

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cork City South 3
<b>Centre ID:</b>	OSV-0003311
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Liza Fitzgerald
<b>Lead inspector:</b>	Cora McCarthy
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	2

## **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: 12 July 2017 08:30 To: 12 July 2017 17:30

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 report sets out the findings of an announced inspection to inform a registration decision that took place over two days.

How we gathered our evidence:

As part of the inspection the inspectors met with the designated provider, person in charge also the clinical nurse manager (CNM), residents, relatives, and staff members. The inspectors observed practices and reviewed all governance, clinical and operational documentation to inform this decision. Feedback questionnaires were circulated to residents and relatives, by the provider on behalf of Health Information

and Quality Authority (HIQA) prior to the registration inspection. A number of completed questionnaires were returned and the inspectors spoke with residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Feedback will be included in the body of this report. Family involvement was encouraged and this was observed during the inspection.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations and the inspector found that the service provided was as described in this document. The designated centre comprised three detached buildings located beside each other in a housing estate. One of the buildings was a single storey building divided into two houses with an interconnecting keypad door which residents had the access code for. The remaining two buildings had two storeys and all three buildings were of a similar design and layout. Each of the buildings had two kitchens with adjoining dining and sitting areas and two smaller sitting rooms which could be used for visitors. Combined, the three buildings had 31 separate bedrooms to provide for residents while staff facilities such as staff offices were also available. Sufficient toilet facilities were present in each of the buildings while utility rooms were also provided. The centre was suitable for its stated purpose and was comfortable, homely, bright and well-maintained.

#### Overall findings:

The designated provider and person in charge displayed an excellent knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. The inspectors found that residents' well-being was central to service provision in the centre. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs. Staffing levels in the centre were adequate to meet the assessed needs of residents. Independence of residents was promoted and residents were encouraged to exercise choice and personal autonomy on a daily basis, however, choice of midday meal was not evidenced.

The inspectors identified aspects of the service requiring improvement. These included:

- resident's privacy and dignity; residents' involvement in the choice of menu (Outcome 1)
- formal feedback from residents (Outcome 1)
- fee charges were not in contracts of care (Outcome 4)
- health, safety and risk management including fire safety (Outcome 7)
- no oversight of residents goal achievement (Outcome 5)
- residents self-administration assessment of medication not in place (Outcome 12)
- the statement of purpose did not contain all the items listed in Schedule 1 (Outcome 13)
- staff training (Outcome 17)
- policies and procedures required updating (Outcome 18).

These findings are further detailed 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):**

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

**Findings:**

An immediate action plan was issued to the provider with regards to the resident's privacy and dignity in respect of their personal and living space being shared with respite service users. Inspectors were informed by staff that residents were consulted informally on a daily basis about how the service was run and this was observed throughout the inspection. However, formal consultation and participation in the organisation of the centre as described in the regulations, was not in place. There was no evidence that the residents were involved in menu choices.

Residents had access to advocacy services and information about their rights.

Inspectors spoke with two residents who were clear that they were unhappy with the practice of the provider using their bedroom for the purpose of respite care at weekends. Inspectors were informed by a resident and a staff member that the resident would lock her bedroom when possible, to ensure no one would go into her room. Inspectors noted that rooms were personalised with photographs, soft furnishings and personal belongings.

There was a complaints policy and procedure in place. The complaints procedure was displayed prominently in each house and in an accessible format. Inspectors noted that, when asked, the residents said that they would speak with the person in charge or staff if they had a concern. The complaints log was reviewed and issues recorded were addressed in a timely manner. All complaints were brought to the attention of the person in charge for review and were dealt with at local level. There was a clear appeals

process in place.

The centre appeared to be managed in a way that maximised residents' capacity to exercise their personal autonomy and choice. There were several examples of this evidenced during the inspection when residents walked between the different houses to meet the inspectors and their friends, and made plans for a coffee morning in the day service. The inspectors joined residents both in the evening and at breakfast where a resident outlined the choices they had at meal times and described their day in the day services which they attended. One resident received tuition from a music teacher who came into the centre; the resident demonstrated her harp playing for the inspector and also showed her knitting. Residents were encouraged to participate in external activities, for example, going to the cinema, bowling, into town shopping and visiting friends and relatives. Inspectors were informed by a resident that they had been out for coffee and cake with a staff member. However, residents stated that activities were curtailed due to the cost of taxi fares. One resident had to cancel her music lessons in town as the cost of the taxi to and from the music school was prohibitive. The inspectors noted that the provider representative had made arrangements, in the week prior to inspection, for the provision of transport on two mornings per week for the residents. However, on the day of inspection, it was noted that the vehicle was late and the residents were waiting for a period of time. Many of the residents walked into town when the weather permitted but the bus stop was a distance away and not convenient when the weather was inclement. While transport was provided by the organisation at weekends and evenings to meet residents transport needs, the overall access for residents to transport was not adequate.

