

**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 North 6
<b>Centre ID:</b>	OSV-0003302
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Lead inspector:</b>	Cora McCarthy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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:
29 January 2018 10:00	29 January 2018 17:00
30 January 2018 10:00	30 January 2018 14:30

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; the inspection 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, residents, 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 completed questionnaire was returned and the inspector spoke with residents and family member's during the inspection. The 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 two detached buildings located in a rural town. Both buildings were two storey and had a kitchen-dining room and separate sitting room. Each of the buildings had staff facilities such as staff offices and a sleepover bedroom. Sufficient toilet facilities were present in each of the buildings and 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 a good 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. Staffing levels in the centre were required review in order 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.

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

- communication (Outcome 2)
- social care needs (Outcome 5)
- safeguarding and safety (Outcome 8)
- staffing levels and vehicle access (Outcome 16)
- staff training (Outcome 17).

The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

**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):**

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

**Findings:**

Residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents had access to advocacy services. There was a comprehensive complaints management system in place.

Inspectors noted that residents were treated with dignity and respect.

Staff were observed providing residents with choice; for example; offering to take the resident on an outing in the car. Staff facilitated residents' individual preferences in relation to their daily routine and assisted residents in personalising their home. The inspector observed that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

The centre had a complaints policy which identified the nominated complaints officer and also included a clear appeals process as required by legislation. The policy was displayed prominently and discussion on complaints, dignity and promoting independence was encouraged. A picture of the designated officer was displayed in the house and the subject of safeguarding was discussed at house meetings. A visit from an advocate had also recently been arranged.

Interaction between residents and staff was observed and inspectors noted that staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents were encouraged and facilitated to have control over their own possessions.

There was adequate space provided for storage of personal possessions. An inventory of personal possessions was maintained and updated regularly in line with the centre-specific policy.

**Judgment:**

Compliant

**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):**

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

**Findings:**

There was a communication policy dated March 2014. Some residents were non-verbal and others had significant communication needs which required assessment by a speech and language therapist. A communication passport had been developed for residents that identified how the resident communicated and the various things that were important to the resident, including likes and dislikes, and activities in which the resident liked to participate. One resident also had a hospital passport developed to support staff in an acute care setting should the need arise.

It had been previously identified that one resident required support to use a communication device however the resident or staff members had not been trained in the use of the device at the time of inspection. Residents had varying communication needs and required assessment to determine what supports were required. Also staff would require training in total communication in order to meet the assessed needs of the residents.

The centre was part of the local community and residents had access to radio and, television, social media, newspapers, internet, information on local events.

**Judgment:**

Substantially 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.*

<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to get involved in the lives of the residents.</p> <p>Family members were encouraged to be involved in the person-centred planning process either in person or by phone. Positive relationships between residents and their family members were supported through regular visits to the centre or the residents' family home.</p> <p>Families were kept informed of residents' wellbeing through regular phone calls from residents and staff. Residents were supported to maintain personal relationships and friendships and links in the wider community.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 04: Admissions and Contract for the Provision of Services</b> <i>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.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Each resident had an agreed written contract which dealt with the support care and welfare of the resident and included details of the services to be provided for that resident and the fees to be charged.</p> <p>There was a policy on and procedures in place for admissions, including transfers, discharge and the temporary absence of residents. Residents' admissions were in line with the statement of purpose. However as the resident group were increasing in age there were plans for residents to move to a more suitable accommodation. The contract of care outlined that the residents may be requested to share bedrooms which the residents and their family members were opposed to. The provider representative and</p>

the person in charge agreed that the contract was to be reviewed in light of this.

**Judgment:**

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):**

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

**Findings:**

Each resident's wellbeing was maintained to a high standard of evidence based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to their interest and preferences.

A comprehensive assessment of the health, personal and social care and support needs of each resident had been carried out. Each resident had a written personal plan, which detailed their individual needs and choices. However where recommendations for a low cholesterol diet were outlined for one resident, the resident's food intake diary indicated that they had not adhered to this recommendation.

Residents goals were outlined in their personal plans and there was a goal progress chart in place. However a time-frame for goal achievement was not specified.

Residents' families were involved in the person-centred planning process and were aware of a move to more suitable accommodation for the residents. A comprehensive transition plan was required for residents to support them with the move to their new accommodation. The person in charge gave assurances regarding accessing support from the multidisciplinary team for this purpose.

