

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 3
Centre ID:	OSV-0003697
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Anna Broderick
Lead inspector:	Carol Maricle
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	22
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 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:
24 August 2017 09:00	24 August 2017 17:30
25 August 2017 08:15	25 August 2017 17:30

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

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

Summary of findings from this inspection

Background to the inspection:

This centre was a designated centre for adults with disabilities that offered a residential service. This was the second inspection since it had reconfigured as a standalone centre in 2016.

The current inspection was scheduled to inform the registration of the centre.

How we gathered our evidence:

As part of the inspection, the inspector met and spent some time with seven

residents and observed a further 13. They also met with members of the staff team that included nurses, care assistants, the person in charge, two persons involved in the day-to-day management of the centre and the person representing the provider. Not all of the residents could share their views verbally with the inspectors about the service provided; however, the inspector spoke with some of their representatives and observed staff interacting with them. The inspector read documentation such as a sample of residents' personal plans, thirteen pre-inspection questionnaires submitted by residents and representatives of residents along with other relevant records kept in the centre.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. During and immediately following this inspection, the person representing the provider made a number of changes to the statement of purpose to ensure that it accurately reflected the service that the centre provided. The centre provided full-time residential accommodation and services to residents with an intellectual disability. The maximum number of residents that the centre could cater for was 22 and, at the time of this inspection, the centre had one vacancy. The inspectors found that the service was being provided as it was described in the document.

The centre comprised three purpose-built inter-linked units (bungalows) on a campus style setting on the outskirts of a city. These units had a shared paved area to the rear. There was also a fourth unit as part of this centre and this was a two-bedroomed house located a number of kilometres from the other units. The inter-linked units each had a kitchen and dining area, a sitting room, bedrooms accommodating each resident and bathroom facilities. The fourth unit contained a kitchen and dining room, a sitting room, two bedrooms, bathroom facilities and an office.

Overall judgments of our findings:

Overall, it was demonstrated that residents were supported appropriately on a day-to-day basis by staff in their health and personal planning arrangements and there were adequate governance systems in place, however, there were a number of regulations that were not being met.

Some areas of non compliances were identified in relation to:

- language used in a document (Outcome 1)
- contracts that were not specific (Outcome 5)
- aspects of the premises (Outcome 6)
- risk rating and fire safety (Outcome 7)
- safeguarding arrangements and restrictive practices (Outcome 8)
- timeliness of a notification to HIQA (Outcome 9)
- findings of the annual review (Outcome 14)
- supervision systems (Outcome 17)
- record keeping (Outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place regarding complaints, advocacy and the safety and security of personal finances. Complaints were recorded and acted upon. However, some improvements were identified in the area of the promotion of dignity and residents accessing facilities in the community.

At the previous inspection, it was found that the satisfaction level of a complainant following the outcome of a complaint was not fully documented. At this inspection, this was found to be suitably addressed.

Residents had access to information on advocacy. A resident had recently attended advocacy training in 2017. A staff member had also trained in staff advocacy. There was a staff member based within the organisation whose title was advocacy officer and she or he was responsible for strengthening advocacy across all centres in 2017. This meant that at an organisational level, advocacy was invested in and promoted. The impact that this role had on residents at this centre was not yet fully demonstrated due to the infancy of the service. However, there were systems in place to ensure that residents were consulted with and actively participated in the running of the centre. There were a number of committees that had been formed since the previous inspection. Staff and residents sat on these committees. The committees focused on advocacy, complaints, personal planning arrangements, medicines management, audits and standards and health and safety. Community participation was referenced at one of these committee meetings and there was reference to educational courses, fundraising and the development of literacy skills. It was noted at one of these meetings that access to a local public swimming pool was limited due to the mobility needs of the residents. An

inspector queried this with the person in charge who stated that where residents did not have mobility needs there should be no limitation to their use of public facilities such as a swimming pool.

Separate to these committees, there were also one-to-one discussions with the residents and their key workers and these were called resident forums. These forums focused on the resident and their individual views on living at the centre.

The privacy of residents was respected. Each resident had their own bedroom. There was limited space within each unit for residents to meet privately with their family members or friends other than the bedrooms of each resident. On balance, this was not raised as an issue by residents or staff. The management team told the inspectors that residents were welcome to walk to the day centre located within the same campus and they could access a range of rooms at this centre should they require privacy. This was observed during the inspection.