Inspectors noted that, where possible, residents retained control over their own possessions and there was adequate space provided for storage. Most residents had control over their own finances. A policy was in place for residents' personal property. A personal possessions inventory was in place for each resident as part of their documentation.

Residents' finances were securely maintained in each centre. However, two signatures for credit and debit transactions were not always adhered to and inspectors noted a staff member had used a hand-written receipt instead of the original store receipt.

**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):**

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

**Findings:**

Inspectors noted that residents had access to the internet, televisions, radio, and mobile phones. Some residents had televisions in their bedrooms and large flat screen televisions were in communal sitting rooms. There was a policy on communication with residents and staff were aware of individual communication needs and demonstrated effective communication with those residents. While communication requirements were highlighted in residents' communication passports, communication assessments had not been completed. Speech and language assessments had been carried out for medical needs such as dysphagia (swallowing difficulties).

Residents had access to multidisciplinary professionals such as speech and language therapy, occupational therapy and audiology to assist them in their communication needs.

**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):**

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

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community. As part of the registration process, relatives were invited to meet with inspectors during the inspection. Completed questionnaires from residents and relatives were also submitted for feedback about the service.

Overall, feedback was positive regarding all aspects of care including personal care, medical attention and referrals and follow-up appointments. Relatives stated they were welcome to visit any time. During the inspection, one resident, accompanied by a family member, attended an appointment with the psychiatrist. Two other residents' family members were observed to visit the centre during the course of the inspection. Inspectors noted that there was a second sitting room in each house where residents could meet family and friends in private.

Inspectors viewed logs of phone calls and notes of visits from family members indicating that families were encouraged to be involved in the lives of the residents. However, family members had no input in their relatives' person centred planning process

although inspectors acknowledged that this was due to be addressed once a new annual multidisciplinary review process started in December 2017.

Residents did engage in some community activities; a resident informed inspectors that they were going for coffee and buns to the local coffee shop with a staff member.

**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):**

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

**Findings:**

Inspectors reviewed a sample of the contracts for the provision of services. It was noted that the contracts contained the required information such as the services to be provided and it was evident that the contracts had been signed by residents and or their representatives. However, it was observed that information relating to the fees to be charged were not present in the contracts at the time of inspection. A representative of the provider informed inspectors that residents' financial assessments were in the process of being updated.

Inspectors were informed that since the previous inspection there had been no new residential or respite admissions to the designated centre but policies and procedures around admissions were in place. However, as discussed in Outcome 1, inspectors were not satisfied with the arrangements around the provision of respite in the centre.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

*maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Each residents' wellbeing and welfare was being maintained although some attention was required to reflect person-centred evidence based care and support. The residents were not facilitated to have an education and life-long learning assessment to identify their support needs in this regard.

The inspectors reviewed a range of personal plans for residents. The personal plans commenced with individual client profiles which included a description of the resident as well as a photograph and there was a very clear outline of the persons likes, dislikes and their personal goals. However, there was no plan for how the resident would be facilitated to achieve these goals, no time frame for achievement, review or oversight of these goals and it did not identify the key worker assigned responsibility to enable residents achieve their goals. The personal plan were also not available to the residents in an accessible format. Residents had assessments completed which described the level of assistance required for:

- meeting personal healthcare needs
- nutritional needs or modified diets
- practical aspects of daily living
- support, if required, if going to hospital
- relationships and social inclusion.

While communication requirements were highlighted in resident's communication passports, communication assessments had not been completed for residents.

Residents relayed to inspectors the range of activities and social interaction in the centres they attended on a daily basis as well as attending mass in the local church on Sundays, going shopping to a local shopping centre and to restaurants for dinner.

Residents had timely access to a range of professionals such as speech and language therapy, occupational therapy, dietician, dentist, audiology, a general practitioner (GP), and psychiatry. However, access was on a referral basis and not as part of a regular multidisciplinary review. The inspectors were informed by the person in charge that a multidisciplinary review process was due to commence in December 2017. The GP attended day service on a weekly basis; there was a designated surgery to ensure the privacy and dignity of residents. Out-of-hours GP cover was provided.

