

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 5
Centre ID:	OSV-0003291
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Bernadette O'Sullivan
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	5

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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 September 2016 08:30	19 September 2016 17:00
03 October 2016 08:30	03 October 2016 15:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the second inspection of a centre that was registered as a designated centre with HIQA. The centre was managed by COPE Foundation who provided a range of day, residential and respite services in Cork.

As part of the initial registration of this centre in 2015 a condition was placed that the physical environment had to be reconfigured to meet the needs of the residents. The service had provided a new wing in the centre which comprised six single bedrooms, one double bedroom, two bathrooms and a "wetroom". There was also communal space including a kitchen/dining area and a lounge room. The building works had been completed to a very high standard. Residents who were to move into this part of the centre had chosen their own bedrooms and had decorated the rooms according to their own personal taste.

Description of the service

The centre was a congregated setting and provided a home to 28 residents on the main campus of the service in Cork city. The centre was a retirement home catering for the changing needs of the older adult with intellectual disability. Residents were supported to age with dignity and respect. In particular residents received support at

the end of their lives which met their physical, emotional and spiritual needs. The facilities included one bedroom to facilitate residents who required a shorter "respite" break.

As part of the registration of this centre the COPE Foundation had upgraded the facilities for eight residents. Accommodation was now provided for residents in three distinct parts of the one building:

- part I had nine single bedrooms and one double bedroom. This part of the premises had a large sitting room where formal activities took place, a kitchen/dining room, a family room and an art room
- part II was an accessible part of the building. There were eight single bedrooms, some of which looked out onto a courtyard garden. There was free access to communal areas such as hallways, bathroom, dining room and sitting room. There was a wheelchair accessible lift to the remainder of the building
- part III was the new wing in the centre which comprised six single bedrooms, one double bedroom, two bathrooms and a "wetroom".

The majority of residents had high support needs with some residents also having complex healthcare needs, including dementia and alzheimer's disease. The service could provide care for residents receiving palliative or end of life care. There were also eight residents who were independent with their activities of daily living. Some residents attended the Cope Foundation day services with two people attending on a full time basis, and two people attending on a part time basis.

How we gathered our evidence

The inspector met with approximately 20 residents currently living in the centre. Residents said to inspectors that they liked living in the centre. One family member said to the inspectors that they were welcome any time in the centre and that the staff were very compassionate and caring.

The inspector met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner. The inspector also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings

Residents were supported to age with dignity and respect. In particular, residents received support at the end of their lives which met their physical, emotional and spiritual needs.

Staff had appropriate skills and knowledge to support residents with high levels of complex healthcare needs. For example, there were a number of residents who had supra-pubic catheters in place to support their bladder control. Seven of the nursing staff had undergone training and were qualified and competent to change the catheter as required. This meant the resident did not need to return to the urology department that initially inserted the supra-pubic catheter. 11 staff nurses had received training coordinated by the local hospice on the management and use of subcutaneous drug infusion by portable syringe driver.

There were suitable management arrangements in place. In particular, the person in charge was supported by the clinical nurse manager. Both had significant experience and relevant post graduate qualifications to support residents with complex care needs.

The Action Plan at the end of the report identifies other areas where improvements are needed to meet the requirements of 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. These areas included:

- fire safety and in particular the availability of certification relating to upgrading of Part III of the premises
- documentation regarding care planning at end of life. The practices of care were satisfactory but the recording of care given required improvement
- multi-disciplinary input into the personal planning process. The review did not address the supports required from healthcare professionals that would best meet the resident's needs
- not all environmental restraints had been applied in accordance with evidence based practice

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The arrangements to meet each resident's assessed needs were set out in an individualised personal plan. However, some improvement was required in the person centred planning process and in particular input from the multidisciplinary team was required.

There were two sets of resident records; the person centred planning folder and a separate file for medical records. In the person centred planning folders there was a summary profile of the resident which outlined things that staff and carers must know about the resident. This included how the resident communicated, including any assistance they may need to communicate. The summary profile included issues that were important to the person like "things that make me happy" and "things I like to do".

In the sample care plans seen there was evidence of resident and family involvement in the setting of the goals following the care planning process.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. In relation to social care needs there was evidence that each resident was supported to develop an individual lifestyle plan each year. The lifestyle plan supported the person to establish a circle of support made up of family members, friends and any others who the resident was close to and from whom they wished to receive support. In the plans seen priority goals or outcomes were developed for the resident.