Overall, the dignity of the residents was preserved and promoted. Throughout the inspection, staff were observed communicating effectively with the residents and engaging with them in a kind and respectful manner. They treated each resident as an individual and the management team were equally all very familiar with each resident and could speak about their individual interests and routines. Inspectors observed laughter and warmth between some of the residents and the staff (including the management team) at their day service. Some of the residents performed administrative duties at the centre in a voluntary capacity and it was clear that their role was respected and promoted. Residents spoke proudly of their office duties at the day centre they also told inspectors that they enjoyed going for lunch with some of the management team occasionally. This was observed during the inspection. However, the inspector did find evidence in one personal planning system that showed a resident being described in a negative manner when it came to aspects of their behaviour. This was pointed out to the person in charge who committed to reviewing this immediately. This was not observed in other documentation viewed by the inspectors.

There was documented evidence that residents were consulted with and engaged in their person centred planning. One of the residents sat with an inspector and discussed their personal plan and goals. They presented as being satisfied with how they lived their life. A second resident discussed with an inspector about their quality of life at the centre which they reported to be positive. A number of residents completed pre-inspection questionnaires and these showed how they were satisfied with their quality of life.

The centre had an up-to-date complaints policy. A complaints coordinator was identified. A noticeboard was placed in each unit and easy-to-read information on how to make a complaint was displayed on each board. The complaints log was reviewed and it was evident that details of a complaint were recorded; the actions taken to resolve the complaint; the outcome and signatures of persons involved. To date, 42 complaints were recorded in the six months prior to the inspection and all were noted as resolved to the satisfaction of the complainant. The person in charge explained to the inspector that the number of complaints made was indicative of staff promoting to residents their right to complain. The person in charge had previously contacted HIQA to inform them

of the learning that had arisen within the centre following one of these complaints as it was at first processed as a complaint and then as a safeguarding concern rather than at the outset a safeguarding concern. This has since been resolved to the satisfaction of the inspector.

An inspector met with a staff member to discuss the personal financial arrangements of residents at the centre. This staff member was employed at the day centre, however, he reported to the person in charge of this centre. He was assigned responsibilities regarding the personal finance systems of residents. He was familiar with the finance arrangement of each resident. He discussed the safeguarding procedures put in place such as the procedures for accessing monies. He showed the inspector an example of how a resident's personal finances were protected and the systems in place to ensure that monies drawn down and spent were all accounted for. Some residents were actively involved in their personal finance arrangements and had access to their own bank accounts. They were supported to withdraw, lodge and spend their monies. Residents could keep their personal monies safe in a locked safe located in each of the units.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Residents were facilitated to communicate at all times. Where required, there were systems in place to ensure that effective and supportive interactions were provided to residents to ensure their communication needs were met.

There was a policy on communication developed by the provider. Staff, with whom inspectors spoke with, were aware of the different communication needs of the residents. Some of the residents were able to communicate verbally and staff were observed engaging in discussion and chat with these residents.

The personal planning arrangements of each resident highlighted the strengths and any difficulties in the area of communication. Each resident, whose file was viewed by an inspector, had documents that helped staff to understand how to communicate with them. Residents had communication passports, where required.

All residents had access to a suite of multidisciplinary professionals located within the

organisation and this included a speech and language therapy service.

Some staff had completed training in a recognised augmented form of communication. There were noticeboards displayed at each unit and this contained easy to read information on the running of the house.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

The organisation maintained a policy on visitors. The arrangements for visiting were also set out in the statement of purpose. Positive relationships between residents and their family members were supported. Residents were supported to meet with family and friends. Families were encouraged to be involved in the lives of the residents. The inspectors met with a number of family representatives over the course of the inspection and they confirmed that they were made to feel welcome at the centre and could visit at any point.

There was evidence that family members were involved in the residents' personal plan review meetings. This was evidenced by the family members signing to confirm their involvement in reviews. Family representatives also confirmed to inspectors their involvement in these meetings.

Residents were supported to develop personal relationships and to access their amenities in their local community and nearby city.

Residents had access to television, the media and local events on in the community. Internet broadband facilities were not available across all four units but some of the residents were reported to have access to the internet through their personal phones. In addition, the day centre located on the same campus had desktop internet facilities.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were systems in place to ensure that contracts were in place for each resident, however, these were generic in nature. At the previous inspection it was found that application for admission to the centre was not assessed against transparent criteria.