The residents were not facilitated to have an education and life-long learning

assessment to identify their support needs in this regard. Training in life-skills required for residents' new living arrangements was not provided to the residents. For example, the residents meals were brought in prepared so there was limited opportunity for residents to learn cooking skills required for independent living. One resident informed inspectors that they 'used to make porridge but the staff took over'.

**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):**

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

**Findings:**

Inspectors were satisfied that the premises provided was suitable to meet the needs of the residents as observed during this inspection.

The designated centre comprised three detached buildings located beside each other in a housing estate. One of the buildings was a single storey building while the remaining two had two storeys. All three buildings were of a similar design and layout. Each of the buildings had two kitchens with adjoining dining and sitting areas and two smaller sitting rooms which could be used for visitors. Combined, the three buildings had 31 separate bedrooms to provide for residents while staff facilities such as staff offices were also available. Sufficient toilet facilities were present in each of the buildings while utility rooms were also provided.

Attempts had been made to give the centre a homely feel, for example, various artworks by residents were on display throughout the designated centre. Some residents showed inspectors their bedrooms which were observed to have been colourfully decorated and personalised by residents with items such as family photos and ornaments. Residents were provided with ample storage through shelves, wardrobes and bedside lockers. Residents were clearly very proud of their bedrooms.

Each of the buildings opened out to a green area while there were small garden areas to the rear of the buildings. Parking space was available at the front of the property. The designated centre was presented in a clean manner on the day of inspection and was observed to be in a good state of repair.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

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

**Findings:**

Efforts were being made to promote the health and safety of residents, staff and visitors in the designated centre. However, the application of control measures for identified risks and the provision of fire training required improvement.

A fire alarm system, emergency lighting, fire doors and fire fighting equipment including fire extinguishers were present in the centre. Emergency lighting was seen to be operational on the day of inspection while fire exits were also observed to be unobstructed. The fire evacuation procedures were also on display throughout the three buildings of the centre.

Internal staff fire safety checks were being carried out and documented. Inspectors saw records of certificates of maintenance carried out by external bodies for the fire alarm, emergency lighting and the fire extinguishers. However, it was noted that while the fire alarm and emergency lighting had been serviced at quarterly intervals during 2017 as required, both were only serviced on three occasions during 2016.

Staff members spoken with during the inspection demonstrated a good knowledge of the steps to be taken should an evacuation be required but two staff stated that they had not participated in any fire drill while working in the centre. Inspectors reviewed training records for staff working in the centre. While the majority had received some form of fire safety training previously it was noted that eight members of staff were not listed as having received such training while others were overdue refresher training in this area, for example, two staff members were listed as last receiving fire training in 2013.

Residents had personal evacuation plans in place and fire drills were being carried out at regular intervals. Records were maintained of these drills which included the names of staff who took part along with the duration of the evacuation. However, these did not include the time of day when these drills took place or the names of residents who participated. This is addressed under Outcome 18.

At the previous inspection it was found there were inadequate systems in place in the

designated centre for the assessment, management and ongoing review of risk. At this inspection it was found that a comprehensive centre wide risk register had been developed which had been recently reviewed while risk assessments relating to individual residents were contained in their personal folders. However, while reviewing one resident's personal folder it was observed that no risk assessments relating to specific risks for this resident were present. Staff members spoken with were aware of these risks and were taking steps to manage them.

The risk assessments in place identified various control measures to respond to the risks identified. It was noted by inspectors that some risks assessment outlined specific training such as de-escalation and manual handling as being control measures. However, a review of training records indicated that there were training gaps in such areas. This is addressed under Outcomes 8 and 17. In addition, during the course of inspection, it was observed by one inspector that the control measures relating to a resident, who was assessed at being a risk of absconding, were not followed. This was addressed immediately by the person in charge.

A safety statement and risk management policy were in place in the designated centre. However, inspectors were informed by the person in charge that there was no emergency plan relating to the centre available at the time of inspection.

Hand gels were available throughout the designated centre.

**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 protect residents being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures or suspected abuse. However, deficits were noted in the provision of training for staff.

While reviewing training records it was noted that four members of staff were not listed as having received training in the area of safeguarding. In addition, training gaps were also identified with regard to the provision of de-escalation and intervention training.