Falls assessment which included assessment to determine the capacity of the resident to climb stairs safely had been completed for one resident in line with non compliance on the previous inspection; this had identified the need for more suitable accommodation for this resident.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

At the last inspection it was identified that the premises may be unsuitable for some residents due to the need to climb stairs to access bedrooms. Additionally, some family members had expressed a preference that their relative be accommodated in ground floor accommodation.

Since the last inspection assessments had been completed regarding falls and the capacity of one resident to climb stairs. A more suitable accommodation had been sourced for the resident group and a transition plan was being developed with the multidisciplinary team to ensure a smooth transition to the new premises.

There was suitable equipment, aids and appliances in place to support and promote the full capabilities of the residents.

In the current centre the garden was not suitable for residents needs as it had a stepped area which was difficult for the residents to negotiate.

**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):**

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

**Findings:**

There was a risk management policy in place and a risk register that addressed clinical and non-clinical risks such as manual handling, slips, trips and falls, behaviours of concern, infectious disease, medication management and fire.

The centre had a policy in relation to a resident going missing and each personal plan had a missing person protocol.

There was a up-to-date health and safety statement.

The emergency plan had been updated since the last inspection. Personal emergency evacuation plans were in place for residents and emergency lighting had been installed upstairs. There was a prominently displayed fire evacuation procedure and regular fire drills had been carried out. The fire safety equipment was being serviced regularly and staff were trained in what to do in the event of a fire.

A cleaning schedule was in place and the centre presented as clean. In addition to the cleaning schedule a booklet had been developed for staff outlining the procedure for cleaning the premises and equipment.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy on, and procedures in place, for the prevention, detection and response to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

Based on a review of records and discussions with staff there have been no incidents, allegations or suspicions of abuse. Staff have received training in understanding abuse especially as it pertained to adults with disabilities.

There were adequate measures in place for the management of residents' finances within the centre. However an overall review of one residents' finances was required in order to ensure appropriate financial protocols were in place.

Inspectors observed staff members interacting with residents in a respectful manner. Residents in the centre informed inspectors that they felt safe and were happy living there. There were no restrictive measures in use at the centre.

There is a policy in place for the provision of personal intimate care.

**Judgment:**

Substantially Compliant

**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 record of all incidents occurring in the centre was maintained. All notifiable incidents had been notified to the Authority within the three day period.

**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):**

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

**Findings:**

Residents had opportunities for new experiences, social participation, and education. They attended a day centre each day from Monday to Friday and returned to the centre each evening. As specified in Outcome 5 residents, residents' goals were outlined in their personal plans and there was a goal progress chart in place however a time frame for goal achievement was not specified. Additionally, personal plans did not identify employment or training goals of residents, so it was also not possible to determine if these were being met.

**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 were supported to achieve and enjoy the best possible health. A comprehensive assessment of the health needs of each resident had been carried out. However as outlined in Outcome 5, where recommendations for a low cholesterol diet were outlined for one resident, the resident's food intake diary indicated that they had not adhered to this recommendation.

The person in charge stated that none of the residents had significant healthcare needs that required to be addressed in personal plans. Residents had timely access to healthcare and appropriate treatment and therapies.

There was adequate nutritious food viewed on inspection and records indicated that residents occasionally eat out in restaurants and occasionally ordered takeaway food. Pictorial menus were available and there was special equipment available, such as plate guards, weighted cups and plates for residents that had been advised to use them.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

The inspector was satisfied by the medicines management procedures in place however residents had not been assessed to take responsibility for their own medicines.

A secure cupboard was in place for the storage of medicines in the designated centre which was noted to be neatly organised during the course of the inspection. 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. There were no refrigerated medicines at the time of inspection. Records indicated that medicines were administered at the time indicated in the prescription sheets.

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 had not taken place.

While a medication audit had been completed it was noted that one staff member had not completed medicines management training, this was not identified in the audit. A review of training records also indicated that this staff member was due training in medicines management. This issue is addressed under outcome 17.

**Judgment:**

Substantially 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.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed the statement of purpose and were satisfied that it included all the items listed in Schedule 1 of the Regulations.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

Interim management systems were in place to ensure that the service provided is safe and appropriate to residents' needs. Residents could identify the person in charge.

