

At the previous inspection, not all residents had a personal plan that had been reviewed within the previous 12 months. Also, at that time it was found that the review of the personal plan did not involve input from relevant members of the multi-disciplinary team where required. In feedback submitted to HIQA prior to the inspection one family said that "there is a personal plan that involved their care and attention, and also that their involvement is considered". At this inspection, this failing had not been satisfactorily progressed. Inspectors found that some personal plans had been developed and updated.

However for other residents, while there was relevant information in each resident's file, for example in relation to who was important in their lives and key things to know about the person, not all residents had a personal plan that was based on an assessment of their needs and reflected those needs. Also information viewed, for example in relation to swallow care, communication and activities that residents enjoyed, was in some cases several years old.

As was found on the previous inspection, the review of the personal plan did not involve input from relevant members of the multi-disciplinary team where required. As a result, it was not always clear what specific needs residents had or what supports were required. For example, where a clinical professional had made a recommendation in December 2015 for an interdisciplinary approach to be taken to support a resident's needs, a date for such an assessment had yet to be confirmed.

Due to the ageing profile of the residents a dementia care project had commenced in the centre as part of the "Innovating the Future" project. At the initial stage of the project all service users within the centre over the age of 35 years with a susceptibility

to developing dementia had a "screening" carried out. Another aspect of the project was on-going education for staff and families.

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):

No actions were required from the previous inspection.

Findings:

The centre in general was well maintained. However, due to the numbers of residents living in each of the houses it was observed, at times, that there was an increase in noise levels, particularly in the living room areas.

Accommodation was provided for residents in seven houses in an enclosed "campus style" environment. During the inspection four of the houses accommodated eight residents, with two other houses accommodating seven residents and nine residents lived in the final house. All houses were fully furnished and decorated in conjunction with the individual resident's personal choice and taste.

The communal space in the houses included a large sitting room, sunrooms, separate dining rooms and kitchens. Inspectors observed that the living rooms in some of the houses were in constant use throughout the day, in particular as access to private space was restricted due to locked doors in many of the houses. It was observed that up to seven residents at any one time could be in the living room of a house and this led to an increase in noise levels in some of the houses. Inspectors also observed that the number of residents in the one space led to negative interactions between residents, in particular over seating.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected. Some improvement was required in relation to the management and ongoing review of risk and in relation to fire safety.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was a robust incident management system in place and inspectors reviewed the records of incidents reports from 1 September 2016 to 31 December 2016. There had been 42 reported incidents which included 13 falls by residents.

The centre had a separate risk register in place for each of the seven houses. A centre risk register is designed to log all the hazards that the centre is actively managing. In practice the seven risk registers identified health and safety issues and did not identify centre specific issues. For example, in each of the seven risk registers there were 41 hazards identified including things like, moving and handling, interpersonal staff conflict, and staff pregnancies.

However, the risk registers did not include issues that the centre was actively managing. For example, there had been an issue with staffing that had been escalated to senior management but it had not been managed via the risk register. There were other issues that needed to be included on the risk register but were not, for example the governance arrangements whereby the person in charge had responsibility for an additional designated centre. This issue had also been escalated to senior management of COPE Foundation.

In relation to risk assessment a number of residents required support with moving and handling. However, the moving and handling assessments had not all been verified by a qualified instructor and the recommendations could lead to injury for residents or staff. In another case a resident's access to outside space was limited due to a particular health concern. However, there was no risk assessment available in relation to this.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. However, in one of the houses the external fire exit lead onto a roof which had uneven ground and presented as a potential trip hazard in the event of an evacuation.

Procedures were in place for the prevention and control of healthcare associated infections. Medical equipment and supplies were stored in clean areas. Staff demonstrated a knowledge and understanding of how to prevent and control the spread of any healthcare associated infection. However, a risk assessment had not been

completed for an identified healthcare risk.

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):

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

Findings:

Safeguarding plans did not provide clear guidance to staff around a specific issue of concern. Improvement was also required to ensure appropriate behavioural and therapeutic support was available to all residents who require it.

There were policies in place to protect residents from being harmed or suffering abuse. In some cases safeguarding plans had also been put in place to protect residents in relation to a specific issue of concern. However, these safeguarding plans did not provide clear guidance to staff around the issue of concern. To support these safeguarding plans risk assessments were also available. However, these risk assessments also did not provide clear guidance to protect residents. Staff were also uncertain as to what the exact issues of concern were.

