

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003302
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Sean Abbott
Lead inspector:	John Greaney
Support inspector(s):	Cathleen Callanan;
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 July 2014 11:50 To: 08 July 2014 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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre and was a follow-up inspection to a registration inspection carried out on the 25th and 26th March 2014. On that inspection inspectors found that a significant number of improvements were required to enhance the quality of life and care for the residents living in the centre. Most notably inspectors were not satisfied that there had been adequate supervision and oversight of the care provided to residents, residents had limited access to the community at evenings and weekends and the design and layout of the premises was not adequate for the numbers and needs of the residents.

On this inspection inspectors were satisfied that a number of the issues identified on the previous inspection had been addressed or were in the process of being addressed. For example, the occupancy of the centre had been reduced from seven to five and a staff bedroom on the ground floor had been converted to a sitting

room, therefore providing more communal space and also facilitating residents to meet with visitors in private. Improvements were also noted in records of food provided to residents, additional transport had been acquired to facilitate residents access the community and work was in progress in relation to the development of personal plans. Improvements, however, were still required, including:

- the complaints policy
- access to advocacy service
- communication training
- contract of care
- not all personal plans had been updated since the last inspection
- suitability of the premises for the assessed needs of residents
- risk management policy and emergency plan
- staff training

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):

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

Findings:

It was identified on the previous inspection that residents and/or their relatives were not adequately consulted in relation to the development of personal plans or in relation to the organisation of the centre. Since that inspection, all residents' families were invited to meet with staff in order to participate in the development of care plans and a number of families agreed to participate in the process. Inspectors viewed a sample of records of these meetings and were satisfied that they facilitated the consultation of residents/relatives about their care. However, the process was still ongoing and personal plans had not yet been developed for all residents based on the information gained through these meetings. A residents' forum had been established with meetings scheduled for every four to six weeks. The inspector viewed a sample of these minutes and was satisfied that they facilitated the consultation with residents in relation to the organisation of the centre. Improvements were required, however, in relation to the development of action plans following the meetings identifying how the issues raised would be/had been addressed.

A new complaints policy had been developed since the last inspection. The policy identified the complaints process and the person responsible for dealing with complaints, however, it did not identify the person responsible for overseeing the complaints process to ensure that all complaints were adequately dealt with, as required by the Regulations. The complaints process was on prominent display in the centre in an accessible format. The organisation had set up an advocacy working group in order to address the lack of advocacy services to support residents with decision making and for the purposes of making a complaint, however, on the day of inspection advocacy services were not

available to residents. Inspectors viewed the complaints log maintained in the centre and there were no complaints recorded.

On the previous inspection it was identified that residents did not have the facility to lock their bedrooms and there was no lockable storage in bedrooms to support residents retain control of personal property and possessions, where relevant. The person in charge informed inspectors that she was in the process of identifying suitable locks for either lockers or wardrobes, however, this had not yet been achieved. Residents were unable to lock their bedrooms, should they wish to do so, as the current location of keys was unknown. Some of the bedrooms were small and did not allow for a bedside locker, or to allow the resident choose to have a double bed, due to the size and layout of the room.

The centre had gained access to an additional vehicle to facilitate staff take residents to activities in the community at evenings and weekends. Four of the six staff working in the centre were approved to drive the vehicles and a taxi service was available for the other staff to take residents out. Two residents had moved to alternative accommodation since the last inspection, so the ratio of staff to residents had improved, which allowed for better supervision of residents on outings.

Judgment:

Non Compliant - Moderate

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 April 2014. The organisation had created a Total Communication Group consisting of a clinical nurse specialist in communication, a speech and language therapist, a sign language instructor, the communications manager, and other members of staff, to address identified deficits in communication, such as the lack of education and training for residents and staff in methods of communication. This was particularly relevant in this centre as some residents were non-verbal and others had significant communication needs. A communication passport had been developed for one resident 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. The resident also had a hospital passport developed to support staff in an acute care setting should the need arise. It

was planned that these communication tools would be developed for all residents.

Following a family meeting, it was identified that one resident used an application on a tablet computer to communicate his needs when the resident was at home. Arrangements had been put in place with the family to purchase a similar device to support the resident communicate with staff when he was in the centre. An internet line had been installed in the centre but was not yet active as they were awaiting the purchase of a personal computer.

While there was evidence that issues identified on the previous inspection in relation to communication deficits were being addressed, the process had not yet developed to the stage where the actions were satisfactorily addressed, such as the provision of LAMH (a standardised, manual sign system for those with intellectual disabilities and communication needs) training to residents and staff.

