

**Health Information and Quality Authority
Regulation Directorate**

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



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|-------------------------------------------------------|----------------------------------------|
| Centre name: | Cork City South 4 |
| Centre ID: | OSV-0003296 |
| Centre county: | Cork |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | COPE Foundation |
| Provider Nominee: | Bernadette O'Sullivan |
| Lead inspector: | Julie Hennessy |
| Support inspector(s): | Sean Egan (day one only) |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 6 |
| Number of vacancies on the date of inspection: | 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 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

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|------------------------|------------------------|
| From: | To: |
| 09 November 2016 09:30 | 09 November 2016 17:30 |
| 10 November 2016 09:00 | 10 November 2016 15:00 |

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

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|----------------------------------------------------------------------------|
| 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 was the second inspection of this centre by the Health Information and Quality Authority (HIQA) following an application by the provider to register the centre. The first inspection took place on 26 to 27 January 2016.

Description of the service:

Following the first inspection, this centre was reconfigured and now comprises a single premises. The centre provides full-time residential care, respite care and an individualized service for shorter periods of time. The centre can accommodate six

residents between Monday and Friday, with three residential beds and three respite beds. At weekends, the centre can accommodate an individualized service only. There was a dual person in charge arrangement in place in this centre. One person in charge had responsibilities relating to quality and safety of the service being provided during the week, and the other person in charge was responsible for the service being provided at weekends.

The centre was a two-storey house located in a mature estate in a city suburb. The centre was warm, bright, well maintained and pleasantly decorated. Residents had contributed to the décor, and bedrooms were personalized. Two bedrooms in the centre were shared bedrooms.

How we gathered our evidence:

Inspectors met with the six residents residing in the centre at the time of the inspection and the families of two residents. Written feedback from residents and their representatives about their experience of the service was also reviewed. Inspectors also met with both persons in charge, the representative of the provider, a nurse manager who deputized in the absence of the person in charge and care staff. Inspectors reviewed the quality and safety of care being provided with those staff. Inspectors also reviewed relevant documentation, including residents' files, the risk register, staff training records and organizational policies and procedures.

Overall judgment of our findings:

Residents told inspectors that they liked where they lived and enjoyed the convenience of the location, which was close to their day service and local amenities and services. Residents availing of respite said that they loved their respite stays in the centre. There was a relaxed and friendly atmosphere in the centre. Both staff and residents said that the increase in staffing one evening per week and the securing of a volunteer on a second night had allowed them to be involved in activities of their choice in the community with their friends. The feedback from relatives was positive with respect to the care and service that their loved one received in the centre. Relatives said that staff were approachable, that they were always welcome to visit and that they were kept informed of any changes that arose.

However, two outcomes previously identified at the level of major non-compliance remained at the level of major non-compliance at this inspection. Under Outcome 5: Social Care Needs, significant failings were identified with respect to the individualized assessment and personal planning process. While information had been gathered in relation to residents' likes, dislikes and goals, this had yet to translated into a personal plan. There was no process in place to ensure that residents' personal plans would be based on an assessment of their abilities, their wishes and any support requirements. There was no formal process in place to ensure that the review of the personal plan would involve a meaningful review and involve multidisciplinary input. Where the centre did not meet residents' needs, abilities or wishes, alternatives were not being planned or discussed. Under Outcome 14, the provider failed to demonstrate how they had ensured that persons in charge appointed to the role met the requirements of the regulations in terms of qualifications, skills and experience.

Improvements were also required to some aspects of medicines management, healthcare planning, the assessment of required multidisciplinary supports and the statement of purpose for the centre.

Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the 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 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:

Overall, failings identified at the previous inspection had been progressed to ensure that there were arrangements in place to facilitate consultation with residents and their representatives as well as to promote privacy and dignity.

At the previous inspection, residents shared bedrooms and were not always happy with who they shared with. At this inspection, a person in charge had taken steps to address those failings. Meetings with residents and their representatives were held at which residents identified who they would like to share with. Respite was planned to consider compatibility of those who would be sharing rooms during their stay, and requests to share with friends were being accommodated.

At the previous inspection, there was no privacy screening in shared bedrooms. At this inspection, privacy screens were available for use in shared bedrooms.