A number of residents had up-to-date "multi-element behaviour support" plans completed by the clinical nurse specialist in behaviour support. These were based on assessment of residents needs and provided clear direction for staff to support residents. However, these plans were not in place for all residents who required them. In some cases there were "positive support" plans in the interim. In one example, this interim "positive support" plan was unsigned, undated and did not adequately address the issues of concern.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

It is a requirement that all serious injuries are reported to HIQA within three working days of the incident. However, this requirement was not being complied with.

The term 'serious injury' is not defined in the regulations. However, HIQA issued guidance for registered providers and persons in charge of designated centres on statutory notifications in January 2016. The definition of serious injury in this guidance is "any bodily injury that involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ e.g. fracture, burn, sprain/strain, vital organ trauma, a cut or bite resulting in an open wound, concussion etc."

In one resident's healthcare records it was recorded that the resident had been reviewed by a doctor following a fall in October 2016 and it was recorded that there was a "fracture of nasal bones" but this had not been reported to the Chief Inspector.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

As was found on the two previous inspection of this centre there was scope to extend the social, educational and community integration opportunities for residents, and particularly to provide a more individualised one-to-one social development programme

for residents.

There were two activities nurses employed part-time in the centre; with both being available on Monday and Tuesday and one available between Wednesday and Friday. These nurses coordinated an activities timetable for the week. Collective activities included social spins in the centre transport for residents from each house, bowling, swimming and shopping. The activities nurses also facilitated individualised 1:1 support for some residents. Staff outlined that there were three vehicles available for this centre, a van, a people carrier and a small car.

A number of residents attended a day service based in the campus. However, in some of the houses a large number of residents did not have a day service and did not participate in activities based on their interests and wishes. For example, recommendations for one resident following a psychological assessment in 2014 included social skills training in terms of developing waiting skills and interrupting skills. There was no indication that these recommendations had been implemented.

A resident in another house had undertaken an individualised activity programme in 2014 consisting of four different activities. It was recorded that the resident had enjoyed all four. However, there was no current individualised activity programme available for this resident.

Inspectors reviewed the activities records for a number of residents without a day service and found that many of the activities were campus based with limited access to community based activities.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Overall, residents' healthcare needs were supported by staff. Improvements were required in relation to supporting residents' dietary needs, healthy living choices and to ensure healthcare plans clearly reflected information known by staff.

Residents had access to a general practitioner (G.P.) including an out of hours' service. An annual medical check-up was also available in each resident's file. Residents also had

timely access to a psychiatrist and other consultants as required, including a neurology outreach clinic coordinated from Cork University Hospital neurology department.

Inspectors reviewed the healthcare plans for residents with high healthcare needs. Staff clearly articulated how those needs were supported. A healthcare assessment was completed by a member of the nursing staff and healthcare plans had been completed in relation to any assessed healthcare needs and to prevent and control the spread of healthcare associated infection.

Some improvement was required in a small number of areas to reflect information known by staff supporting that resident, to ensure that such support would be consistently delivered. For example, with respect to the management of diabetes, clarification was required as to when intervention was indicated.

Also, it was not always demonstrated how residents were supported to make healthy decisions. Where residents had gained weight over a short period of time, there was no healthy living plan to encourage healthy choices or activity. In addition, residents' weights were being recorded inconsistently. In one resident's healthcare record their weight was recorded in stones on one date and in kilograms on the next date. This practice did not assist staff to accurately assess weight loss (or gain).

Residents with mobility needs had access to an occupational therapist and speech and language therapist.

For most residents dinner was prepared off site between Monday and Friday and inspectors observed the delivery of food in thermally insulated trolleys. Residents with dietary needs had received input from a speech and language therapist and a folder of recommendations to support residents during mealtimes was held in the kitchen of each house. Staff adapted the meals to accommodate individual residents' food preferences or dietary requirements.

Inspectors observed mealtimes and found that a number of improvements were required, in particular in one house. Where residents were wheelchair-users, residents did not sit in their wheelchairs at the dining room table. In addition, recommendations by the speech and language therapist were not observed to be followed, for example, in relation to encouraging residents to feed themselves or to offer fluids during meals.

Where residents received enteral nutrition (i.e. directly into the stomach), written guidance was in place. Storage of any required equipment and the nutritional feed itself was in line with that guidance. Procedures were in place to guide the administration of the feed. Staff clearly articulated how safe storage, preparation and administration of the feed were ensured and how infection was prevented.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Each resident was protected by the centre's policies and procedures for medication management.

