

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                   | A designated centre for people with disabilities operated by COPE Foundation |
| <b>Centre ID:</b>                                     | OSV-0003716  |
| <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>                              | Mary Desmond   |
| <b>Lead inspector:</b>                                | Col Conway   |
| <b>Support inspector(s):</b>                          | Geraldine Ryan   |
| <b>Type of inspection</b>                             | Announced  |
| <b>Number of residents on the date of inspection:</b> | 21   |
| <b>Number of vacancies on the date of inspection:</b> | 3  |

## **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:                |
| 16 July 2014 08:30 | 16 July 2014 17:00 |
| 17 July 2014 09:10 | 17 July 2014 16:30 |

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**

This was a registration inspection following application to the Health Information and Quality Authority (the Authority) by Cope Foundation to register the centre as a residential service for up to a maximum of 24 adults with an intellectual disability. The centre consists of two units that are located in separate geographical areas.

During this inspection, the inspectors met with some of the residents and staff members and reviewed the premises, observed practices and reviewed documentation such as residents' records, accident and incident logs, policies and procedures and some records maintained on staff files.

Inspectors found that residents lived in a well maintained premises and there was robust evidence that residents received a good quality service. Staff knew residents and their individual needs and preferences well, residents had choice in what they did throughout their day and they had access to members of a multidisciplinary health care team.

The action plan at the end of this report identifies where improvements are required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence in residents' written personal plans that they were frequently consulted with and offered opportunities to make decisions about their own care and living in the centre. Individual's preferences were clearly identified and residents that inspectors spoke with confirmed same. Inspectors observed staff offering residents choice as well as facilitating their preferences.

Residents were provided with opportunities to participate in the organisation of the centre as residents' meetings were held frequently and the records that were maintained of the meetings indicated that action was taken in relation to residents' requests. A very recent addition to the service for residents was the provision of advocacy by an advocate from the national advocacy programme who was due to commence visiting residents in the near future.

Staff were observed respecting residents' dignity by the manner in which they engaged with residents and they were also observed respecting residents' privacy when residents were in their bedroom accommodation and/or using toilet and washing facilities.

Inspectors noted that residents each had furniture for storing their own clothing and personal possessions and there were written inventories in place that itemised individual's own property. Samples of records that were reviewed by inspectors in regard to residents' finances were well maintained and transparent.

There was a written complaints policy and a procedure was made available in a combined written and pictorial format and it was displayed in prominent places. Records of any complaints were maintained in a complaints log and it contained the details of

any complaint and the ongoing management.

There was robust evidence that residents were facilitated to attend meaningful activities and participate in recreational activities. This will be addressed further in Outcome 5.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

In the sample of residents' personal plans that were reviewed by inspectors, resident's communication needs were clearly identified. Individual's specific communication needs were also comprehensively outlined in "communication passports" that had been prepared by speech and language therapy staff.

It was obvious to inspectors that staff knew residents and their individual communication needs extremely well and staff were observed communicating with residents in a respectful manner and as per individual resident's plans. Staff were also observed encouraging residents to communicate.

Residents had access to telephones, televisions and radios for their own use. While there were computers for residents' use, at the time of inspection internet access was not available for residents' use.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Residents maintained personal relationships as residential care was provided in the centre from Monday through to Friday and the majority of residents lived with family

members at the weekend. In residents' personal plans there was evidence of good communication between staff and residents' families and visiting was encouraged and facilitated.

Residents were involved in outings from the centre as well as some community events and mini buses were available for staff to use to transport residents to external activities.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was an up-to-date written policy regarding admission, transfer, discharge and temporary absence of residents, as required by the Regulations and the written statement of purpose outlined the admission criteria.

There were records maintained in regard to a resident's admission to the centre, however, agreed contracts for the provision of services were not in place at the time of inspection. Inspectors were informed that an organisation wide Cope Foundation contract for the provision of residential services was soon to be implemented.

**Judgment:**

Non Compliant - Major

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Each resident was assigned a case/key worker and all of the residents had their own comprehensive personal plan in place. There was evidence that the plans had been developed in consultation with residents. The person in charge informed inspectors that a new format for the personal plans had recently been introduced, so information in the plans was up-to-date. The individualised plans were in a combined written and pictorial format, they provided relevant detail about an individual's particular needs and capacities and they clearly identified a resident's personal goals for 2014.