At the previous inspection, the complaints procedure did not identify a second person to oversee how complaints were managed. The provider representative confirmed that a second person had been identified; however, this had yet to be reflected in the organization's policy.

At the previous inspection, the complaints log did not consistently demonstrate that complainants were informed promptly of the outcome of their complaints. At this inspection, the inspector reviewed the complaints log. The outcome of each complaint was recorded and satisfaction with that outcome was demonstrated.

At the previous inspection, it was not demonstrated that staffing levels facilitated residents' choices and activities and residents had made a number of complaints in this regard. Since the previous inspection, additional staff had been allocated to support individual activities one night a week and a volunteer was now available a second night a week. A person in charge had also applied for a further volunteer to support activities and interests. Both residents and staff said that this was a very positive development that meant that residents could be supported to participate in individual activities in the community (such as yoga) or participate in activities in smaller groups (e.g. in pairs rather than a group of six).

At the previous inspection, not all practices facilitated independence or choice. At this inspection, a person in charge demonstrated how residents' were supported to make choices. Residents provided a number of examples to the inspector of how they made choices, for example, what they would like to do in the evenings, activities they chose to participate in and who they chose to spend time with. However, some further improvement was required to support long-standing practices or habits that did not support independence. For example, in relation to promoting self-care. This will be included in the action on assessment of needs under Outcome 5: Social care needs.

At the previous inspection, residents were not always afforded the opportunity or assistance to provide consent and making decisions about their care and support. At this inspection, the inspector found that a person in charge was supporting residents through personal planning meetings and residents' forums to make decisions about their care and support.

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):

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

Findings:

Overall, residents were supported to communicate using their preferred means of communication.

At the previous inspection, it was not demonstrated that options available to support all residents to communicate had been adequately explored. Not all residents had a 'communication passport' that passed on key information about how an individual communicates and understands, as recommended by the speech and language

therapist. At this inspection, an inspector reviewed a sample of files for residents with communication needs. Residents with communication needs had been assessed by the speech and language therapist and recommendations were being implemented by staff. Residents had a communication profile and a communication passport, which clearly identified preferred means of communication for that individual. However, a communication passport for one resident was not readily accessible. This was addressed by a person in charge prior to the close of the inspection.

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:

Overall, residents were supported to have positive family and personal relationships.

Residents told inspectors how staff supported their other personal relationships and friendships, for example, by enabling visits and trips out with friends and partners.

Since commencing in the centre, a person in charge had made significant efforts to improve residents' participation in the community and develop links with the community. For example, residents were trialling different activities, such as bowling, yoga, going to the cinema, meeting friends or going for a coffee, as an alternative to attending events run by the service provider.

Inspectors met with families during the inspection and reviewed questionnaires completed by families or representatives. Feedback about the care and support being provided to their loved ones was positive. Families spoke highly of the organization, the persons in charge and the staff, and they said they were made feel welcome in the centre. Family forums had been commenced by the person in charge, and a second forum was scheduled following this inspection to discuss the findings. A family day had also been held in the recent months, for which residents baked cakes and hosted their families to visit the centre. Arrangements were in place for residents to receive visitors in private should they wish to do so.

Judgment:

Compliant

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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):
No actions were required from the previous inspection.

Findings:
Overall, there were policy and procedures in place for admissions to the service. Contracts of care were viewed and in place for residents.

Residents had a written contract of care. Where residents availed of a residential service, the fees to be charged were outlined. Where residents availed of a respite service, the majority of those residents did not meet the criteria to pay fees. Where residents did meet the criteria to pay fees (due to the amount of respite being availed of), the fee was outlined in their contract of care and a financial statement had been completed.

There were arrangements in place in relation to the provision of respite in this centre. Arrangements related to medicines management, meeting residents' health and social care needs and ensuring privacy, dignity and infection control where residents shared bedrooms.

There had been no residential admission to the centre since the commencement of the regulations.

Judgment:
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):

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

Findings:

Overall, the processes in place for assessment of residents' needs, the development of a personal plan and review of the personal plan did not meet the requirements of the regulations. This failing was also identified on the previous inspection.