Each resident, whose file was viewed by the inspector had a contract in place. However, the annual review of the centre conducted prior to this inspection highlighted that the contract was generic in its nature. Details of costs to residents were set out as a separate document located alongside their contract of care.

Since the previous inspection there had been no new admission to the designated centre, however, the registered provider had clear policies and procedures in this area. This centre did not provide an emergency admissions service and this was set out in the statement of purpose. Admission criteria was also set out in the statement of purpose.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

There were systems in place to ensure that all residents had personal plans in place based on an assessment of need that was informed by multidisciplinary review. Residents and their family representatives were involved in personal planning arrangements.

At the previous inspection, it was found that some personal planning arrangements were not kept up-to-date or under regular review. There was no multidisciplinary annual review to assess the effectiveness of plans. The goals, hopes and aspirations of the residents were not captured in personal planning arrangements. At this inspection it was found that there were adequate systems in place to address all of these arrangements.

There were systems in place to ensure that each resident had their needs assessed annually or more often as required. Staff completed health assessments to determine their healthcare needs in addition to other assessments in areas such as mobility, bone health and self-help skills. Residents whom staff assessed as to having specific needs had plans put in place around these and called healthcare management plans.

Inspectors saw records of person-centred meetings which were attended by residents and their representatives. During such meetings each resident set their own goals that they would like to achieve over the next year. An inspector met with a resident who went through his or her person-centred plan in detail and he or she outlined to the inspector their goals for the coming year; these were at various stages of progression. Some residents also wrote and typed up their own 'story' that they would like staff to read and be aware of.

There was a system in place across the organisation to ensure that all personal plans had the required input from a multidisciplinary team of professionals and that personal planning of all residents was reviewed by this team on an annual basis. The person in charge was highly conversant of the actions arising from these assessments and was able to account for all actions and their timelines.

Judgment:

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):

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

Findings:

Since the previous inspection, improvements had been made to the general upkeep of the premises but some improvements were still required. In addition, a ceiling hoist was required while some aspects of the premises layout required review.

The designated centre comprised four units in total. Three of these were interlinked bungalows that could accommodate 20 residents and were of similar design. Each of the three units had a sitting room, a kitchen and a dining area, a shower room, a bathroom with bath, toilets, housekeeping rooms, a boiler room, a linen and store room, a laundry room and other storage areas. Each residence had its own private entrance. The linked bungalows shared a rear paved area and parking facilities were also available. These three units were located beside a day services centre which the residents attended.

The previous inspection had identified a number of issues which required addressing, such as flooring and the general level of cleanliness. While improvement in these areas was noted, inspectors did observe some aspects of the premises which required addressing. For example, some areas of flooring were marked or damaged, an unclean shower curtain was seen in one bathroom, a light fitting in another bathroom was visibly unclean, the foot pedal of a bin was broken and it was observed that the chairs and dining table in one kitchen area were noticeably scuffed.

While reviewing one resident's personal plan it was noted that a risk assessment was in place dated February 2017 which highlighted the need for a ceiling hoist to assist in the personal care of this resident. At the time of this inspection this ceiling hoist had not been put in place and staff confirmed that challenges remained in providing personal care for the resident.

There were also aspects of the layout of these units which required review. In two units the location of a medication press required review. Inspectors observed a medication round involving one of these presses and it was apparent that the press, in its current location, posed a challenge in ensure safe medicines management. In addition two units had a boiler room area with exposed pipes which were identified as part of evacuation routes. This is discussed in greater detail under Outcome 7.

The fourth unit of this centre was a two-bedroom semi-detached house located in a housing estate, a distance of approximately two kilometres from the other three units. This unit had parking available and its own rear garden. However, it was noted that this garden was not kept in a good of state of repair in line with the neighbouring houses.

In all four units of the centre residents had their own bedrooms and some invited inspectors to see them. All rooms were decorated and personalised with photos and drawings. Facilities for residents to store their personal items were provided. The designated centre as a whole was observed to be presented in a homely manner throughout and residents spoken to indicated that they liked living in the centre.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Efforts were being made to promote the health and safety of residents, staff and visitors in the designated centre but the arrangements in place regarding evacuation procedures required review.

Fire alarm systems, emergency lighting, fire doors and fire fighting equipment including fire extinguishers were present in the four units of the centre. Inspectors saw records of certificates of maintenance carried out by external bodies at the required intervals for such equipment. However, the maintenance of such records was not done so in a manner which ensured ease of retrieval. This is addressed under Outcome 18.