There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Medications for residents were supplied by a local community pharmacy and there was evidence of involvement by the pharmacist in the centre including regular medicines management audits in all of the houses in the centre.

A sample of medication prescription and administration records was reviewed by an inspector. Photographic identification was available for each resident on the medication administration record to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Where any PRN ("as required") medicines were used, an individual protocol signed by the resident's doctor was in place. Staff demonstrated an understanding of how and when to follow the protocol. The administration of PRN medicines was monitored by the general practitioner as required.

There were two nurse prescribers available on staff and there was evidence in resident's healthcare records of appropriate involvement by the nurse prescribers within their scope of practice.

As an example of good practice in one resident's healthcare record the psychiatrist had written a letter to the resident and their family outlining a list of all required medication and their side-effects.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by schedule 1 of the regulations and was also available in an easy to read format.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The centre was managed by a suitably qualified, skilled and experienced person in charge. However, there were repeat findings on this inspection that had been identified on the previous inspection in June 2016 that indicated that management systems were not effective to ensure the service was safe and appropriate to residents' needs.</p> <p>The person in charge had been appointed in 2015 and was a registered nurse in intellectual disability. She had a degree in nursing studies from UCC and a postgraduate diploma in multiple and complex disabilities also from UCC. The person in charge was responsible for this centre and another designated centre managed by COPE Foundation in Cork city.</p> <p>At an operational level in this centre the person in charge was supported by two clinical nurse managers, both of whom had substantial skills, knowledge and experience to discharge their roles. However, due to the size and layout of this centre and the</p>

complexity of the healthcare needs of some residents, inspectors were not satisfied that these arrangements could ensure the effective governance, operational management and administration of both designated centres.

In particular, there were repeat findings on this inspection that had been identified on the previous inspection in June 2016. These included:

- the person in charge having responsibility for another designated centre
- limited activities for residents
- environmental restrictions were observed throughout the centre without a clear rationale for the use of these restrictions
- not all residents had a personal plan
- the review of the personal plan was not multidisciplinary
- the number and skill mix of staff required review to ensure that the social care needs of residents were being met.
- the system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in

accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

In feedback submitted to HIQA prior to the inspection one family said that "if more resources were allocated it would improve both client and staff lifestyles."

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The number and skill mix of staff required review to ensure that the social care needs of residents were being met.

Staff were very committed to improving the quality of life of residents. For example, some staff had come in their spare time to facilitate individualised activities for residents. In addition, staff knew each resident's individual needs and were seen to support residents in a respectful and dignified manner.

In feedback submitted to HIQA prior to the inspection one family said that the service “was occasionally short staffed and puts huge pressure on the staff who are on duty. The apparent high level of staff turnover is also a concern”. Since the last inspection the COPE Foundation service had introduced an additional staff member in one house in the evening and early in the morning due to the identified healthcare needs of residents.

However, as on the last inspection it was noted that there was a significant reduction of staffing in this house between day time and night time. There were two staff on duty from 10 pm, with one of these staff required to administer medicines and cover breaks in other houses on the campus. Staff who spoke to inspectors said that one of the residents in this house required 1:1 supervision and that this could arise at night also. In response COPE Foundation had submitted a formal request to their funder the Health Service Executive (HSE) for additional staffing.

As part of the review of quality and safety of care provided to residents undertaken by the COPE Foundation, it was acknowledged that improvements were required in relation to increasing staffing levels to facilitate social interaction, community participation and meaningful activities for all residents.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The COPE Foundation had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. However, some improvement was required in relation to the management of healthcare records.

In healthcare files seen by the inspectors relevant documentation were filed in the back “pocket” of the healthcare record. This included results of blood tests, appointment

records and letters from healthcare professionals. This system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents. This had also been a finding on the previous inspection.

All of the required policies and procedures were available and the residents guide accurately reflected the services and facilities available to residents.

A directory of residents was maintained in the centre and was made available to the inspector.

The inspectors were provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Kieran Murphy
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-0003297
Date of Inspection:	13 and 14 February 2017
Date of response:	05 April 2017

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 had little freedom to exercise choice and control in their daily lives. Environmental restrictions were observed throughout the centre, including keypad access on the front door of each house, locked kitchen doors, many resident bedrooms and toilets locked during the day.

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

1. Action Required:

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

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

The PIC and provider nominee in consultation with service users, families and staff members within the designated centre will implement a full review of environmental restrictions in place. This will include review and development of risk assessments, with a focus on person rights. The rights committee will provide education sessions to staff.