At the previous inspection, it was not demonstrated that the personal plan was based on a comprehensive assessment of residents' needs. At this inspection, it was found that further improvement was required in this area. While most residents had a nursing assessment of their healthcare needs, this assessment had not been completed for all residents who accessed the respite service. Information relevant to healthcare was available but did not always inform plans of care. The persons in charge were aware that some assessments and care plans required completion.

In addition, an assessment of residents' training and development needs was not available in the centre as some of this information was held in the day service. Other assessments required had been completed, for example, residents' communication needs, intimate care needs or safety needs. Where residents had behaviour support needs, assessment by a behaviour specialist had been arranged.

At the previous inspection, consultation with residents in relation to identifying their social care needs was not demonstrated. Since the previous inspection, a person in charge had organized to meet with residents and their representatives, as appropriate. Due to the number of respite residents availing of the service, this was being completed on a priority basis and such meetings had taken place with residents who permanently resided in the service and residents who availed of respite on a regular basis. At those meetings, residents had identified their likes and dislikes and people important in their lives, and they set personal goals for the coming year. However, this information had yet to be translated into a personal plan. Furthermore, it was not evidenced that plans were based on an assessment of needs. A person in charge was, at the time of the inspection, exploring which form or model of personal plan they would use in the centre.

At the previous inspection, there was no formal process in place to review the personal plan annually or more frequently if there is a change in needs or circumstances. The review of the personal plan did not involve members of the multidisciplinary team involved in residents' care and support. As a result, the link between personal planning and the care and support required by residents was not demonstrated. This failing was unchanged at this inspection.

As identified at the previous inspection, the impact of failings regarding the multidisciplinary review of the personal plan was evident in a number of ways. Where the centre did not meet residents' needs or abilities, alternatives and options were not being planned or discussed. The suitability of the centre to meet the needs or abilities of residents was not being assessed or reviewed, and alternatives were not being pursued

in a planned way with the multi-disciplinary team. For example, it had not been assessed whether some residents' needs would be better met in an environment with increased or fewer supports. In addition, for residents who may be due to move from the centre in the reasonably foreseeable future, there was no plan in place to meet their changing needs and circumstances. This failing was unchanged at this inspection.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Overall, the location, design and layout of the centre were suitable for its stated purpose and reflected the description in the statement of purpose for the centre.

The centre was bright, homely, warm and pleasantly decorated. Residents' chose to show the inspector their rooms, which they had personally decorated. Residents explained that they had recently chosen new curtains for their rooms.

There was a separate kitchen area, which was narrow but contained suitable and sufficient cooking facilities and kitchen equipment.

There was a living come dining room and a second sitting room, where residents could receive visitors in private, chat or watch an alternative television programme should they wish to do so. A new television had also been recently purchased.

Two bedrooms were shared bedrooms. As previously mentioned under Outcome 1, there were arrangements in place to protect residents' privacy and dignity and to promote infection control. Where any resident availing of the respite service had a visual or hearing impairment, they were accommodated in a downstairs bedroom.

There were a sufficient number and standard of showers and toilets to meet current residents' needs, with one shower and toilet upstairs and a second shower and toilet downstairs. No resident currently residing or availing of respite in the centre had mobility needs. The statement of purpose for the centre outlined that residents in this centre must be independently mobile.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, there were systems in place to promote the health and safety of residents. Previous failings relating to risk assessment and infection control had been adequately addressed. However, further improvements were required in relation to fire safety management.

At the previous inspection, the process for undertaking risk assessments required improvement. At this inspection, an inspector reviewed the risk register and found that risk assessments had been reviewed and updated since the previous inspection. Individualized risk assessments were available for review in residents' files. Based on a review of a sample of residents' files and discussion with the persons in charge, a risk assessment had been completed for individual risks, for example, absconding, behaviours that may challenge and poor safety awareness of hot water.