The evacuation procedures were on display in all four units of the centre. Fire exits were also seen to be unobstructed throughout. However, while multiple evacuation routes were present in all units of the centre, during the course of inspection it was observed in two units that identified evacuation routes were in place which involved passing through separate boiler rooms. Both of these boiler rooms had exposed piping with one observed to be giving off a notable amount of heat. As a result inspectors were not satisfied that these evacuation routes would provide adequate means of escape in the event that a fire was to take place. This was brought to the attention of the person in charge who immediately sought to review this issue by having a consultant engineer review these evacuation routes before the close of this inspection while also undertaking to put in place any recommendations.

All residents had personal evacuation plans (PEPs) in place which were noted to have been recently reviewed. However, three residents had PEPs in place which outlined specific procedures to be followed in the event that these residents refused to evacuate. Some staff members spoken to said that they would follow these procedures outlined in these PEPs. However, such arrangements did not assure the safety of these residents in the event of a fire particularly in instances where there could be a delay in accessing emergency services. This was highlighted to the person in charge who took immediate steps to address this.

Fire drills were being carried out at regular intervals in all units of the centre. A record of these drills was maintained but it was noted that the names of staff members who

participated in these drills were not included in the records while the names of the residents who took part in the drills were recorded in a separate book. It was also observed that the time of day that the drill took place was not always recorded and an evacuation time was recorded even in instances where some residents had refused to evacuate. This is addressed under Outcome 18.

Inspectors reviewed training records for staff working in the centre and noted that they had undergone fire training within the previous 12 months. Staff members spoken to demonstrated a good knowledge of the evacuation procedures to be followed in the centre. However, one staff member who had commenced work in the centre in the months before this inspection had yet to participate in a fire drill.

The previous inspection found that the recording of temperatures for freezers containing food required improvement and that the centre did not routinely change mops after being used in residents' rooms. At this inspection, records of temperature recording for such freezers were seen while a specific protocol relating to the use of mops had been introduced. A local protocol relating to infection control was also found to be in operation.

A centre-specific risk register was in place which contained details of risk assessments carried out in relation to issues such as manual handling, slips, trips and falls and medication errors. This risk register was noted to have been recently reviewed and failings identified in this report were noted to have been identified as additional controls required to address identified risks. For example, the need for improved medication storage, a ceiling hoist and replacement flooring were clearly highlighted in the relevant risk assessments.

However, it was noted that some of the risk ratings applied in some risk assessments required review to ensure that they adequately reflected the actual level of risk within the centre. In addition, risk assessments relating to individual residents were contained in each resident's personal plan. While most of these contained relevant and accurate information, in some it noted that the details and controls measure outlined related to a different resident other than the resident whose personal plan they were contained in.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were systems in place to ensure that residents were protected and provided with support around their behaviours that required a response. However, there were a number of improvements required in this area.

Residents spoken to indicated that felt safe in the centre while family members also expressed the opinion that their relatives were safe. However during the course of the inspection an incident of a safeguarding nature involving one resident in the centre which had taken place some years previously was disclosed to inspectors. It was outlined to inspectors how specific safeguarding arrangements were in place to prevent a similar incident taking place. However, on review of the resident's personal plan, it was observed that the plan did not contain any reference to this incident nor the safeguarding arrangements as described.

This matter was discussed with the person in charge who confirmed that the incident described had taken place and that specific safeguarding arrangements were being followed which were communicated verbally between staff. While inspectors did not observe any evidence to indicate that the arrangements were not being followed and staff members spoken to were aware of these, the absence of a formal safeguarding plan for the resident did not assure inspectors that appropriate measures in place to ensure the safety of this resident at all times.

Inspectors reviewed training records for staff working in the centre and it was noted that all staff had received training in the area of safeguarding. It was also observed that most staff members had also received training in de-escalation and intervention but records indicated that two staff members had yet to undergo this training. Inspectors were informed by the person in charge that these two members of staff were due to receive this training in the month following this inspection.

The inspectors viewed a sample of files and these showed how an assessment of the residents' ability to self-care had been carried out. Intimate care plans were put in place, as and when necessary.

An inspector observed that the language used in some documents pertaining to two residents, was not found to be appropriate and based on evidence. This meant that staff were over alerted to a behaviour that may or may not have been grounded in evidence. This was brought to the attention of the person in charge who immediately liaised with the designated officer of the organisation. At the conclusion of the inspection, one set of documentation had been reviewed by the management team, while the other awaited review.