The annual review of the quality and safety of care in the centre was not complete at the time of inspection. There was one six-monthly unannounced inspection report and the specified timeframe for the completion of actions had been increased due to the change in the management of the centre.

The interim person in charge provided good leadership and was knowledgeable of the legislation and their statutory responsibilities. Although one staff member was out of date for medicines management training and this had not been addressed until it was highlighted on inspection. This is being actioned under outcome 17.

**Judgment:**

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.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Inspectors were informed that there were suitable arrangements in the absence of the person in charge whereby the provider representative 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.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p><b>Theme:</b> Use of Resources</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. However the staffing numbers required review as rosters indicated a shortage at times although the provider had made efforts recently to address this issue. The service vehicle was allocated from the day service and the residents did not have full access to a vehicle. The provider intended to review this to ensure the residents had access to a vehicle more often.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><b>Outcome 17: Workforce</b> <i>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.</i></p>
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**Theme:**

Responsive Workforce

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

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

**Findings:**

The staffing levels in the centre required review in order to meet the assessed needs of residents and the safe delivery of services.

A training programme had been developed and a number of staff had undergone training on issues such as food hygiene, manual handling, trust in care and hand hygiene. However, one staff member was out of date on medicines management training. While a medication audit had been carried out it did not identify that a staff member was without medicines management training. The inspector also noted that there was no oversight of the medicines management training in this regard.

A review of a sample of personnel records found that they contained all of the information and documents as specified in Schedule 2 of the regulations.

**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):**

No actions were required from the previous inspection.

**Findings:**

All of the policies listed in Schedule 5 of the regulations were available and up-to-date. Complete records were maintained in the centre. A directory of residents had been developed records were kept secure and were easily retrievable.

**Judgment:**

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:***

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-0003302
<b>Date of Inspection:</b>	29 and 30 January 2018
<b>Date of response:</b>	09 April 2018

### 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 02: Communication

**Theme:** Individualised Supports and Care

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

It had been previously identified that one resident required support to use a communication device, however the resident or staff members had not been trained in the use of the device at the time of inspection.

#### 1. Action Required:

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

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

The PIC has liaised with the CNS in Communication who has agreed to develop a training programme to support the resident to use the device. Staff members will attend IT training programme.

**Proposed Timescale:** 30/04/2018

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Put in place arrangements to meet the assessed needs of a resident who requires a low cholesterol diet.

**2. Action Required:**

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

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

The PIC has developed a health action plan in relation to the specific resident's dietary requirement. This plan has been communicated to the residents support staff and his family members. The PIC will audit the resident's dietary intake records to ensure compliance of dietary requirements.

**Proposed Timescale:** 09/04/2018

**Theme:** Effective Services

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

Residents goals were outlined in their personal plans and there was a goal progress chart in place. However a time-frame for goal achievement was not specified.

**3. Action Required:**

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

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

All goal progressing charts have been reviewed and an appropriated time frame has

been set for each goal.

**Proposed Timescale:** 09/04/2018

### **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:**

Personal plans did not identify employment or training goals of residents, so it was also not possible to determine if these were being met.

**4. 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 liaise with the resident's day service to ensure their training needs are reflected within the support plan. The PIC will ensure each resident has an update PALS assessment completed to capture residents preferences around activities.

**Proposed Timescale:** 09/04/2018

### **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 had not been assessed or consulted with regard to taking responsibility for their own medicines.

**5. 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:**

The PIC will carry out Self- assessment medication management assessment with each resident and develop a plan from the findings to support the residents with medication management were required.

**Proposed Timescale:** 30/04/2018

## Outcome 16: Use of Resources

**Theme:** Use of Resources

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

Ensure that the designated centre is adequately staffed to ensure the effective delivery of care and support in accordance with the statement of purpose.

**6. 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:**

During periods of planned short break admissions to the centre the PIC and respite coordinator will liaise to ensure there is adequate staffing allocated to support the residents needs.

**Proposed Timescale:** 09/04/2018

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

One staff member required training in mandatory medicines management training

**7. 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:**

The person whom required medication management training attended refreshers course on the 31/1/2018. All staff supporting residents with medication management with in the centre are up to date with their medication training requirements.

**Proposed Timescale:** 09/04/2018