There were two policies in place regarding protection in line with national guidelines. They referred to upholding the dignity and welfare of residents and the procedure for managing allegations of abuse; the second policy related to the safeguarding of adult residents who may be unable to protect themselves from abuse.

Residents, for whom it was relevant, had positive behavioural support care plans in place as part of their care plan documentation. However, the inspector found that:

- no efforts had been made to identify and alleviate the underlying causes of behaviours of concern
- no evidence that an in-depth functional analysis or that a antecedent behaviour consequence (ABC) reporting system was in place and as such found that the positive behavioural support plans were not comprehensive.

Inspectors observed that staff interacted appropriately with residents and demonstrated their awareness of residents' individual needs.

**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:**

A log of accidents and incidents which occurred in the designated centre was reviewed and it was found that all notifiable events had been submitted to HIQA within the required timeframe.

**Judgment:**

Compliant

**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):**

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

**Findings:**

There was no assessment evidenced to establish each resident's educational, employment or training goals. This is actioned under Outcome 5.

Residents' opportunities for new experiences and social participation were facilitated and supported through attendance at day services. The residents were engaged in social activities internal and external to the centre, for example, some residents went to a coffee morning in day service while another resident and staff member went to the local coffee shop in the community.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

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

Inspectors examined a sample of personal plans which included:

- medical history
- vaccination record
- epilepsy seizure recording chart
- MUST (malnutrition universal screening tool)
- speech and language
- DISDAT(disability distress assessment tool)
- nursing assessment
- communication passports
- resident specific guidelines and recording documentation.

Residents' healthcare needs were met through timely access to healthcare professionals and treatments. Residents had access to a GP of their choice; some used the service associate GP while others opted to retain their community GP.

Residents' midday meal was brought in from the day service. However, there was no evidence that the residents were involved in menu choices; staff stated that they knew residents preferred food choice. This was addressed in outcome 1. One resident informed inspectors that they 'used to make porridge but the staff took over' so now they just 'get on with other activities'. One resident was observed making tea. Inspectors observed that residents were supported to eat and drink in a sensitive and appropriate manner. Breakfast was a positive, relaxed affair with good interaction observed between staff and residents and among residents. Staff prepared supper in each house and inspectors observed residents enjoying a healthy nutritious meal. There were sufficient quantities of healthy food available.

**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):**

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

**Findings:**

Inspectors were satisfied by the medicines management procedures in place but residents were not being assessed to take responsibility for their own medicines.

Secure lockers were in place for the storage of medicines throughout the designated centre which were noted to have been neatly organised during the course of the inspection. Locked fridges were provided for medicines that required refrigeration. It was noted that records were kept which indicated that the temperature of such fridges were checked on a daily basis. Arrangements for the return of medicines were in place.

A sample of prescription and administration records was reviewed by inspectors. It was found that the required information such as the medicines' names, the medicines' dose and the residents' date of birth were contained in these records. Records indicated that medicines were administered at the time indicated in the prescription sheets. However while comparing one resident's prescription record against a protocol for a PRN medication (medicines only taken as the need arises) it was noted that the maximum dose to be administered was not stated on the protocol.

Differences were also noted between the prescription record and PRN protocol relating to the intervening period between a first and second dose for a resident. Such discrepancies were queried with a staff member present who demonstrated the required knowledge relating to the maximum dose and necessary intervening period between dose for the relevant PRNs. During the feedback meeting inspectors were informed by the person in charge that these discrepancies had been addressed.

While reviewing medication records and residents' personal folders, inspectors did not observe any documentation which indicated that residents had been assessed or consulted with regard to taking responsibility for their own medicines. This was discussed with the person in the charge and a member of staff who confirmed that assessment or consultation in this regard was not taking place even though both felt that some residents would be capable of self-administering medicines.