There were systems in place to ensure that the use of restrictive practice was governed by policy. The organisation had released a newly updated policy on restrictive practice.

The person in charge had reviewed practices across the centre and had followed the policy and the procedure set out. However, the inspectors found that the locking of a kitchen door in some of the units during certain times of the day was not demonstrated to have been put in place following the exhaustion of all other methods. Clinical prescriptions (where applicable) for the use of restrictive practices were not always found to be in place. In the previous twelve months, a resident had queried the level of staff supervision that they experienced on a day-to-day basis. The rationale for this level of staffing which was restrictive in its nature was explained by the person in charge. However, this was not evidenced or set out sufficiently in the file of the resident. An inspector observed the cupboards in a kitchen being locked and unlocked by staff. This meant that residents could not access their own food without the support of staff. The rationale for the locking of kitchen cupboards was not set out in documentation to show how it was in line with organisational policy.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure that notifications were submitted to HIQA, however, one such notification was not submitted to HIQA in the required timeframes.

While reviewing the notification history for this centre it was noted that a notification of an allegation of abuse had not been forwarded to HIQA in the required timelines. The person in charge gave assurances that all notifications going forward would be submitted in the timeframes as set out by HIQA.

A log of accidents and incidents was also reviewed and it was found that all other notifiable events had been submitted within the required timeframe.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure that the welfare and development of residents were identified and catered for.

Inspectors saw evidence of and were told by residents that they were engaged in activities both internal and external to the centre. Examples of this included seasonal activities and birthday parties, attending day services, going shopping, going to a public house, going out for coffee and participating in employment.

There was a day centre located adjacent to the three interlinked houses and residents were free to come and go as they pleased to this centre. Residents were also supported to pursue education if they wished and inspectors saw completed certificates which some residents had achieved in areas such as advocacy. An inspector met with two residents who discussed the employment that they both participated in and social outings. A third resident was described by staff as to enjoy engaging in voluntary work around the campus with staff.

Where a resident highlighted how they would like to develop their literacy skills, an inspector found reference to this in the minutes of a committee meeting attended by both staff and residents. This request was being actioned at the time of the inspection.

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 enjoy the best possible health within the designated

centre.

Residents' specific healthcare needs were at first assessed by staff nurses as part of the annual assessment of need. The findings of these assessments then led to the development of corresponding healthcare plans. In the sample of healthcare assessment viewed, it was found that these had been carried out within the previous 12 months.

On a day-to-day basis residents accessed allied health services and were supported by staff in scheduling and attending these appointments. There was appropriate documentation to show the full range of healthcare appointments attended by each resident.

Records clearly showed the range allied health professionals residents had attended, such as physiotherapists, chiropodists and dentist, along with any actions resulting from these appointments. It was noted by inspectors that a resident was awaiting a strap to help with their mobility for a number of months and this was still outstanding at the time of this inspection. This is discussed in further detail under Outcome 14.

Inspectors saw evidence that routine checks such as blood pressure and weight were maintained while vaccinations were also provided for. Residents also had hospital passports contained in their personal plans which outlined key information relating to residents should they be admitted to hospital.

At the time of this inspection, some residents required support in the promotion of their mental health. The inspectors viewed a number of mental health plans developed by staff, however, these lacked clinical oversight by a member of the management team and this has been referred to in Outcome 14. The need for staff training in mental health has been referred to in Outcome 17.

Residents were supported in their daily eating and drinking. Some residents had plans in place to assist them in their eating and drinking. These plans were kept in each unit and available to staff all times to ensure that staff knew the individual requirements of each resident.

Inspectors were satisfied that residents were provided a choice in their meals. An inspector observed a breakfast routine at one of the units and it was a pleasurable experience for all. Staff had the time to support each resident and attended to their individual needs. Residents also had access to snacks and refreshments if required.

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):

No actions were required from the previous inspection.

Findings:

Appropriate procedures were in place relating to medicines management.

A sample of prescription and administration records were reviewed by inspectors. It was found that the required information such as the medicines' names, the medicines' dosage and the residents' dates of birth were contained in these records. Records indicated that medicines were administered at the time indicated in the prescription sheets.

