

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cork City South 6
<b>Centre ID:</b>	OSV-0005509
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Anna Broderick
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
17 May 2017 10:30	17 May 2017 16:00

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

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 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 this centre by the Health Information and Quality Authority (HIQA). The first inspection took place on 28, 29 November 2016 and a certificate of registration was issued following that inspection. At the time of that inspection, this centre was not actively providing residential services and there were no residents living at the centre. The purpose of this inspection was to follow up on the quality and safety of care and support being provided in the centre now that residents had moved into the centre.

How we gathered our evidence:

The inspector met with residents who lived in the centre, the person in charge, a representative of the provider and a care staff member who was identified as participating in the management of the centre. The inspector also met with other members of the staff team who were working at the time of the inspection and reviewed the physical premises and relevant documentation, including policies and procedures, risk assessment and templates.

Description of the service:

The centre was a two-storey house located in a mature estate in a city suburb close

to a city. The centre was warm, bright and had been recently renovated and upgraded. Residents had been supported to personalise their bedrooms since the previous inspection. The service provided was intended to accommodate adult male residents with an intellectual disability and autism.

Overall judgment of our findings:

Overall, a person-centred quality service was being provided. The person in charge was experienced and qualified in the area of autism and was overseeing the provision of a service that supported residents with autism. Staff demonstrated a positive approach to behaviour support. The admissions process had been carefully planned and based on an assessment of needs. The person in charge and person participating in the management of the service demonstrated a commitment to on-going review and improvement of the service.

Improvements required at this inspection related to care planning, the provision of nursing support to the centre, fire evacuation planning and aspects of the premises.

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

**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 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the person in charge and provider representative outlined the arrangements in place to ensure that admissions take place in a planned and safe manner in line with the organisation's policy and the statement of purpose. At the time of inspection, contracts of care for prospective residents were under review by a member of the organisation's financial team.

At the previous inspection, the contract of care was not individualised and did not adequately reflect financial packages and the fees to be charged. The provider in their response stated that contracts of care would be devised, in consultation with the residents, their families and circle of supports, and individualised to reflect financial packages and fees to be charged; in consultation with the finance department by 31 January 2017. At this inspection, while there were new contracts of care in place, they had not been individualised and did not reflect financial packages and the fees to be charged. As on the previous inspection, it was highlighted that this was required to provide a verifiable audit trail for how residents' finances would be spent.

The organisation had a policy in place relating to admissions, transfers and discharge of residents, which outlined the criteria for admission. Transition plans had been developed for residents who had transitioned to this centre, which considered supports and resources required to support a successful transition. Supports and resources that had been identified had been largely secured by the person in charge, included preparing the physical residence for occupancy, procurement of a vehicle and building the residential team.

The person in charge outlined how they have taken account of the need to protect residents from behaviours that may challenge of their peers. Since the previous inspection, this consideration had been included and reflected in an assessment of

needs. The person in charge outlined preventative measures including staff training in positive behaviour support, multidisciplinary supports to residents and their staff, the development and on-going review of behaviour support plans, a phased and gradual introduction of residents to each other at their own pace, access to transport to facilitate space and individualised activities and the creation of a relaxation room within the centre.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, arrangements were in place for developing and reviewing personal plans. However, an assessment of residents' personal development goals was required and residents' care plans also required improvement.

Residents' personal plans were in the process of being updated or developed at the time of inspection. Interim goals, both short- and medium-term had been identified, along with any required supports to achieve those goals. Those personal plans were being developed in consultation with residents, their representatives and also their day service. This would ensure that any care and support provided would be provided in a consistent manner.

While residents' had a comprehensive assessment of their healthcare needs, resulting support plans required improvement to allow for on-going review and any changes in circumstances. Other support plans viewed, such as in relation to communication, required improvement to reflect recommendations made in an assessment by a speech and language therapist. This will be addressed under outcome 11.

Goals had been developed that promoted independence, including basic living skills such as doing the laundry, sweeping or bringing dinnerware to the sink. However, there was no assessment of resident's individual personal development and social care

requirements to underpin the development of these goals and build on any general welfare and personal development needs over time.

Since the previous inspection, multidisciplinary supports had been identified and arrangements were in place to involve those supports in the development and subsequent review of residents' personal plan.

**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):**

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

**Findings:**

Overall, the design and layout of the centre was in line with the centre's statement of purpose. However, not all of the areas requiring attention had been satisfactorily addressed since the previous inspection and the size and layout of the shower did not meet residents' intimate care support requirements.