Residents' preferences and choices for activities were well documented in the personal plans and residents were provided with opportunities and facilitated to take part in appropriate activities. Residents were involved in group activities such as; learning sign language, literacy and numeracy skills and sports such as golf, swimming, Special Olympics and bowling. Outings were organised and these involved for example; shopping, dining out, attending movies and various functions.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre consists of two units with the service being provided for up to a maximum of 14 residents in one unit and up to a maximum of 10 residents in another unit. Both of the units were bright, spacious, paint work and flooring were well maintained and the furniture and fittings were of good quality.

Bedroom accommodation consisted of single or twin rooms and the design and layout of the rooms provided adequate space for each resident. It was noted that bedrooms were personalised and each resident had furniture to store their own clothing and personal possessions. The inspectors were informed that new screening curtains in the twin bedrooms were to be provided shortly after the inspection.

Communal living and dining spaces were provided in both units, they were decorated in a homely and domestic nature and there were also extensive external grounds with various patios and planted garden areas that provided areas for residents to walk and sit.



There were a sufficient number of toilet and washing facilities for residents' use and there were well equipped laundry rooms and kitchens.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

A current organisation wide Cope Foundation health and safety statement was in place as were new risk management and health and safety policies. The person in charge informed inspectors that a centre specific risk register was being developed whereby potential risks and the required control measures were being identified. While this was being developed and was a draft version, at the time of inspection all of the required risk assessments that were relevant to the centre were not yet completed.

As required by the Regulations, written procedures were in place regarding the investigating and learning from serious incidents involving residents as was an up-to-date written emergency plan. Records indicated that equipment and services were regularly maintained.

Appropriate fire equipment was located throughout the centre, fire exits were unobstructed, a procedure for the safe evacuation of residents and staff in the event of fire was displayed and a certificate of fire compliance had been submitted to the Authority. Records indicated that staff had received regular fire safety training and attended fire drills.

Procedures and systems were in place in regard to the prevention and control of infection, for example, there was an adequate number of wash-hand basins and liquid soap was supplied for hand washing, however, some of the deep cleaning practices required a risk assessment.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

As already addressed in Outcome 1, inspectors observed staff engaging with residents in a respectful and dignified manner and staff afforded residents' privacy.

There was up-to-date information in the residents personal plans in regard to the level of support required with their personal and intimate care needs and staff were observed discreetly assisting residents.

Inspectors noted that entrance and exit doors were closely monitored and staff were on duty at all times in the centre to provide supervision and support.

A written policy was available in regard to management of an allegation of abuse and training records indicated that staff were up-to-date with training in the prevention, detection and response to abuse.

Residents had good access to an allied health care team and individual's likes and dislikes were identified in their personal plan as were any behaviours that challenged. Inspectors noted that it was clearly stated what actions were required to support an identified resident, if they had any behaviours that challenged.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors reviewed the records of any incidents or accidents and they detailed what had occurred and the ongoing management of any event. As required by the Regulations, notification of any accidents or incidents had been forwarded to the Chief Inspector.

**Judgment:**

Compliant

## **Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

### **Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

### **Findings:**

All of the residents who lived in one of the units attended a Cope Foundation day service activities programme from Monday through to Friday between approximately 9am and 4.30pm. Residents informed inspectors that they enjoyed attending the day service. Residents who lived in the other unit had opportunities to participate in an activities programme from Monday through to Friday facilitated on-site.

Opportunities for residents to partake in social and recreational activities, has already been addressed in Outcome 5.

### **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):**

This was the centre's first inspection by the Authority.

### **Findings:**

As already addressed in Outcome 5, each resident was assigned a case/key worker and each resident had their own comprehensive personal plan in place. In the sample of written personal plans that were reviewed by inspectors, the records indicated that staff were knowledgeable about residents' health care needs and overall residents' health care needs were met. Residents were frequently reviewed by a general medical practitioner and there was also evidence that residents had access to allied health professionals, such as, registered nurses, speech and language therapy, dietician services and occupational therapy.