Secure storage was in place for the storage of medicines with separate spaces available for out-of-date or returned medicines. A locked fridge for storing medicines was also available within the designated centre. The location of the medicines management presses was not always suitable as some of them were located in the main kitchen and dining area and staff reported that they it posed a challenge when the kitchen as busy. This has already been referred to in Outcome six.

There was a suite of audits conducted in the centre on medicines management. A person involved in the management of the centre was conversant on the results of these audits and could describe to the inspector the findings and any changes in practice that arose following each audit.

Residents were assessed in order to ascertain their ability to self-administer their own medicines.

Some residents were prescribed a rescue medication used in the event of a seizure. Specific training is required to administer this medication. Not all staff had received this training. A person involved in the day-to-day management of the centre informed an inspector that staff who had yet to receive this training would do so in the weeks following inspection and that the details of the remaining staff members had already been provided to the relevant trainer. This is referred to in Outcome 17.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose met the requirements of the regulations.

Inspectors reviewed a copy of the statement of purpose and found it was missing some of the information required by the regulations. Following completion of this inspection, an updated statement of purpose was submitted to HIQA and this met the requirements 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:

There were systems in place to govern the centre. There was a clear management structure. Audits of practice took place. This inspection highlighted a number of non compliances that had not been identified in the annual review of the centre.

At the previous inspection, there had been a number of non compliances found in this area and an action plan response had been accepted by HIQA. At this inspection, these actions were seen to have been completed.

The management system at the centre was clear. Care assistants reported to nursing staff who in turn reported to persons involved in the day-to-day management of the centre and the person in charge. The person in charge reported to the person representing the provider. During interview, staff were clear about who was in charge and the management structure. On-call services were provided out of hours.

There were systems in place for the annual review of the centre and six monthly

unannounced inspections were conducted by a person nominated by the provider. The management team were very familiar with the findings of these inspections, including the annual review and could demonstrate how they addressed the findings. There was no action plan arising from the annual review although the findings were set out within the report. The viewpoint of the residents had been sought for the purpose of the completion of the annual review.

Despite these systems in place, a number of Regulations as set out in this report were not met. There had been significant improvements made since the previous inspection, however, there remained actions in areas such as premises, health and safety, safeguarding and protection and staff training. Some records required better evidence of oversight by the management team, for example, plans to support residents in their mental health required demonstration of appropriate clinical oversight. The management team took charge of the actions found in safeguarding, protection and oversight of records and were observed addressing these gaps during the inspection. The person representing the provider gave assurances that failings identified in this report in areas that were the responsibility of the provider would be addressed in a timely fashion, as set out in the action plan to this report.

The centre was managed by a clinical nurse manager (the person in charge). She had the relevant experience and management qualification, in line with the regulations. She was supernumerary to the role and also held the post of person in charge at a second centre and had management duties in the adjacent day centre. She informed inspectors that she was able to fulfil her duties as she had a management team in place at each centre. The inspector met with two persons involved in the day-to-day management of the centre. They were very knowledgeable of the Regulations and standards. They had a good relationship with the residents and staff team and had a detailed knowledge of each resident.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of their responsibility to notify the chief inspector of the absence of the person in charge where the person in charge proposes to be absent from

the designated centre for a continuous period of 28 days or more, whether planned or unplanned.

For absences of 28 days or less, staff had access to two persons involved in the management of the centre during the person in charge's days off.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors noted that there were sufficient resources available to meet residents' assessed needs and to provide the service as outlined in the statement of purpose.

Resources available included en-suite facilities in all bedrooms, vehicles and a skill mix to support residents in accordance with their assessed needs.

Where residents were awaiting healthcare devices for some time and the acquiring of same was proving difficult through the public health system, the decision making process to acquire individualised aids and appliances using a resident's personal finances was not clear.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The provision of staffing training and staffing continuity had improved since the previous inspection but staffing levels required review.

The previous inspection found that the continuity of staffing required improvement. As part of this inspection, inspectors spoke to residents, their relatives and staff on this issue and were satisfied that the levels of continuity had improved.

When reviewing the risk register, it was noted that a risk assessment was in place relating to staffing with an additional control identified by the provider as increased staffing levels. This risk was highlighted particularly in terms of covering periods of leave for nursing staff. Although nursing staff was provided for within the centre it was noted that, on the second day of the inspection, a clinical nurse manager was required to cover a nursing shift within one of the centre's units.