The centre was a domestic two-storey house located in within a mature housing development in a city suburb close to Cork city. The premises had been recently renovated with modern fixtures and fittings. There was a small garden to the front and rear of the house.

There was adequate private and communal space for residents. The premises comprised three bedrooms; two bedrooms for resident use and a third bedroom was intended to be used as a sensory or relaxation room for residents. A person participating in the management of the service outlined efforts they were making to improve the appeal of the relaxation room for residents and had liaised with an occupational therapist regarding same.

Since the previous inspection, bedrooms had been personalised. Ample built-in storage space was provided for residents' personal use. Rooms were of ample size and suitable layout.

Downstairs, there was a toilet with hand wash basin. Upstairs, the facilities had been

renovated to accommodate a shower. However, the size and layout of the shower did not meet residents' intimate care support requirements. Input from an occupational therapist had been sought and approval was awaited to replace the shower with a facility that better met residents support requirements.

The centre was clean and overall, in good condition. There was suitable heating, lighting and ventilation and the centre was free from obvious hazards. There were suitable and sufficient furnishings, fixtures and fittings. A separate staff office was available on the ground floor.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wish.

Since the previous inspection, arrangements had been confirmed for the disposal of any clinical waste.

The inspector observed a number of areas or items that required attention. For example, the layout and finish of tiles in the upstairs bathroom required review and internet and phone access had yet to be secured. A date had been arranged for the hanging of curtains and pictures throughout 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):**

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

**Findings:**

Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. However, a risk assessment had not been completed by a suitably qualified person to ensure that adequate procedures were be in place to protect residents who may be at risk of a healthcare associated infection.

There was a system in place for the completion of risk assessments in the centre's risk register and for the completion of any individualised risk assessment. The person in charge had updated the risk register for the centre following an unannounced visit by the provider. The person in charge said that he had liaised with the health and safety officer to complete a health and safety risk assessment for this centre. A specialist nurse



had recently visited the centre and assessed the environment and practices in place. However, the report from this visit was not yet available for review. Also, a risk assessment had not been completed from a suitably qualified person that considered the risk of cross contamination due to the location of washing and drying facilities in the kitchen preparation area and with respect to the dual use of an office as a (clinical) treatment room.

Other arrangements were in place in relation to infection prevention and control including hand hygiene information and equipment. The person in charge and a person participating in the management of the service were trained as hand hygiene trainers and the inspector viewed hand hygiene competency assessments for all staff. Food safety training was provided for all staff and scheduled for new staff.

Arrangements were in place for the identification, reporting, investigating and learning from accidents and incidents. An incident report book was in use and advice from the health and safety officer sought where required.

Suitable fire safety equipment was provided throughout the centre. Servicing certificates were available for review for fire extinguishers, the fire panel and emergency lighting. Fire doors had been installed throughout the centre for the containment of smoke and fire. A fire register was available in the centre for the recording of daily and monthly fire checks. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedures. Personal evacuation plans were being developed. A recent practice drill during day-time hours demonstrated that the centre had been evacuated in a timely manner. However, it was not clear what residents' evacuation plans were in the event of a fire occurring during night-time.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, there were systems and arrangements in place to promote a positive approach

to behaviour that may challenge and to protect residents from abuse.

The person in charge and care staff demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of incidents, allegations and suspicions of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, the protection of vulnerable adults and in relation to restrictive practices.

The person in charge was qualified and experienced in relation to positive behaviour support, autism spectrum disorder, psychology and applied behaviour analysis. A training schedule had been developed that identified staff training needs in this area. Staff working in the centre had received the training that they required to support any prospective residents' behaviour support needs and this training was provided prior to new staff commencing in the centre.

Any restrictive practices in use had been approved by an oversight committee. A change to this process that would involve restrictive practices being approved by the multidisciplinary team was discussed at this inspection. Any incidents between peers were documented and monitored, with actions to alleviate the cause of the behaviour and prevent recurrence identified. There had been two recent incidents, which were being carefully monitored by the person in charge. Residents had access to medical and allied health professionals in relation to positive behaviour support. Behaviour support plans were being developed by the multidisciplinary team with involvement of the staff team at the time of the inspection. Interim guidelines were in place pending the full completion of a new plan.

The person in charge and care staff demonstrated a positive approach to promoting a restraint-free environment and provided examples whereby the least restrictive practice was applied and how they would work to minimise or eliminate the use of restrictive practices where possible.

**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:**

Overall, residents' healthcare needs were supported by the staff team and residents had access to the supports they required. However, improvement was required to healthcare plans and other areas had been identified for improvement in a recent unannounced visit by the provider.