Some residents were prescribed a rescue medicine for epilepsy. Specific training is required to administer this medicine. Not all staff had received this training which was negatively impacting on the ability of some residents to engage in activities. A review of training records also indicated that staff were overdue refresher training in medicines management. Both of these issues are addressed under outcome 17.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors reviewed a copy of the statement of purpose which was observed to be available in each of the three buildings of the centre. While the statement of purpose contained most of the information as required by the regulations it was found that it did not contain the centre's current registration conditions nor the age range and gender of residents for whom it was intended that accommodation should be provided for. In addition, the arrangements around the provision of respite services in the centre were not sufficiently set out in the statement of purpose.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The person in charge was a full-time registered prescribing nurse with the necessary experience to ensure effective safe care and welfare of residents. They demonstrated adequate knowledge of the role of person in charge, the legislation and their statutory responsibilities. They also demonstrated a positive approach towards meeting the regulatory requirements and a commitment to improving quality of life and care and were committed to their own continuing professional development. There was an annual review of the quality and safety of care in the designated centre and unannounced inspection completed, however, some of the actions had not been completed to date. The residents and staff could identify the person in charge. The staff members the inspectors spoke with stated that they did not have supervision and most had not had performance reviews. However, there was a timeframe outlined to complete all performance reviews for staff.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were informed that there were suitable arrangements in the absence of the person in charge whereby the provider representative from another centre would deputise. The person in charge was aware of their responsibility in terms of notifying the authority if they were absent from the designated centre.

**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 premises appeared to be maintained to a high standard both internally and externally. Each house had fully equipped kitchens which were well-stocked with food and other supplies; the utility rooms in each unit had washing and drying facilities. There was assistive equipment to meet the needs of residents, for example, ceiling hoists, shower chairs, assistive showers and toilets.

However, the lack of a service vehicle for residents as highlighted previously was prohibitive in terms of residents engaging in activities, for example, one resident cancelling a music lesson due to the cost of the taxi fare.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors were satisfied that there were appropriate number of staff to meet the needs of the residents but the skill mix of staff required review to ensure that all residents were able to engage in activities. Deficits in the provision of training for staff were also evident.

Throughout the inspection, warm and caring interactions were observed between residents and staff. It was evident that staff were committed to their roles and were passionate about meeting the needs of residents. Residents spoken with by inspectors spoke highly of the staff who worked in the designated centre.

There had been a recent change in rosters within designated centre which was intended to provide a greater degree of support for residents and improve continuity of care. While some agency staff were still in place, the person in charge also had access to regular relief staff if required. Residents indicated that there were no unfamiliar staff in the designated centre. Nursing care was provided for within the centre.

However, as highlighted at the previous inspection of this centre the skill mix of staff required review to ensure that there were appropriately qualified staff available who were capable of administering rescue medicine for epilepsy. While staffing levels had increased since the previous inspection, it was not always the case that such appropriately qualified staff were present in the centre, thereby negatively impacting on the ability of residents, who required a rescue medicine, to engage in activities.

Staff spoken with during the inspection demonstrated a good knowledge of their roles. However, training records reviewed revealed significant gaps in staff training in a number of areas. This was also identified during the previous inspection. Gaps in staff training relating to fire safety, de-escalation and safeguarding have been actioned under Outcomes 7 and 8 but there were also gaps in the provision of training for staff relating to manual handling and medicines management. During feedback, a representative of the provider informed inspectors that the provider had internal trainers to provide such training but were looking to recruit external trainers to address certain areas.

The previous inspection had also found that staff supervision was impacted by the limited availability of the person in charge in the centre. Since this inspection, the remit of the person in charge had changed and they were now based in the centre. While it was hoped that this new arrangement would improve the provision of supervision to staff, at the time of inspection, formal supervision arrangements were not in place as confirmed by a representative of the provider. Staff members spoken to indicated that they had not received any formal supervision.

Inspectors reviewed a sample of staff files. While most of the required information, including Garda Síochána (police) vetting, was provided it was noted that that one file did not contain proof of identity that included a recent photograph. In addition, the file for an agency staff member, who was due to start in the centre the day following the

completion of the inspection, did not have a reference from their most recent employer. Inspectors were informed that there were no volunteers involved in the centre at the time of inspection.

**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:**

All schedule 5 policies and procedures, as required by the regulations, were in place with the content of such policies having been reviewed on previous inspections of the provider's centres. However, it was noted that it had been over three years since a number of these policies had been reviewed.

Inspectors viewed a copy of the residents' guide in the centre and found that it contained most of the information required by the regulations such as the complaints procedures and the arrangements for visits. However, it did not contain details of how to access inspection reports. Copies of the residents' guide were observed to be present in each building of the centre.

A directory of residents was also in place but it was noted that the date which some residents first came to reside in the designated centre was not provided. In addition, the directory of residents did not include respite residents.

As mentioned under outcome 7, records of fire drills carried out were maintained in the centre but the time of day when the drills took place and the residents who participated were not documented.