In relation to staff training, the previous inspection found that there were significant deficits in the staff training matrix. At this inspection training records were again reviewed and it was found the provision of training for staff had significantly improved overall. However, it was noted there two staff member were due training in de-escalation and intervention as mentioned under Outcome 8. It was also observed that there was a need for staff to be provided with training in mental health to reflect the assessed needs of residents living in the centre. Not all staff had completed training in the provision of rescue medication following a seizure.

Staffing meetings took place at quarterly intervals where issues such as accidents and incidents, training and safeguarding were discussed. However, while a performance management system was in place within the centre, a process of formal supervision was not yet in place.

Inspectors reviewed a sample of staff files and found that the required information was contained in these files including evidence of Garda vetting and two written references. Inspectors were informed that there were no volunteers involved with the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to

residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records and policies were in place within the centre. There were some improvements identified.

Inspectors viewed a copy of the directory of residents and this contained the relevant information, as per the regulations.

There were two residents' guide for the centre, one for the houses that were inter-linked and a second for the house located outside of the campus. Both residents' guides included the information as set out by the regulations.

All Schedule 5 policies and procedures, as required by the regulations, were in place, however, some were found to be outside of their three year review. The person representing the provider gave assurances that all policies whose date of review had passed were being reviewed at the time of the inspection by personnel within the organisation.

As highlighted under Outcome 7, the recording of fire drills and the maintenance of fire safety records to ensure ease of retrieval required improvement.

The centre was adequately insured.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Carol Maricle
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-0003697
Date of Inspection:	24 August 2017
Date of response:	23 November 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

An inspector viewed a record in the file of a resident that did not show a positive description of the needs of the resident and their behaviours that required a response.

1. Action Required:

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

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The PIC has reviewed support plans. Resident's Multi Element Behavioural support plans and safeguarding plans have been reviewed by the team, the behavioural support team and designated officer. Previous terminology has been amended to reflect a more person centred approach.

Proposed Timescale: 23/11/2017

Theme: Individualised Supports and Care

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

An inspector observed in a written document that access to public swimming pools was not facilitated or some residents, however, the rationale for this reason did not pertain to all of the residents involved.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

All residents at this centre are afforded opportunities to attend the local public swimming pool. The PIC has investigated and reviewed the written document, which now better represents the measures that facilitate these opportunities.

Proposed Timescale: 23/11/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contracts of care were not resident-specific.

3. Action Required:

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

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

Policy Review Committee meeting in December whereby Contracts of Care will be reviewed. The committee will liaise with PIC and a schedule will be put in place to discuss individualised contracts of care with Next of Kin.

Proposed Timescale: 18/02/2018

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 location of a medication press in two units required review.

4. Action Required:

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

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

The PIC has met with the maintenance facilities manager. A plan is in place to refurbish a room within both units. This room will facilitate the safe storage and administration of medications.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Some areas of flooring were marked or damaged, the foot pedal of a bin was broken, the chairs and dining table in one kitchen area were noticeably scuffed and the garden area of one unit was not adequately maintained.

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- Annual Schedule in place for flooring. Remaining areas will be replaced by 31st December 2017.
- Broken foot pedal bin replaced (completed).
- Kitchen chairs and dining table to be varnished and painted (31st December 2017).
- Garden area in one unit will be landscaped (30th June 2018).

Proposed Timescale: 30/06/2018

Theme: Effective Services

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

An unclean shower curtain was seen in one bathroom and a light fitting in another bathroom was visibly unclean.

6. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- Dirty shower Curtain has been replaced.
- Light fitting has been cleaned. Cleaning schedule in place for high dusting and cleaning

Proposed Timescale: 23/11/2017

Theme: Effective Services

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

A ceiling hoist to assist in the personal care of one resident was not in place.

7. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The PIC has liaised with finance dept. and a commitment has been given to install ceiling hoist.

Proposed Timescale: 31/12/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some risk ratings applied required review to ensure that they reflected the actual level of risk in the centre.

Some resident-specific risk assessments contained information which related to other

residents.

8. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The PIC and PPIM will review risk register and individual risk assessments

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Two evacuation routes in the centre through boiler rooms required review. The procedures outlined in three residents' PEPs did not ensure the safety of these residents in the event that a fire took place.

9. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- The Provider Nominee and the PIC met with an independent civil engineer who conducted an assessment on both boiler rooms. Findings in these reports stated that these boiler rooms were not required as evacuation routes. Staff and residents are aware not to use this as means of an escape. Emergency exit lighting has been removed from over exit doors. An independent engineer has decommissioned these routes as escapes routes.
- Individual PEEP's have been reviewed. Measures have been put in place to ensure safe evacuation of these residents in the event of a fire.