Arrangements were in place to meet residents' healthcare needs through timely access to health care services and appropriate treatment and therapies. At the previous inspection, it was not clearly demonstrated that prospective residents would be supported to continue to access their own medical practitioner following a move to this centre in accordance with their wishes, preferences and needs. At this inspection, residents and their representative had been consulted with in relation to accessing a medical practitioner of their choice.

An assessment of residents' healthcare needs had been completed. However, resulting care plans required improvement to allow for on-going review and any changes in circumstances. Other support plans viewed, such as in relation to communication, also required improvement to reflect recommendations made in an assessment by a speech and language therapist.

The statement of purpose outlined that residents would have access to medical, nursing and allied healthcare professionals including psychiatry, psychology, speech and language, occupational therapy and dietetics. The inspector saw that the person in charge had made referrals to allied healthcare professionals where required, including speech and language therapy. As previously mentioned under outcome 5, improvements were required to the development of healthcare plans.

The end of life care policy was in final draft. The person in charge said that arrangements would be put in place to ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes. A recent provider's visit had identified the need for an end of life care plan for resident(s). The provider's visit also made other recommendations that were in various stages of being progressed, including in relation to the completion of a hospital passport, clinical assessments and the display of dietary information.

Suitable facilities were provided for meal preparation and the storage of food items. Care staff spoken with were familiar with special dietary requirements and were observed to be preparing meals in line with such requirements. Care staff demonstrated how choice was offered and facilitated using different means of communication and communication aids, such as pictorial aids.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Overall, there were policies and procedures in place in relation to medication management. However, some improvements were required.

There was a medicines management policy in place. However, the system to ensure safe medication reconciliation on admission or the management of medicines during transfers lacked clarity and required review to ensure that residents would receive medicines as prescribed. In addition, the responsibilities for the management of medicines as outlined in the medicines management policy required review in line with the relevant legislation. The medicines management policy failing will be addressed under Outcome 18: Records and documentation.

Since the previous inspection, a pharmacist of the residents' choice or a pharmacist acceptable to the resident had been made available to residents.

The person in charge and staff demonstrated adherence to guidelines and regulatory requirements. However, provision had not been made for the safe storage of any medicines that may require refrigeration. This was also identified on the previous inspection.

Arrangements were in place for the safe management of any medicines that require specific controls, including controlled checking, administration, checking of the stock balance, keeping of keys and documentation of the administration of any such medicines. A count completed on the day of inspection matched the amount of medicines in stock.

The manner in which medications which are out of date or dispensed to a resident but are no longer needed was managed was outlined in the medicines management policy. These medicines were stored in a secure manner, segregated from other medicinal products and returned to the pharmacy for disposal.

There were systems in place for checking that medicines received from the pharmacy correspond with the medication prescription records, for ordering of medicines, checking stock levels and returning used or out of date medicines to the pharmacy.

A recent medication audit by the representative of provider identified a number of improvements to ensure safe storage of medicines and accurate recording of medicines administered and any medicines that required specific controls. A review of required actions indicated that these failings been completed or were being progressed at the time of this inspection.

The training matrix confirmed that all staff identified to work in the centre had received or were scheduled to receive training in medicines management and the administration of rescue medication. However, at the time of inspection, half of the staff team required this training. This will be addressed under outcome 17.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Overall, there were systems and arrangements in place to ensure the effective oversight and operation of the designated centre.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

The person in charge had the qualifications, skills and experience necessary to manage the designated centre. He also held a management qualification. The role of the person in charge was full-time. The person in charge was also appointed as the person in charge in one other centre and was involved in coordinating three community projects. The person in charge confirmed that he was satisfied that his remit allowed him to support the staff team and residents in this centre and he was already working closely with the person participating in the management of this centre.

The person in charge was supported in his role by a care assistant, who had been identified as a person participating in the management of the centre. Other care assistants reported into this person participating in the management of the centre, who in turn reported to the person in charge. The person in charge reported to the representative of the provider.

The person who represented the provider in their interactions with HIQA attended on

the day of the inspection and facilitated the inspection. They had also completed a recent medication management audit in the centre. The provider had ensured that an unannounced visit had taken place in the centre. An action plan from the visit was pending, as it was a recent visit. In the interim, the person in charge was progressing addressing actions that had been identified during that visit. The representative of the provider said that they would provide support in relation to healthcare plans and medication management. The person in charge had also recently completed audits in the centre, including in relation to the environment, privacy and dignity, respect for all and record keeping.