At this inspection, fire safety arrangements were again reviewed. Regular fire safety checks were being completed. Each resident had a personal emergency evacuation plan (PEEP) in their file that outlined how they would be supported to evacuate in the event of a fire. However, all fire evacuation procedures were not displayed in a prominent place or readily available in the centre as required. This was addressed by a person in charge before the close of inspection. Servicing records indicated that checks of the fire alarm, emergency lighting and fire equipment were up-to-date. The inspector reviewed fire drill records. However, records demonstrated that fire drills did not consider all likely scenarios or staffing arrangements. A person in charge organized for a night-time fire drill to be carried out before the close of the inspection. A night-time drill was outstanding for the service being provided at weekends: this was required as the same residents and staff did not occupy the centre at weekends. In addition, a fire risk assessment was required to assess the adequacy of arrangements in place for containing the spread of smoke and fire in the event of a fire.

At the previous inspection, it was not demonstrated that where residents had a hearing impairment, alternative options to alert a resident in the event of a fire had been considered. This failing had not been progressed since the previous inspection and the

timeframe for addressing this action (31 March 2016) had passed.

At the previous inspection, it was not demonstrated that the system in place for the prevention and control of healthcare-associated infections was robust. This failing had been addressed since the previous inspection. Hand hygiene training had been received by all staff, hand hygiene competency assessments had been completed, and an infection control audit had been completed. There were arrangements in place for cleaning, laundry management and waste disposal. Where residents were at risk of infection, clinical risk assessments had been completed with clinical input and staff articulated the required control measures.

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):

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

Findings:

Overall, there were arrangements in place for the safeguarding of residents and for protection from abuse. However, improvements were required to ensuring that approval was sought for the use of all restrictive practices and ensuring support for residents with behaviours that may challenge.

At the previous inspection, improvements were required to ensure that every effort to identify and alleviate the cause of residents' behaviour was made. At this inspection, where residents had behaviour support needs, assessment by the behaviour support specialist had been arranged and dates received for those assessments. However, it was not demonstrated whether the need for psychology support was assessed. This will be addressed under outcome 11. Also, where a new staff member had commenced in the centre, they required training in relation to positive behaviour support. This training had been scheduled.

At the previous inspection, it was evidenced that any incident, allegation or suspicion of abuse was investigated. However, improvement was required to demonstrate that all agreed actions were completed or, where it was later determined that the recommended

actions were not required, that the rationale and decision-making process was clearly documented. Since the previous inspection, the provider had reviewed the system in place to ensure that all actions agreed at case conferences are completed.

At this inspection, an inspector reviewed restrictive practices in place. Where restrictive practices were in use, a clear rationale had been provided and a risk assessment completed. At the time of the inspection, a referral to the relevant committee had been made for approval of two restrictive practices. However, a referral to the committee had not been completed for approval of a third restrictive practice.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that a record of all incidents occurring in the centre was being maintained. There had been no notifiable incidents in the centre. Quarterly reports were submitted where applicable.

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):

No actions were required from the previous inspection.

Findings:

Overall, residents had access to training and education, and opportunities for new experiences were being supported.

Residents told inspectors about their day service, work and education and training achievements. A daily and weekly schedule was available that broadly outlined how residents spent their day in their day service. Residents and a person in charge told the inspector about how life skills were being promoted, including in relation to baking, managing their own laundry, cleaning and organizing. Residents also described activities they participated in during the day, including sports, music and art. Residents described work that they completed in the day service and what they enjoyed doing. Individual residents also participated in educational programs, such as developing literacy and numeracy and money management skills.

As previously mentioned, information was not available in relation to all of these programs and as a result, it was not clear what skills were also being supported in the residential centre. These failings were previously captured under Outcome 5: Social Care Needs.

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):

No actions were required from the previous inspection.

Findings:

Overall, residents were supported individually to access healthcare services. Improvements were required to ensure that all residents had a current assessment of their healthcare needs and multidisciplinary support requirements and care plans to direct the care to be given.

Residents had access to a general practitioner (GP), an out-of-hours GP service and consultants as required, such as cardiology, nephrology, ophthalmology and endocrinology. Residents were supported by a visiting consultant psychiatrist and a consultant neurologist in a neurology outreach clinic.

Residents had access to allied health professionals, including occupational therapy, dietetics and speech and language therapy (SALT) for the meeting of nutritional needs or to manage swallowing difficulties. Staff were familiar with the recommendations of the allied health professionals and articulated how they implemented the

recommendations in practice. However, as previously mentioned under outcome 8, where residents had behaviour support needs, it was not demonstrated that it had been assessed as to whether psychology support was required.