Since the last inspection a dedicated activities coordinator had been appointed and In

house activities were available to residents including art, baking and music. Many residents enjoyed household tasks and others went shopping locally.

In relation to healthcare needs there care plans had been developed for identified healthcare needs. These care plans were in the person centred planning folder. The supplementary information in relation to these healthcare needs was in the separate file for medical records.

However, the review of the personal plan and in particular the assessment of health, personal and social care needs was not multi-disciplinary. For example, one resident had their person centred planning meeting and input had been required from a physiotherapist and an occupational therapist who were not present at the personal planning meeting. Therefore the review did not address the supports required from healthcare professionals that would best meet the resident's needs.

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:

The location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre was a congregated setting and provided a home to 28 residents on the main campus of the service in Cork city. The centre was a retirement home catering for the changing needs of the older adult with intellectual disability.

At the previous inspection it had been identified that the living quarters for eight residents was not suitable. As part of the registration of this centre the COPE Foundation had upgraded the facilities for these eight residents. Accommodation was now provided for residents in three distinct parts of the one building:

- part I had nine single bedrooms and one double bedroom. This part of the premises had a large sitting room where formal activities took place, a kitchen/dining room, a family room and an art room
- part II was an accessible part of the building. There were eight single bedrooms, some

of which looked out onto a courtyard garden. There was free access to communal areas such as hallways, bathroom, dining room and sitting room. There was a wheelchair accessible lift to the remainder of the building

- part III was the new wing in the centre which comprised six single bedrooms, one double bedroom, two bathrooms and a “wetroom”. There was also communal space including a kitchen/dining area and a lounge room. The building works had been completed to a very high standard. Residents who were to move into this part of the centre had chosen their own bedrooms and had decorated the rooms according to their own personal taste.

The centre was very well maintained. All rooms were fully furnished and decorated in conjunction with the individual resident’s personal choice and taste. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose. The sitting room in Part I of the building was observed by the inspector to be the “heart” of the centre with the activities coordinator facilitating many activities for residents from this area. There was also a quieter lounge area at the main entrance with a mural painted by one of the residents.

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:

The arrangements for risk management were adequate. However, some improvement was required in relation to fire safety and in particular the provision of a fire escape from Part III of the building.

The centre had a risk register in place that was designed to log all the hazards that the organisation was actively managing. There were 55 hazards identified in total including the support of residents with Alzheimer’s disease, healthcare acquired infections, fire safety and moving and handling. The management of hazards on the register was robust with evidence that each item was being followed up appropriately. If an issue required escalation to senior management of the service this had also been completed. There was one hazard identified as high risk on that related to supporting residents to manage their behaviour. This had been escalated to senior management and had recently been resolved. There was a system in place to formally review the risk register every six months.

Each resident had participated in identifying specific hazards relating to their lives. These were contained in individual risk profiles. Where relevant to the assessed healthcare needs of residents the risk profile was contained in the healthcare plan. For example, one resident was identified as being "at risk of aspiration". This risk profile was also in the healthcare plan for this resident to support them while eating and drinking .

The inspector reviewed the incident reporting system from January 2016 onwards. There was a robust system in place to ensure that all incidents were followed up by the person in charge and were reported to senior management of the service. There was a proactive quality and safety committee which reviewed all incidents/accidents on a three monthly basis. This committee also monitored the centre risk register and any restrictions that imposed on residents' lives.

The local risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was also a local safety statement in place.

In relation to Part I and Part II of the premises the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. However, because the fire safety works had not been completed in Part III, confirmation was not available that this part of the centre complied with all fire safety regulations. The person in charge was to forward written confirmation to HIQA when these upgrade works were completed; and was to forward confirmation that the centre complied with all fire safety regulations.

Records indicated that all staff had been trained in fire safety management. All staff spoken with knew what to do in the event of a fire, including the evacuation routes and assembly points. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire.

In relation to the management of control of infection, there were a number of residents who had supra-pubic catheters in place to support their bladder control. Seven of the nursing staff had undergone training and were qualified and competent to change the catheter as required. This meant the resident did not need to return to the urology department that initially inserted the supra-pubic catheter.

There was a system whereby all health care waste was segregated immediately by the person generating the waste into appropriate colour coded waste or storage bags in accordance with current national and local policies.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Measures to protect residents being harmed were in place. A restraint-free environment was promoted. However, improvement was required in relation to some environmental restrictions.

The service provider was obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). HIQA was notified in March 2016 that 7 residents had bedrails in place as a restraint while they were in bed.