Records viewed indicated that one resident had been referred to speech and language therapy for follow-up and review, however, the resident had not yet been reviewed.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

It was identified on the last inspection that there was insufficient consultation with family members, however, as stated in Outcome 1, since the last inspection the families of all residents had been contacted with a view to consultation in the development of personal plans and this process was ongoing. Since the last inspection the staff bedroom that was located on the ground floor had been converted into a sitting room, resulting in more communal space for residents and facilitating residents to meet with visitors in private, separate from their bedrooms.

As stated in Outcome 1, an additional vehicle had been sourced to facilitate staff take residents on outings to the community. The person in charge stated that a suitable volunteer had been identified to assist residents participate in community activities, however, the volunteer had not commenced duties prior to the date of this inspection. As there were also reduced numbers of residents living in the centre and according to

the person in charge, this would facilitate residents to have greater participation in activities in the community, however, these changes had only been introduced immediately prior to this inspection and it was not possible to ascertain their effectiveness.

Judgment:

Non Compliant - Moderate

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:

A new contract of care had been developed, however, the contracts were not yet completed for each resident or signed by residents or their representative.

There was an up-to-date admissions policy dated June 2014.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

implemented.

Findings:

Consultation with residents and their relatives in relation to the development of personal plans had commenced and was ongoing. The process of developing personal plans from the information obtained in the family meetings had not yet been completed, so there were not yet personal plans developed with goals identified for individual residents, plans in place to enable goals to be met or persons identified to enable residents achieve their goals. There continued to be a requirement for multidisciplinary assessment of residents and incorporation of the findings into personal plans. For example, one resident had been referred to speech and language therapy for review but the resident had not yet been reviewed. Another resident required review by allied health/specialist services in order to determine the capacity of the resident to climb stairs safely, but this had not been completed.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not 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. Prior to this inspection two residents had moved to alternative accommodation following consultation with family members. The person in charge and provider were informed by inspectors that all residents required assessment in relation to the suitability of the premises for their assessed needs.

Improvements since the last inspection included the conversion of the staff bedroom downstairs . The shower seat that was in a poor state of repair had been removed as the person in charge stated that it was no longer required. An extractor fan had been installed in the shower room.

As outlined following the last inspection the corridors upstairs were narrow and did not

comfortably facilitate two people to pass one another.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a risk management policy dated April 2014. There was 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. However, all of the requirements of the regulations were not addressed and the policy did not outline in sufficient detail how the centre recorded, investigated or learned from accidents and incidents. The emergency plan had not been updated since the last inspection and was not available in the centre on the day of the inspection.

A cleaning schedule had been introduced and there was visible improvement in the cleanliness of the centre since the last inspection. In addition to the cleaning schedule a booklet had been developed for staff outlining the procedure for cleaning the premises and equipment. The colour coded cleaning system had been amended to address the confusion identified on the last inspection. There were no hand washing facilities in the utility room.

Emergency lighting had been installed upstairs and the fire evacuation notice was on prominent display downstairs.

Judgment:

Non Compliant - Moderate

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

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: It was identified in at the last inspection that personal plans did not identify training or education goals. As outlined in Outcome 1, personal plans were in the process of being updated but were not yet completed.</p>
<p>Judgment: Non Compliant - Minor</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Personal plans were in the process of being developed and it was not possible on this inspection to determine if healthcare issues were satisfactorily addressed, as the plans were not yet completed. The person in charge stated that none of the residents had significant healthcare needs that required to be addressed in personal plans. A resident health assessment was in the process of being completed for each resident by their GP and this would contribute the healthcare element of personal plans.</p> <p>Records were available supporting the provision of nutritious and wholesome meals to residents 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, for residents that had been advised to use them. A training plan has been developed and one staff member completed training in food hygiene since the last inspection.</p>
<p>Judgment: Non Compliant - Minor</p>

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):

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

Findings:

At the last inspection it was identified that there were deficiencies in prescription sheets and administration records such as the absence of a signature denoting that medicines had been administered and some prescriptions did not contain adequate identifying information. Based on a sample of prescription and administration records viewed by the inspectors, these issues had been satisfactorily addressed.

There was a medication management policy, however it did not address the return of unused/out-of-date medicines to the pharmacy.

Judgment:

Non Compliant - Minor

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):

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

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):

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

Findings:

Improvements were noted in the oversight of the centre as demonstrated by improvements in records, in particular in relation to food and nutrition. Additional improvements included the provision of additional transport, changes to the layout and design of the centre and the facilitation of some residents to move to accommodation more suited to their needs.

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):

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

Findings:

There was evidence of improvement in the allocation of resources, as already described in Outcome14, resulting in improved access to transport, changes to the layout and design of the premises and improved access to training.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

As already outlined in this report, since the last inspection, the number of residents living in the centre had been reduced from seven to five and therefore there was an improved ratio of staff on duty to meet the needs of residents. This had only occurred immediately prior to this inspection and therefore it was not possible to evaluate whether the changes had a positive impact on the lives of the residents.