The inspector reviewed a sample of residents' healthcare files and spoke to the persons in charge and staff about how residents' healthcare needs were being met. Information relevant to residents' healthcare needs was contained in residents' files. Most residents had a nursing health assessment, an annual medical review and defined health goals. However, as also mentioned under outcome 5, a nursing assessment of healthcare needs had not been completed for all residents who accessed the respite service. The relevant person in charge was aware that some assessments required completion.

Where residents had complex healthcare needs, the relevant person in charge clearly articulated the supports in place. Information had been sought from specialist medical and nursing professionals, as required. Information was available about specific conditions and signs and symptoms of possible complications. Clinical risk assessments had been completed. However, plans of care had not been developed to ensure that care would be delivered in a consistent way and be reflective of current healthcare needs. For example, care plans had not been developed in relation to the prevention of infection, maintaining electrolyte balance, epilepsy management or the measurement and documentation of physiological observations.

Referrals and reports were maintained in residents' files. However, it was found that streamlining of such information was required. While inspectors were told that emergency contact details were visibly displayed in the day service for residents with complex healthcare needs, specific information detailing who to contact in the event of key signs and symptoms of clinical deterioration were not kept in the 'working file'. In addition, not all information kept in the working file pertaining to a specific condition was the most up-to-date or applicable information available. This will be addressed under Outcome 18: Records and documentation.

The service had developed a hospital information booklet for each resident that outlined key information for hospital staff to support residents in the event of a hospital admission. For example, the booklet detailed key diagnoses, how the resident communicated and any supports required to take medicines or during mealtimes. Based on a sample reviewed, information in hospital booklets reflected information provided by staff and documented elsewhere in residents' files.

Residents were supported to make healthy living choices and maintain a healthy diet. The centre had a separate kitchen, which was clean, and fridges and cupboards were well-stocked with fresh fruit, vegetables, meat and dairy products. A monthly menu record was maintained. Meals during the week were provided by the day service. Breakfast and tea was prepared in the centre, and residents were involved in meal choices and preparing snacks and light meals for themselves. Ingredients for breakfast, snacks and light meals were bought by residents with staff support. A folder was kept in the kitchen outlining SALT recommendations in an accessible format.

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 systems in place for the ordering, prescribing, storing, administration and safe return of medicines. However, improvements were required to ensure medicines were administered as prescribed and that there was effective oversight of the medicines management system.

There was a policy on medicines management that was within its review date. Medicines were dispensed from the pharmacy. Medicines were checked by staff on receipt from the pharmacy and were kept securely in a locked cabinet. There were arrangements in place with a nearby designated centre to ensure the safe return of used or out-of-date medicines to the pharmacy.

At the previous inspection, it had been identified that medicines had not been administered as prescribed. At this inspection, systems were not in place to ensure that no change would be made to the form of the medicine without it being prescribed by the prescriber and in consultation with the pharmacist.

It was not demonstrated that the systems in place for medication reconciliation on admission or the management of medicines during transfers were satisfactory. In addition, the responsibilities for the management of medicines as outlined in the medicines management policy required review in line with the relevant legislation. These failings were discussed with the person in charge during the inspection.

There were no medicines that required refrigeration or medicines that required specific controls at the time of inspection.

Judgment:

Non Compliant - Moderate

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:

There was a written statement of purpose that outlined the service provided in the centre. However, improvements were required to ensure that all of the information required by Schedule 1 of the regulations was outlined in the statement of purpose and that the statement of purpose accurately described the service to be provided in the centre.

For example, the nursing supports at weekends were not sufficiently clear. Given that this centre provided a respite service and had shared bedrooms, the arrangements in place to ensure the privacy and dignity of residents and protect residents from infection were not outlined. Some information in the statement of purpose related to current residents rather than the service being provided in the centre. The statement of purpose provided for emergency admissions, although the provider representative and person in charge confirmed that the beds concerned were for respite purposes only. Finally, the management structure outlined in the statement of purpose did not reflect the provider's proposal that this was one designated centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall, while management systems and structure had been reviewed and revised since

the previous inspection, further improvement was required.