The COPE Foundation restrictive interventions review committee provided oversight of all restrictions in the centre. This committee which consisted of an external person, and senior staff from nursing, psychology, and occupational therapy, had the responsibility to make decisions on applications for the use of restrictive interventions. For each restriction a request had to be submitted to the committee for the use of the planned restrictive intervention. This application outlined the details of the proposed restrictive intervention and the risk assessment in place in relation to the proposed intervention. The committee then issued a decision that was kept in each resident's healthcare file.

The service outlined that a new human rights policy was being developed and that a rights review committee will replace the restrictive interventions review committee. It will be the responsibility of the new rights committee to audit the use of rights restrictions and provide regular information to the senior leadership team regarding the use of restrictive interventions.

There were documents seen in residents' files which recorded residents sleep record during the night. This meant that a staff member had to physically enter the resident's room to check whether the resident was awake or asleep from 10pm to 8am. A risk assessment was not in place in relation to this environmental restriction. While there were safety concerns for one resident to validate the use of these physical checks, for the other residents there was no safety, or other reasons, either documented or outlined during the inspection.

It was a requirement of the regulations that all serious adverse incidents, including allegations of abuse were reported to HIQA. There were two significant incidents

submitted to the Chief Inspector since January 2016. In relation to the first incident there was evidence that the issues raised had been investigated in accordance with centre policy on prevention of abuse of residents.

The second issue related to an inappropriate placement of a resident in the centre on a temporary basis from another designated centre managed by the COPE Foundation. While this placement had been made in accordance with the statement of purpose, there was evidence that this placement had an impact on other residents in terms of their safety. There had also been a complaint made by a family of one resident due to safety concerns. The person in charge had escalated this inappropriate placement through the risk register process and it had been resolved by the service through the discharge of the resident to their original designated centre.

Residents who required support to manage their behaviour had care support plans in place. These plans were reviewed and updated as required by persons with specialist training and experience. In one case a re-referral had been made to the behaviour therapist as "as the (behaviour support) plan has not been used consistently leading to staff confusion".

The inspector queried the choice of language used in one section of the person centred planning documentation which did not promote residents' dignity. This was discussed with the person in charge who outlined that she would review these issues.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Residents were being supported to achieve and enjoy the best possible health. Residents were supported to age with dignity and respect. In particular, residents received support at the end of their lives which met their physical, emotional and spiritual needs.

Care plans identified the spiritual needs of residents and in particular for their care at end of life. There was also care planning in relation to pain management and support from the palliative care team. There was evidence of appropriate assessment and review of residents at end of life by the general practitioner (GP). The records also indicated

that the community palliative care team was available both by visiting the resident and via telephone for advice. However, staff were unclear about some practices around recording of care at end of life and in particular turning charts. There was also an absence of pain management care planning for residents at end of life.

There was evidence of good communication with the resident and their families in all stages of the end of life care process. In these cases there was unrestricted access for families with showering, sleeping and dining facilities made available. There was a sitting room available to families which they were encouraged to use.

There was a bright and spacious oratory/prayer room on site and this was used for prayer and removal ceremonies.

The person in charge outlined that there was a service general practitioner (GP) who reviewed residents, as required, in the centre. The inspectors reviewed a sample of resident healthcare files and found evidence of regular GP reviews.

There were up to date records of referrals to consultant specialists maintained for all residents and in particular there was evidence of follow up communications with hospitals in relation to procedures. Residents in the centre received a community epilepsy outreach service, coordinated through the neurology and epilepsy department in Cork University Hospital. The epilepsy outreach service visited residents in their home environment and provided ongoing telephone-based care in between visits.

There was evidence that residents were referred, as required, to allied health professionals including the speech and language therapist, occupational therapist and dietitian.

Dinner was prepared in a kitchen off site and the food was delivered in thermally insulated trolleys. Staff adapted the meals to accommodate individual residents' food preferences or dietary requirements. Due to some residents' dependency levels staff assisted these residents with their meals. Staff were observed assisting residents in a sensitive manner and engaged in a positive way with residents throughout the meal.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Medication management policies and practices were satisfactory.

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

A sample of medication prescription and administration records was reviewed by an inspector. The prescriptions were transcribed by the pharmacist who supplied the medication. Staff with whom inspectors spoke confirmed that there was a checking process in place to confirm that the medicines delivered correspond with the medication prescription records.

There were protocols signed by Consultant Neurologist to aid staff on medication management and the administration of buccal midazolam.