There was good evidence in residents' personal plans that individual resident's food preferences and special dietary requirements were identified and staff were observed encouraging residents at mealtimes. Records of the food provided indicated there was variety of food, and residents had a choice. Both residents and staff confirmed that

residents were involved in menu planning and purchasing of food locally. Residents were facilitated to actively participate in light kitchen and dining room tasks, such as, assisting with setting tables and with the dish washer.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

An inspector reviewed a sample of residents' individual medicine prescription charts and administration records and there was evidence of safe practices. The records indicated that medicines were prescribed by medical practitioners, the charts were clearly labelled and they had photographic identification of each resident attached, the charts were legible and medicines that had been administered were signed for by the relevant staff member. Training records indicated that staff administering medicines had attended relevant medication management training.

As required by the Regulations, there was a written medication management policy and procedures in place and it was noted that medicines were stored as per the policy.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

While the centre had a written statement of purpose, some of the information was not up-to-date and it also did not contain all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in a Designated Centre for Persons (Children and Adults) With Disabilities) Regulations 2013. The document required review in regard to:

- stating the correct nominated provider
- the section about residents' consultation and participation in the centre
- arrangements for reviewing personal plans
- access to training and education
- access to religious services.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found there were effective management systems in place as well as clearly defined management structures. Documents submitted to the Authority as part of the application process indicated that both the nominated provider acting on behalf of Cope Foundation as well as the person in charge were suitably experienced persons.

The person in charge works in a full-time capacity and they demonstrated during the inspection a good understanding of the Regulations and the Standards and what is required to provide a quality service. It was obvious to inspectors that they knew the residents and their needs well. Records as well as staff confirmed that the person in charge met frequently with staff in both units.

There was evidence that systems were in place to review the quality of care and services that were provided as audit activity had been undertaken on various aspects of the service and the care provided.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors were informed that a clinical nurse manager grade two from another Cope Foundation residential service covers the absence of the person in charge. Documents submitted to the Authority as part of the application process indicated this person was suitably experienced and the person in charge informed inspectors that this person was familiar with the service as well as residents and the staff.

At the time of inspection the person in charge had not been absent for a period of time that required notification to the Authority.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

As already addressed in previous Outcomes, inspectors found evidence that resources had been made available to provide transport, and maintain the premises, and adequate resources had also been made available to meet residents' health and social care needs.

It will be further addressed in Outcome 17 how sufficient resources had been made available in regard to the workforce.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

A written roster of the shifts that staff were to work was maintained and it indicated there was a sufficient number of staff allocated to work five out of the seven days of the week that residents lived in the centre.

An inspector reviewed a sample of staff records and found evidence of substantial compliance in regard to maintenance of the records that are required for staff as per schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) and Regulations 2013.

Staff training records were well maintained and they indicated that staff had attended mandatory training as well as other education updates that were relevant to provision of the service.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was documentary evidence submitted to the Authority as part of the application process that indicated the centre was adequately insured against accidents or injury to residents, staff and visitors.

Inspectors found evidence of substantial compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) of the Regulations.

Inspectors found evidence of substantial compliance in regard to records that need to be maintained in the centre as per Schedule 4 (general records) of the Regulations.

Written policies and procedures as required by Schedule 5 of the Regulations were in place.

It was noted by inspectors that records were maintained in a complete and organised manner and this made for ease of retrieval.

**Judgment:**

Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

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

Col Conway  
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-0003716  |
| <b>Date of Inspection:</b> | 16 July 2014   |
| <b>Date of response:</b>   | 12 August 2014   |

### Requirements

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

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

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

Access to the internet was not available to residents.

**Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and

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

internet.

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

Additional access to the internet will be put in place. A DSL line has been installed and additional computers will be provided on a scheduled basis.

**Proposed Timescale:** 31/03/2015

**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:**

At the time of inspection contracts for the provision of services were not in place.

**Action Required:**

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

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

The contracts of care were issued to families on 4 August 2014 and will be placed in residents' files on return.

**Proposed Timescale:** 30/09/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Some risks in the centre had not been assessed.

**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:**

Risk assessments will be completed by the person in charge. These will be available on site for inspection.

**Proposed Timescale:** 31/10/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The written statement of purpose did not contain all of the information as required by the Regulations.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

The person in charge will update the statement of purpose. It will be made available on site for inspection.

**Proposed Timescale:** 31/10/2014