At the previous inspection, it was not demonstrated that the arrangements in place in relation to the role of the person in charge were satisfactory. The previous person in charge had been appointed as a person in charge of more than one designated centre but could not ensure the effective governance, operational management and administration of the designated centres concerned. Since the previous inspection, the governance and management arrangements had been reviewed. At this inspection, there was a dual person in charge arrangement in place at the time of inspection. One person in charge was responsible for the Monday to Friday residential and respite service. The second person in charge was responsible for the individualized service being provided at weekends. It was demonstrated that both persons in charge were actively involved in the management of the centre. Persons in charge clearly articulated how to support residents on an individualized basis. However, the provider failed to demonstrate how they had ensured that persons in charge appointed to the role met the requirements of the regulations in terms of qualifications, skills and experience. This was discussed with the provider representative following this inspection.

Social care workers reported to the person in charge or the senior staff/clinical nurse manager (CNM1) on duty. The persons in charge in turn reported to a representative of the provider. However, there were different management structures in place during the week than the weekend. As a result, the governance arrangements lacked clarity. It was not clearly demonstrated that there was effective monitoring and review of the entire service. For example, while the provider had completed an unannounced visit of the quality and safety of care being provided during the week, that visit did not consider the quality and safety of the service being provided at weekends.

Other governance arrangements were in place. Monthly management meetings took place, attended by persons in charge and the provider representative. Annual performance management meetings were held between the persons in charge and provider representative.

The role of the person in charge of the centre was full-time. However, the authority of the person in charge required clarity. It was not demonstrated that both persons in charge had the authority to directly contact the hospital in the event of signs or symptoms of clinical deterioration, in line with clinical directions in place. This was necessary to prevent any diagnostic or treatment delays which might have an adverse outcome for resident safety.

At the previous inspection, it was found that unannounced visits to the designated centre by the provider did not consider in a comprehensive manner the safety and quality of care provided in the centre. Since the previous inspection, training had been provided to those completing unannounced visits on behalf of the provider. However, the unannounced visits did not consider all aspects of the service as it did not consider the quality and safety of the individualized service being provided at weekends.

At the previous inspection, systems in place to monitor the quality and safety of the service required review. Since the previous inspection, the person in charge had commenced audits in the centre and the inspector reviewed these audits. Audits related

to infection control, medicines management, mealtimes, privacy and dignity, general areas and intimate care. However, a recent medicines management audits viewed was not systematic as it did not assess all aspects of the medicines management cycle.

At the previous inspection, it was found that the annual review did not meet the requirements of the regulations as it did not demonstrate that care and support was in accordance with standards. Since the previous inspection, the provider had revised the approach to the annual review and a new template was in use that considered key aspects of care and support provided to residents. Where improvements were identified, an action was specified. The annual review included feedback from residents and their representatives on their experience of the service.

While overall, the annual review and report of the unannounced visit had been developed since the previous inspection, the need to ensure that such reviews considered issues from a governance perspective was discussed with the provider representative and one of the persons in charge. For example, the suitability of the designated centre to meet the assessed needs of residents was not considered. This was important in this centre as the nature of the service being provided was currently under review.

Judgment:

Non Compliant - Major

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the persons in charge. A clinical nurse manager (CNM1) had been identified to deputize in the event of the persons in charge being absent for a period of greater than 28 days. There had been no occasion when the persons in charge had been absent for greater than 28 days since taking up their role as persons in charge in this centre.

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:

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

The facilities in the centre reflected the Statement of Purpose. The centre was well maintained and in good condition. There was evidence that maintenance requests and other actions required were completed in a timely manner.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Overall, there were appropriate staff numbers and skill mix to meet residents' support requirements and to facilitate residents to pursue their interests and hobbies.

At the previous inspection, not all mandatory training or training required to meet residents' needs was completed as required by the regulations. At this inspection, mandatory training and other training required to meet residents' needs was provided to existing staff. Training required in relation to positive behaviour support was previously captured under outcome 8.