All other documents requested by inspectors were available for review during the course of the inspection.

<b>Judgment:</b> 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:***

Cora McCarthy  
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 report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003311
<b>Date of Inspection:</b>	12 July 2017
<b>Date of response:</b>	09 August 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:**

The provider did not ensure the resident's privacy and dignity was respected in relation to the their personal and living space being used for respite care at weekends.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:**

Where respite is provided it will be in designated respite beds only. Where a shared care agreement is in place it will be clearly documented in the persons plan, showing consultation with the resident, their families and/or advocates.

**Proposed Timescale:** 03/08/2017

**Theme:** Individualised Supports and Care

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

Formal consultation and participation in the organisation of the centre as described in the regulations, was not in place.

There was no evidence that the residents were involved in menu choices.

**2. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

All residents will be invited to be active participants in resident's forums. Residents will be encouraged to express their choice in menu planning.

**Proposed Timescale:** 31/08/2017

**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:**

Information relating to the fees to be charged were not contained in the sample of contracts reviewed during inspection.

**3. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Updated financial assessment forms have been sent out to all residents' next of kins to

be signed and witnessed; copies of same will be kept with residents contracts of care in their PCP's on-site at the designated centre. Outstanding there are only two updated financial assessment forms to be returned to administration for processing.

**Proposed Timescale:** 30/09/2017

#### **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:**

While communication requirements were highlighted in resident's communication passports, communication assessments had not been completed.

#### **4. 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:**

A communication assessment shall be completed for each resident.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

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

Residents were not facilitated to have an education and life-long learning assessment to identify their support needs in this regard.

#### **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:**

Consultation with Day Services has begun. An assessment of residents personal development needs will be completed in conjunction with each residents person centred plan and kept in the residential centre.

**Proposed Timescale:** 31/10/2017

**Theme:** Effective Services

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

Personal plans were not available to the resident in an accessible format.

**6. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Personal plans will be developed in an accessible format where appropriate.

**Proposed Timescale:** 31/12/2017

**Theme:** Effective Services

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

Currently the residents personal plans were not reviewed annually

**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 inspectors were informed by the person in charge that a multidisciplinary review process was due to commence 14th December 2017. This is a scheduled review and will involve the maximum participation of those involved in the resident's personal plan.

**Proposed Timescale:** 14/12/2017

**Theme:** Effective Services

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

Residents' personal plan reviews were not reviewed by a multidisciplinary team.

**8. Action Required:**

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

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

Each residents personal plan will be reviewed by a multi-disciplinary team. Each resident will be invited to be actively involved in the review of plans.

**Proposed Timescale:** 14/12/2017

**Theme:** Effective Services

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

It was not evident that family members had involvement in the personal centred planning process.

**9. 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:**

PIC had sent a letter to all residents next of kin in early July inviting a representative from their family to the residents home to update them on their person centred plan, these meetings are on-going with PIC and/or staff, day service representative staff and resident present as appropriate. Where a family member chooses not to participate in the development of a personal plan it shall be documented.

**Proposed Timescale:** 31/12/2017

**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:**

Control measures relating to specific risks were not being followed. Some resident specific risks were not risk assessed. There was no emergency plan in place.

**10. 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 PIC will review the risk assessments and on-going risks as follows at the designated centre

- Review of all risks at the designated centre with specific review of risks following the introduction of control measures.
- Resident specific risks will be risk assessed with input from the Safety Officer as necessary.
- An emergency plan will be drawn up & information regarding the plan rolled out to all staff and residents.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

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

Some staff had not received fire safety training while other others were overdue refresher training. Not all staff members had participated in a fire drill in the centre.

**11. Action Required:**

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

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

Fire training dates have been booked to ensure that all staff are up to date on training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire-fighting equipment, fire control techniques and arrangements for the evacuation of residents. Fire drills are on-going, PIC has drawn up a list of all staff, each staff member will complete a fire drill, they will sign a completion form which will be held in the centre and updated as new staff join the team.

**Proposed Timescale:** 30/09/2017

**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:**

Training gaps were evident in relation to the provision of de-escalation and intervention training.

**12. Action Required:**

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

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

Staff have been booked to complete MAPA training, PIC will ensure that all staff are trained or refreshed as appropriate

**Proposed Timescale:** 31/12/2017

**Theme:** Safe Services

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

Not all staff members had attended training in safeguarding.