Proposed Timescale: 30/04/2017

Theme: Individualised Supports and Care

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

The practice of entering bedrooms at night to check on residents did not ensure that each resident's privacy and dignity was respected in relation to their personal and living space.

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:

An individualised risk assessment will be carried out to determine the risk in relation to nightly checks being carried, taking into account individual multiple and complex healthcare needs of some residents. During episodes of illness increased monitoring may be deemed necessary to be carried out. This will be determined as per the needs of the individual residents with relevant documentation being completed to ensure that minimum interruptions are carried out, whilst ensuring the residents well-being, safety, privacy and dignity is maintained.

Where nightly checks are to be carried out a site specific protocol will be developed. The PIC and PPIM's within the centre will ensure that this is implemented and that all staff are aware of the procedures and documentation to be completed.

Proposed Timescale: 30/04/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents were being admitted to the centre in a manner that was not in accordance with the statement of purpose of the centre.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined 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:

Site specific guidelines will be developed to ensure that all service users admitted to the centre is done so in accordance with the statement of purpose. This document will include the Short break admissions.

The PIC has met with the short breaks co-ordinator to ensure there is a consistent approach to admissions to the designated centre

Proposed Timescale: 10/04/2017

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:

There was evidence that one of the residents who had been recently admitted was inappropriately placed and a comprehensive assessment of needs had not yet been completed.

4. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

The PIC will ensure that an assessment of need is completed in consultation with resident, multi-disciplinary team and support staff. A referral has been submitted to the multi-disciplinary team for completion of this assessment of need.

This resident has a consultation interview with the housing authority on the 6th April 2017 in relation to assessing his suitability and assessment of meeting criteria in relation to the housing application.

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:

A comprehensive assessment of needs had not been completed for residents to inform their current needs and circumstances and no less frequently than on an annual basis.

5. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The PIC and PPIMs will ensure that a comprehensive needs assessment is developed in consultation with a multi-disciplinary team. This will include consultation with service users, family members and guardians.

A multi-disciplinary review meeting has been organised for the 20th April 2017 to identify individual resident's needs.

A schedule is in place to carry out PCP with the residents and their family members to identify meaningful goals for the coming year.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Personal plans did not reflect residents' needs or outline the supports required by each resident.

6. 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 PIC will ensure that all personal plans are reviewed and developed in consultation with resident, family member/guardian and relevant members of the multi-disciplinary team.

Personal centred planning workshops will be held for all staff.

A schedule will be developed with key members of the team identified to ensure that this goal is achieved within a set timeframe.

Proposed Timescale: 30/06/2017

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.

7. 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 PIC will ensure that all reviews are implemented through a multi-disciplinary review meeting. A meeting has been organised for 20th April 2017.

Proposed Timescale: 30/06/2017

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 centre in general was well maintained. However, due to the numbers of residents living in each of the houses it was observed at times there was an increase in noise levels, particularly in the living room areas.

8. Action Required:

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

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

The PIC will review activation in consultation with activation support staff, to ensure that activities carried out throughout the day do not impact on the noise levels within the home.

The activation centre and gym hall onsite will be utilised for group activities, to reduce the impact of noise within the house setting and to respect the privacy and dignity of the residents whom reside in each house.

Environmental restrictions to bedroom areas have been removed this will enable residents to have access to their private space. A review of the use of environmental restrictions in communal areas such as kitchens has led to a reduction in the amount of time these restrictions are used within each house. The reduction in the restrictive access to areas within the house has given residents more freedom and choice to maximise the use of their homes for their own benefit and preferences thus having a positive outcome on reducing noise level and number of people accessing communal living areas.

Proposed Timescale: 31/03/2017

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:

Improvement was required in relation to the management and ongoing review of risk on the centre risk register. In relation to risk assessment a number of residents required support with moving and handling. However, the moving and handling assessments had not all been verified by a qualified instructor and the recommendations could lead to injury for residents or staff.

9. 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:

The onsite manual handling instructor will review all manual handling assessments to ensure the safety of all residents and staff.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

A risk assessment had not been completed for an identified healthcare risk.

10. 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:

The PIC will ensure that individualised risk assessment and site specific guidelines are in place to address all identified healthcare risks in such areas as diabetes, oral care and Hepatitis B.

The health and safety officer will carry out site specific safety audits and will provide support to staff in developing individual risk assessments.

Proposed Timescale: 10/04/2017

Theme: Effective Services

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

In one of the houses the external fire exit lead onto a roof which had uneven ground and presented as a potential trip hazard in the event of an evacuation.

11. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The PIC and the health safety officer will carry out risk assessments in relation to the roof fire exit point and carry out a fire drill involving the use of the fire exit points. The findings from the risk assessment and fire drill may require further consultation /input from the maintenance department or other supporting departments.

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Improvement was also required to ensure appropriate behavioural and therapeutic support was available to all residents who need it.

12. 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 PIC has liaised with the positive behaviour support team to ensure that all positive behavioural and therapeutic supports are developed to meet individual's needs.

Where positive behavioural and therapeutic support plans have been developed the PIC will ensure these plans are signed and dated by the person responsible for the development of the plan.

The PIC will liaise with the staff supporting residents who require a positive behavioural plan to ensure they are aware and familiar with these supports for the resident.

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

Safeguarding plans did not provide clear guidance to staff around a specific issue of concern.

13. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The PIC will ensure that all safeguarding plans are reviewed and further developed to ensure that there is clear guidance for all staff around the specific cause of concern.

Proposed Timescale: 30/05/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

It is a requirement that all serious injuries were reported to HIQA within three working days of the incident. However, this requirement was not being complied with.

14. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC will ensure that all serious injuries are reported to HIQA within 3 working days as stated in regulation 31 (1) (f)

Proposed Timescale: 04/04/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

As was found on the two previous inspections of this centre there was scope to extend the social, educational and community integration opportunities for residents, and particularly to provide a more individualised one-to-one social development programme for residents.

15. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The PIC will carry out a review of all activation currently available and being utilised by residents. This will be carried out in consultation with all team members including LRPA staff, activation staff and multi-disciplinary team.

Activation staff have been identified to specific house settings these support staff will develop a detailed timetable for the specific people and will include individual and group activities both onsite and within the wider community.

Individual PALS assessments will be completed.

Proposed Timescale: 30/05/2017

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:

Where residents had gained weight over a short period of time, there was no healthy living plan to encourage healthy choices.

16. Action Required:

Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

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

The dietician guidelines in relation to healthy living: with reference to healthy eating, weight management and procedures in relation to weight gain/loss are available in each house.

Residents can access support from a dietician.

Proposed Timescale: 07/04/2017

Theme: Health and Development

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

Some improvement was required to healthcare plans to reflect information known by staff supporting that resident to ensure that such support would be consistently delivered.

17. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The PIC will ensure the all healthcare plans are reviewed and updated to reflect all relevant information that is required to support the residents within the centre in a consistent manner

Proposed Timescale: 30/06/2017

Theme: Health and Development

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

Mealtimes were not consistently supported in accordance with each resident's individual dietary recommendations.

18. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The PIC and PPIM's will ensure that all mealtimes are supervised in accordance with each resident's individual dietary plans. Mealtime audits will be carried out and findings reviewed to ensure individual preferences and recommendations are adhered to.

Proposed Timescale: 04/04/2017

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:

Due to the size and layout of this centre and the complexity of the healthcare needs of some residents, inspectors were not satisfied that the person in charge could ensure the effective governance, operational management and administration of both designated centres.

19. 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:

A PIC will be appointed to the second designated centre.

Proposed Timescale: 30/04/2017

Theme: Leadership, Governance and Management

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

There were repeat findings on this inspection that had been identified on the previous inspection in June 2016 that indicated that management systems were not effective to ensure the service was safe and appropriate to residents' needs.

20. 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:

A plan is in place to divide the designated centre into two areas (centre one: 3 bungalows home to 28 residents', centre 2: four 2 story houses home to 32 residents). A PIC will be recruited to provide governance and daily management to one of the designated centres. This post will be advertised on the 7th April 2017. Current PIC will oversee governance of 2nd designated centre

Where vacancies have been identified, the organisation has made a commitment to fill these posts. The recruitment process has commenced, successful candidates will commence employment after compliance with HR recruitment processes.

Administration support person will be recruited.

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number and skill mix of staff required review to ensure that the needs of residents were being met.

21. Action Required:

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

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

A full review of staffing within the centre will be carried out by the registered provider. Recruitment for identified vacancies has been commenced with the aim to fill these posts.

A second healthcare assistant will be rostered to the night duty roster to support complex needs of residents in one bungalow.

Proposed Timescale: 30/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Relevant healthcare records were not easily accessible

22. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

A system review will be carried out to ensure that all relevant healthcare records are stored in an easily accessible format

Proposed Timescale: 31/03/2017