At the previous inspection, it was not demonstrated that staffing numbers supported residents to pursue activities and interests of their choice in the community. Since the previous inspection, as previously mentioned under outcome 1, additional staff support was being provided one night per week and a volunteer supported residents a second night each week. Both staff and residents told the inspector that this had made a positive difference to facilitating choice in relation to pursuing interests and hobbies in the community.

At this inspection, there was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. At weekends, nursing support was available at all times via an on-call service to meet any healthcare needs. A formal supervision and appraisal system was in place for staff, and both the persons in charge and staff confirmed that these meetings took place.

At the time of the previous inspection, staff meetings had recently commenced. At this inspection, a number of staff meetings had now taken place. These included discussion on care plans, activities and leisure pursuits, fire drills, checks of residents' monies, policies and feedback from the family forum.

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):

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

Findings:

Overall, records and policies required by the regulations were maintained in the centre. Improvements were required to healthcare records and the medication management policy.

The records listed in Schedules 3 and 4 of the regulations were maintained in the

centre.

All of the key policies as listed in Schedule 5 of the Regulations were in place and these policies were made available to staff who demonstrated a clear understanding of these policies. However, as previously outlined under outcome 12, the responsibilities for the management of medicines as outlined in the medication management policy required review in line with the relevant legislation.

Records were kept securely, were easily accessible and were kept for the required period of time.

The centre was adequately insured against accident or injury, and insurance cover complied with the all the requirements of the regulations.

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:

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 report¹

| | |
|----------------------------|------------------------------------------------------------------------------|
| Centre name: | A designated centre for people with disabilities operated by COPE Foundation |
| Centre ID: | OSV-0003296 |
| Date of Inspection: | 09 and 10 November 2016 |
| Date of response: | 20 January 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:

While the provider representative confirmed that a second person had been identified to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained, this change had yet to be reflected in the organisation's policy.

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

1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Cope foundation have nominated a second person to be available to residents to ensure that all complaints are appropriately responded to and it will be included in the next printing of the revised policy document which will be distributed in January 2017

Proposed Timescale: 31/01/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

While information had been gathered to inform a personal plan, this had yet to be translated into a personal plan.

2. Action Required:

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

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

Staff had training on the development of personal plans on 28/11/2017.

PIC researched PATH and MAPS method of personal plans.

One care plan will be completed by 31/01/2016

And the other 2 full time residents will be completed by 31/03/2017

Proposed Timescale: 31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents.

The remainder will be completed by 30/06/2017.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had not been carried out for each resident, as required to reflect changes in need and circumstances, but no less

frequently than on an annual basis.

3. 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:

As each support plan is being updated a comprehensive review will take place with the relevant members of the MDT team. PIC will follow the schedule as above. 31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents. The remainder will be complete by 30/06/2017.

Proposed Timescale: 31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents. The remainder will be complete by 30/06/2017.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The review of the personal plan did not involve members of the multidisciplinary team involved in residents' care and support. As a result, the link between personal planning and the care and support required by residents was not demonstrated.

4. Action Required:

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

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

As each support plan is being updated a comprehensive review will take place with the relevant members of the MDT team. IPIC will follow the schedule as above. 31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents. The remainder will be done one per month from that date.

Proposed Timescale: 31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents. The remainder will be completed by 30/06/2017.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

As detailed in the findings, the system in place did not ensure that personal plan reviews assessed the effectiveness of each plan and take into account changes in circumstances and new developments.

5. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

As each support plan is being updated a comprehensive review will take place with the relevant members of the MDT team. IPIC will follow the schedule as above.

31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents.
The remainder will be done one per month from that date.

Proposed Timescale: 31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents.

The remainder will be completed by 30/06/2017.

Proposed Timescale: 30/06/2017

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:

Fire drill records did not demonstrate that residents could be evacuated from the centre in the event of a fire at all times, as drills did not consider all likely scenarios and staffing arrangements.

6. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Weekend staff and PIC for this service will ensure that fire drills will be carried out at various times of the day and night and record same ensuring that the amount of time taken to evacuate is recorded.

Proposed Timescale: 23/01/2017

Theme: Effective Services

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

A fire risk assessment assessing the adequacy of arrangements in place for containing the spread of smoke and fire in the event of a fire was not in place.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Risk assessment of fire doors and audit of arrangements in place for containing the spread of smoke and fire in the event of a fire to be carried out by a fire safety consultant.