**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:**

Overall, staffing levels were in line with the statement of purpose. A person-centred service was provided and an understanding of how to meet the needs of residents with autism was demonstrated. However, nursing support was not allocated to the centre, in accordance with the statement of purpose and residents' assessed needs.

The statement of purpose for the centre identified that nursing support was required on a half-time basis. At the time of the inspection, while nursing advice was available from a nearby centre and on an on-call basis, nursing support had not been allocated to the centre in line with residents' assessed healthcare needs. Failings identified relevant to healthcare (e.g. care planning) and in a recent medication management audit indicate that this support is required. The provider representative was requested to provide a specific timeframe for the commencement of this nursing support in their response to this report.

An understanding of autism was demonstrated with the person in charge, specifically qualified and experienced in this area. Staff described how they supported residents in a positive way.

While there was a training programme in place for staff, some training was outstanding.

Half of the staff team required training in relation to medication management and the administration of rescue medication.

A comprehensive induction programme was in place for new staff, with training completed prior to commencing in the centre. The induction programme included shadowing, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

The person in charge and person participating in the management of the centre emphasised the importance of ensuring a consistent staff team. Minimum staffing levels as outlined in the statement of purpose were being maintained.

The person in charge outlined arrangements to ensure that staff would be facilitated to meet their responsibilities in relation to providing a safe, quality service. This included staff meetings on a monthly basis and an annual performance development and review system. The inspector reviewed minutes of staff meetings and staff appraisals were commencing at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### Acknowledgements

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

### ***Report Compiled by:***

Julie Hennessy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0005509
<b>Date of Inspection:</b>	17 May 2017
<b>Date of response:</b>	05 July 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 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 contract of care was not individualised and did not adequately reflect financial packages and the fees to be charged.

#### 1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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



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:**

The PIC and the finance department will meet to review contract of care to ensure contracts reflect individualised packages and fees.

**Proposed Timescale:** 07/08/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

A comprehensive assessment of resident's individual social care and personal development needs was required.

**2. Action Required:**

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

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

The PIC will ensure resident social care and personal development needs are reviewed and updated on regular basis. Communication passports will be developed for each resident

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

As detailed in the findings, some parts of the centre required attention.

**3. 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:**

Tiling works will be completed in the upstairs bathroom.

Currently the centre has access to mobile phone and mobile internet access the PIC will continue to liaise with the landlord and maintenance department to secure permanent main phone line/internet access for the house.

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

**Theme:** Effective Services

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

As detailed in the findings, the size and layout of the shower did not meet residents' intimate care support requirements.

**4. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The PIC has liaised with the occupational therapist and maintenance department regarding the layout of the shower room. A plan is in place to carry out renovation works within the shower room

**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:**

A risk assessment had not been completed from a suitably qualified person that considered the risk of cross contamination due to the location of washing and drying facilities in the kitchen preparation area and with respect to the dual use of an office as a (clinical) treatment room.

**5. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The infection control & prevention officer and the RNID will risk assess the environment in relation to areas highlighted within the report.

**Proposed Timescale:** 30/07/2017

**Theme:** Effective Services

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

It was not clear what residents' evacuation plans were in the event of a fire occurring during night-time hours.

**6. 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:**

Residents PEP will be reviewed and updated to include plans in the event of a fire occurring during the night-time

**Proposed Timescale:** 14/07/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Improvements were required to healthcare plans and an end of life care plan was not in place where required.

**7. Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The PIC will ensure health care plans are reviewed and updated to reflect any change in circumstances.

The PIC will ensure communication passports are developed to enhance communication support plans which will reflect recommendations made in an assessment by a speech and language therapist.

The PIC will ensure hospital passports are developed for both residents and end of life plan is developed for specific resident.

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

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Provision had not been made for the safe storage of any medicines that may require refrigeration.

**8. Action Required:**

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A small secured container has been supplied by the pharmacist for the storage of any medications that may require refrigerated storage.

**Proposed Timescale:** 05/07/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The statement of purpose for the centre identified that nursing support was required on a half time basis. At the time of the inspection this support had not been provided. Failings identified relevant to healthcare (e.g. care planning) and medication management, in this inspection, in the provider's unannounced visit and in a recent medication management audit, indicate that this support is required.

**9. Action Required:**

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

Staff nurse(.5) post has been allocated to the centre. This post commenced on the 26/6/17.

Proposed Timescale: Complete

**Proposed Timescale:** 26/06/2017

**Theme:** Responsive Workforce

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

Half of the staff team required training in relation to medication management and the administration of rescue medication.

**10. 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:**

A schedule for training in safe administration of medications and rescue medication is in place

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