A training programme had been developed and a number of staff had undergone training on issues such as food hygiene, relationships and sexuality, trust in care and hand hygiene, however, training had not yet been completed on other issues relevant to the profile of residents such manual handling and communication.

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 - Minor

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):

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

Findings:

Since the last inspection a new suite of policies had been developed and all of the policies listed in Schedule 5 of the regulations were available and up-to-date. A new Directory of Residents had been developed since the last inspection and now facilitated the inclusion of all residents, including respite residents, in the directory.

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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003302
Date of Inspection:	08 July 2014
Date of response:	22 September 2014

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

The process of supplying suitable locks for either lockers or wardrobes was planned, however, this had not yet been achieved. Residents were unable to lock their bedrooms, should they wish to do so, as the current location of keys was unknown.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Person in charge will ensure each resident has a lockable facility within their bedroom.

Proposed Timescale: 31/10/2014

Theme: Individualised Supports and Care

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

The complaints policy did not identify the person responsible for overseeing the complaints process to ensure that all complaints were adequately dealt with, as required by the regulations.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The complaints procedure will be reviewed to include the identity of the person responsible for overseeing the complaints process.

Proposed Timescale: 31/10/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

While there was evidence that issues identified on the previous inspection in relation to communication deficits were being addressed, the process had not yet developed to the stage where the actions were satisfactorily addressed, such as the provision of LAMH (a standardised, manual sign system for those with intellectual disabilities and communication needs) training to residents and staff.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Training programme will be rolled out to staff from October 2014. This will be a one day training session that will develop skills in making information accessible for the people we support. PIC is awaiting confirmation of training dates

Proposed Timescale: 30/11/2014

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

Theme: Individualised Supports and Care

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

An additional vehicle had been sourced to facilitate staff take residents on outings to the community. The person in charge stated that a suitable volunteer had been identified to assist residents participate in community activities, however, the volunteer had not commenced duties prior to the date of this inspection. These changes had only been introduced immediately prior to this inspection and it was not possible to ascertain their effectiveness.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Volunteer has commenced duties leading to increased opportunities for activation within the local and wider community. This process will be evaluated to ensure it is utilised to it's full potential

Proposed Timescale: 31/10/2014

Theme: Individualised Supports and Care

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

Records viewed indicated that one resident had been referred to speech and language therapy for follow-up and review, however the resident had not yet been reviewed.

Action Required:

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

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

The person in charge will liaise with therapist to determine a time-frame in response to referrals

Proposed Timescale: 31/10/2014

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:

A new contract of care had been developed, however, the contracts were not yet completed for each resident or signed by residents or their representative.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Contract of care will be sent to each resident and his/her representative and completed.

Proposed Timescale: 31/10/2014

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:

Consultation with residents and their relatives in relation to the development of personal plans had commenced and was ongoing. The process of developing personal plans from the information obtained in the family meetings had not yet been completed

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All representatives will again be contacted re development of personal plans. Information obtained will be developed in personal plans

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The person in charge and provider were informed by inspectors that all residents

required assessment in relation to the suitability of the premises for their assessed needs.

Action Required:

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

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

Person in charge will liaise with facilities manager, therapists and necessary personnel to assess suitability of premises to meet the needs of each individual. This work has commenced

Proposed Timescale: 31/10/2014

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:

All of the requirements of the regulations were not addressed in the risk management policy as it did not outline in sufficient detail how the centre recorded, investigated or learned from accidents and incidents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Person in charge will ensure that the risk management policy includes arrangements of how the designated centre records, investigates and learns from accidents and incidents.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The emergency plan had not been updated since the last inspection and was not available in the centre on the day of the inspection.

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:

Emergency plan to be developed and made available to all staff.

Proposed Timescale: 31/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans were in the process of being developed and it was not possible on this inspection to determine if healthcare issues were satisfactorily addressed, as the plans were not yet completed.

Action Required:

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

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

Personal plans will be completed and reflect each individuals health care needs

Proposed Timescale: 30/11/2014

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:

There was a medication management policy, however it did not address the return of unused/out-of-date medicines to the pharmacy.

Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

Person in charge will develop local policy to include the return of unused/out-of-date medicines to the pharmacy. Local protocol will be developed to detail arrangements for the receipt and return of unused/ out of date medications and documentation of all such actions

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

A training programme had been developed and a number of staff had undergone training on issues such as food hygiene, relationships and sexuality, trust in care and hand hygiene, however, training had not yet been completed on other issues relevant to the profile of residents living in the centre such manual handling and communication.

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:

Training programme is ongoing. A number of places have been booked on upcoming manual handling courses. The person in charge will source communication training for staff

Proposed Timescale: 31/12/2014