**13. 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 has completed Safeguarding Training with all staff.

**Proposed Timescale:** 09/08/2017

**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:**

Residents were not supported to prepare and cook their meals.

**14. Action Required:**

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

Residents will be supported to be involved in the purchase, choice and preparation of meals if this is their preference. Appropriate assistance will be given to residents to maintain and develop skills in preparing meals.

**Proposed Timescale:** 30/09/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Residents were not being consulted or assessed with regarding to taking responsibility for their own medicines.

**15. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own

medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

A risk assessment and assessment of capacity, will be completed with all residents at the centre, in accordance with their wishes and preferences and in line with their age and the nature of their disability, if following risk assessment residents are highlighted as being capable they will be encouraged and supported to take responsibility for their own medication.

**Proposed Timescale:** 30/09/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all of the required information nor adequately describe the provision of respite services in the designated centre.

**16. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The updated statement of purpose to reflect all required information will be submitted to the Authority.

**Proposed Timescale:** 31/08/2017

**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:**

The staff members the inspectors spoke with stated that they did not have supervision and most had not had performance reviews however, there was a timeframe outlined to complete all performance reviews for staff.

**17. 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 registered provider will develop and put in place a policy on staff supervision.

**Proposed Timescale:** 30/11/2017

**Theme:** Leadership, Governance and Management

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

There was an annual review of the quality and safety of care in the designated centre and unannounced inspection completed however, some of the actions had not been completed to date.

**18. Action Required:**

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

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

A schedule for unannounced visits and an annual review is in place. Actions from these reviews will be shared with PIC and a schedule for completion of actions shall be put in place. The Registered Provider will monitor the actions identified in the review.

**Proposed Timescale:** 31/10/2017

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The lack of a service vehicle for residents as highlighted previously was prohibitive in terms of residents engaging in activities, for example, one resident cancelling a music lessons due to the cost of the taxi fare.

**19. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A review of transport will be undertaken to ensure fair access to transport resources from the organisations fleet of transport. Residents will not have arrangements

cancelled due to cost of taxi fare; all staff have been informed of this arrangement.

**Proposed Timescale:** 30/09/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The skill mix of staff required review to ensure that appropriately qualified staff were present to facilitate activities for residents outside of the centre.

**20. 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:**

Rosters will be reviewed to ensure that there is an appropriate skill mix on duty at all times to meet the number and assessed needs of the residents.

**Proposed Timescale:** 31/08/2017

**Theme:** Responsive Workforce

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

One staff file did not have proof of identity while another staff member did not have a reference from their most recent employer.

**21. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Human resources department have been informed of gaps in personnel files, all files will be reviewed and the required documents requested from all staff.

**Proposed Timescale:** 30/09/2017

**Theme:** Responsive Workforce

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

A review of training records indicated significant training deficits. Gaps in the provision

of staff training were evident in areas such as manual handling and medicines management.

**22. 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:**

PIC will continue to roster staff to attend appropriate training including refresher training, as part of a continuous professional development programme. PIC will continue to maintain training matrix.

**Proposed Timescale:** 31/12/2017

**Theme:** Responsive Workforce

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

There was no system of formal supervision in operation.

**23. 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 organisation will develop and implement a policy on staff supervision.

**Proposed Timescale:** 30/11/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some policies had not been reviewed for over three years.

**24. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The organisation's policy review committee has identified all policies due for review. Same to be completed by 31st October 2017.

**Proposed Timescale:** 31/10/2017

**Theme:** Use of Information

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

The directory of residents did not include respite residents.

**25. Action Required:**

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

Respite residents have been added to the directory of residents.

**Proposed Timescale:** 09/08/2017

**Theme:** Use of Information

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

The date which some residents first came to reside in the designated centre was not provided in the directory of residents.

**26. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

All directory of residents have been updated to include when residents first came to reside in the designated centre.

**Proposed Timescale:** 09/08/2017

**Theme:** Use of Information

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

The residents' guide did not set out how to access inspection reports.

**27. Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The resident's guides have been updated to include a hyperlink where residents can get access to inspection reports, a notice has been displayed in easy read format to direct residents to where they can also access and read a hard copy of inspection reports within each house.

**Proposed Timescale:** 09/08/2017

**Theme:** Use of Information

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

Fire drills did not document the time of day when drills took place nor the residents who participated in such drills.

**28. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

Fire drill records since the inspection now document the time of day when drills took place and which residents participate in such drills.

**Proposed Timescale:** 09/08/2017