Proposed Timescale: 23/11/2017

Theme: Effective Services

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

One staff member spoken to had not participated in a fire drill.

10. Action Required:

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

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

PIC has liaised with Electrician to coordinate an unannounced fire drill to ensure that all staff will have participated in a fire drill.

Proposed Timescale: 23/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Two staff members had yet to receive training in de-escalation and intervention.

11. Action Required:

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

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

The two staff requiring training has received dates. Both have been informed and committed to attend this training.

Proposed Timescale: 20/12/2017

Theme: Safe Services

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

The use of all restrictive practices at the centre was not fully grounded by policy.

12. 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:

All restrictive practices within the centre have been reviewed and where restrictions were required same were in place for the least restrictive time. The management team have sent a referral to the relevant multidisciplinary team members for oversight of these restrictions.

Proposed Timescale: 30/11/2017

Theme: Safe Services

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

A description of resident's behaviour and the relationship between this and their raising of safeguarding concerns was not appropriate.

13. Action Required:

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

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

PIC has met Designated Officer and Safeguarding plans have been reviewed. Residents Multi Element Behavioural Support plans reviewed by Behavioural Support Team and management team. All staff receiving Safeguarding HSE training and any safeguarding concerns follow Safeguarding Vulnerable Adults policy.

Proposed Timescale: 31/01/2018

Theme: Safe Services

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

The absence of a formal safeguarding plan for one resident in response to a previous incident did not ensure the safety of the resident at all times.

14. Action Required:

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

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

The management team have developed a safeguarding plan and the PIC will liaise with other services where appropriate within the organisation.

Proposed Timescale: 31/01/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

There was evidence that a notification had not been submitted to HIQA in the timeframes set out by the Regulations.

15. Action Required:

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

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

The PIC has given an undertaking that all notifications will be submitted within the required time frame.

Proposed Timescale: 23/11/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The annual review of the centre conducted shortly prior to this inspection failed to identify some of the key findings of this inspection.

16. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

All future annual and 6 monthly reviews will have an action plan attached if required.

Proposed Timescale: Immediate

Proposed Timescale: 23/11/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

Where residents were awaiting healthcare devices for some time and the acquiring of same was proving difficult through the public health system then the decision making process to acquire individualised aids and appliances using alternative means was not clear.

17. 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:

All therapists have given a commitment that they will help source equipment for residents. The PIC has liaised with finance dept. and Provider nominee and a commitment has been given to ensure residents receive any aids and appliances within

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels required review to ensure that appropriate levels of staff were provided for throughout the year.

18. Action Required:

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

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

Review of staffing levels completed on 11/10/2017.

Relief staff are utilised to cover training and absenteeism in order to ensure staff numbers are maintained in meeting the residents needs as per statement of purpose. Any challenge to meeting safe staffing levels will be immediately escalated to provider nominee via the risk register escalation process.

Proposed Timescale: 23/11/2017

Theme: Responsive Workforce

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

Additional training was required in the area of mental health to meet the assessed needs of residents.

Not all staff had completed training in the provision of rescue medication following a seizure.

19. 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:

- On 15th November 2017, a suitable qualified person from the area of Mental Health

was identified and contacted, to explore staff training to help meet the assessed needs of the residents.

- All staff will be trained in rescue medication in due course, waiting for further dates of training.
- A percentage of staff have completed the training. A further list of staff awaiting training has been submitted.

Proposed Timescale: 31/03/2018

Theme: Responsive Workforce

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

The provider did not have a formal system of supervision in place.

20. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The organisation policy review committee are currently developing a supervision policy and same will be rolled out on 31st March 2018.

Proposed Timescale: 31/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies were overdue in their three year review.

21. Action Required:

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

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

Policy review committee are currently reviewing policies, and schedules to update same.

Proposed Timescale: 31/03/2018

Theme: Use of Information

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

The recording of fire drills and the maintenance of fire safety records to ensure ease of retrieval required improvement

22. Action Required:

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

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

PIC will ensure that the fire drill recordings and maintenance will be reviewed, accurate and more informative when documenting information re. fire drills. Management Team ensure that staff will continue with regular Safety meetings.

Proposed Timescale: 23/11/2017