Proposed Timescale: 31/01/2017

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:

A referral to the committee had not been completed for approval of all restrictive practices.

8. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Restrictive practices will be reviewed to include referral to the restrictive practices committee.

Proposed Timescale: 31/01/2017

Theme: Safe Services

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

New staff required mandatory training in relation to positive behaviour support.

9. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

One relief staff on team had MAPA done as planned on 16th Nov 2016. All other staff in date with all training.

Proposed Timescale: 17/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Where residents had behaviour support needs, it was not demonstrated that it had been assessed as to whether psychology support was required.

10. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Referrals will be sent into psychology for any resident who has behavioural plans.

Proposed Timescale: 14/02/2017

Proposed Timescale: 14/02/2017

Theme: Health and Development

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

Improvements were required to ensure that appropriate health care was provided for each resident and outlined in their personal plan. For example, where healthcare needs had been identified, care plans had not been developed to direct the care to be given. In addition, not all information kept in the working file pertaining to a specific condition was the most up-to-date or applicable information available.

11. Action Required:

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

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

As each support plan is being updated a comprehensive review will take place with the

relevant members of the MDT team. For all identified health care needs , a care plan to meet those needs will be developed and form part of each residents personal plan.

Proposed Timescale:

31/01/2017 for one care plan and 31/03/2017 for the other 2 full time residents.

The remainder will be completed by 30/06/2017.

Proposed Timescale: 30/06/2017

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:

It was not demonstrated that appropriate and suitable practices were in place to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident:

The systems in place for medication reconciliation on admission or the management of medicines during transfers were not satisfactory;

Systems were not in place to ensure that no change would be made to the form of the medicine without it being prescribed by the prescriber and in consultation with the pharmacist.

12. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Audits of medication management continue to take place.

All staff have Safe medication management training done.

All drug kardex are sent to client's own GP and reviewed as per policy.

Advice has been sought from the Pharmacist in relation to administration of medication with food and a comprehensive list is being compiled for staff information.

Instructions regarding when and how to take medications will only be made by the prescriber and this has been reflected in the policy and procedures on the administration of medication document.

The policy and procedures on the administration of medication has also been amended to ensure reconciling of the prescription with the dispensing labels on all medications at each short break admission.

One Resident is being assessed by Safe Medication management trainer to assess if they will be able to self-administer medication, and then we will assess the other Residents.

Proposed Timescale: 24/02/2017

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:

Improvements were required to ensure that all of the information required by Schedule 1 of the regulations was outlined in the statement of purpose and that the statement of purpose accurately described the service to be provided in the centre.

13. 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 SOP will be updated to ensure that all of the information required by Schedule 1 of the regulations is outlined.

Proposed Timescale: 15/01/2017

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 provider failed to demonstrate how they had ensured that persons in charge appointed to the role met the requirements of the regulations in terms of qualifications, skills and experience.

14. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The statement of purpose will be revised to include all of the information in Schedule 1 of the regulations. The PIC now in place has the qualifications, skills and experience as per the requirement of the regulations.

Proposed Timescale: Completed

Proposed Timescale: 17/01/2017

Theme: Leadership, Governance and Management

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

While overall, the annual review had been developed since the previous inspection, the need to ensure that such reviews considered issues from a governance perspective was required to ensure that such care and support is in accordance with standards.

15. 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:

The provider nominee will ensure that issues from a governance perspective are included in the annual review of the service provided.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

As detailed within the findings, further improvement was required to the management systems in place in the designated centre. The governance arrangements lacked clarity. It was not clearly demonstrated that there was effective monitoring and review of the entire service. In addition, improvements were required as audits did not cover all aspects of the medicines management cycle.

16. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Management systems in place in the designated centre will be reviewed to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

As detailed in the findings, the unannounced visits required further development. In addition, the unannounced visit of the quality and safety of care being provided in the service did not consider all aspects of the service as it did not consider the quality and safety of the individualized service being provided at weekends.

17. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider nominee will carry out an unannounced visit to the service provided also at weekends.

Proposed Timescale: 31/01/2017