A number of residents required their medication to be administered in a modified form to that prescribed (i.e. crushing an oral medication that is in a tablet or pill form). In each case the doctor had stated on the prescription sheet that the medication was to be crushed. There were preparation practices whereby the medication was crushed in a closed system, thereby ensuring that all medication was given as prescribed; and that there was no cross contamination while the medication was being crushed.

Compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines. A photograph of the resident was used to identify residents who were unable to verbally confirm their identity.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Staff outlined the manner in which medications that were out of date or dispensed to a resident but were no longer needed were stored in a secure manner, segregated from other medicinal products and were returned to the pharmacy for disposal.

The results of medication management audits were available. The audits identified pertinent deficiencies and actions had been completed following the audits.

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified, skilled and experienced person in charge. Effective management systems were in place.

The person in charge had been appointed in January 2016 and was a registered nurse in intellectual disability. She had a degree in nursing studies from UCC, a degree in business and postgraduate qualifications in palliative care.

There were suitable support arrangements in place to enable the person in charge to effectively undertake the role. In particular, the person in charge was supported by the clinical nurse manager who was also a registered nurse in intellectual disability and had a postgraduate qualification in gerontology and dementia. The person in charge reported to the director of homes and community who outlined that her role was to provide oversight of this centre and a number of other designated centres in Cork.

The person in charge had introduced a schedule of audits every month to measure the quality of safety and care provided to residents. This included reviews of medication, fire safety, nutrition, infection control and the environment. There was evidence of improvement following these audits. For example, following an audit of the environment some bedrooms had been identified as requiring upgrading/painting which had since been completed.

The service provider had ensured that two unannounced visits had been completed in 2016 that reviewed the quality and safety of care and support in the centre. There was a prepared written report available in relation to these reviews. As part of these reviews COPE Foundation had engaged in consultation with residents and their families on the quality of care provided.

The annual review of the quality and safety of care in the centre for 2016 undertaken by the COPE Foundation was found to be comprehensive and informative. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action. There was evidence that progress had been made in relation to deficiencies identified and in particular the process for risk assessment, planning of care for assessed healthcare needs and the review of the risk register.

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):

No actions were required from the previous inspection.

Findings:

Based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

The person in charge outlined that the service was aware that the residents had high support needs some of whom also had complex healthcare needs.

From a review of the staff rota there was a complement of between four and five nurses every day on duty with a further five or six healthcare assistants also available to support residents. Both the person in charge and the clinical nurse manager were additional resources available to residents. There was separate housekeeping staff; and an activities coordinator available Monday to Friday.

The staff team working in the service had received appropriate training to support the complex needs of residents. The person in charge confirmed that 11 staff nurses had received training coordinated by the local hospice on the management and use of subcutaneous drug infusion by portable syringe driver. Seven of the nursing staff had undergone training and were qualified and competent to change a supra-pubic catheter as required. Some nurses had completed post-graduate courses on palliative care, gerontology and dementia in adults with an intellectual disability.

Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003291
Date of Inspection:	19 September 2016 and 03 October 2016
Date of response:	23 November 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

The review of the personal plan, and in particular the assessment of health, personal and social care needs was not multi-disciplinary.

1. Action Required:

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

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

multidisciplinary.

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

The multi-d team are invited to attend PCP meetings annually and this process will continue for 2017. Where members of the multi-d team cannot attend a report will be available for the resident and the service to develop goals and care planning for the year.

Proposed Timescale: 27/02/2017

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:

Because the fire safety works had not been completed in part III of the premises, confirmation was not available that this part of the centre complied with all fire safety regulations.

2. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

It is proposed that the contractor will achieve completion on all internal aspects of this project by 25th November.

A final snag list was issued to the contractor on 18th of November. All certificates will be received as part of the Safety File for this project by 30th November.

The contractor is progressing the external escape stairs and has confirmed that this element of works will be completed by 2nd December.

Proposed Timescale: 02/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all environmental restraints had been applied in accordance with evidence based practice.

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The RIRC gave feedback on the 16/11/2016 and 18/11/2016. Two outstanding RIRC applications are still awaiting feedback; this will be addressed at the next RIRC meeting

Proposed Timescale: 29/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Staff were unclear about some practices around recording of care at end of life and in particular turning charts. There was also an absence of pain management care planning for residents at end of life.

4. 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:

A pain management plan has been developed within the centre for residents at end of life

Repositioning charts were and are available within the centre, all staff have now been informed of the correct practice via a protocol which is available for all staff members

Proposed Timescale: 21/11/2016