

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cork City South 5
<b>Centre ID:</b>	OSV-0003699
<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>	Bernadette O'Sullivan
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 20 February 2017 09:00 To: 20 February 2017 17:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the centre's second inspection by the Health Information and Quality Authority (HIQA). This inspection took place in response to the provider's application to register this centre. The first inspection of this centre took place on 26 September 2016.

Description of the service:

The service accommodates residents who wish to transition from residential services to a supported self-directed living model. The centre comprises a two-bed apartment and is located in a block of four apartments. The centre has the capacity for two residents and caters for residents who wish to live independently and may need some supports to do so. The centre was bright, modern, warm and decorated by the resident who lived there.

How we gathered our evidence:

The inspector met and spent time with the resident currently residing in this centre both on this and the previous inspection. The inspector met with the person in charge who had been recently nominated in this role but had previously led the staff

team involved in supporting the transition to this centre. The inspector also met and spoke with one of the residents support workers during the course of the inspection. This person will have deputising responsibility in the event that the person in charge is absent in the future. A representative of the provider attended the inspection and the meeting at the close of the inspection.

The resident assisted the inspection by explaining the transition period and what was involved in their moving to this centre. The resident also explained and described arrangements in place as they related to fire safety, meal planning and preparation and how they were supported to develop life skills, participate in the community and pursue their goals. The resident talked the inspector through their personal plan and support plans. The inspector also reviewed the resident's medication chart, meeting minutes, staff training records and the risk register.

The resident told the inspector that they were delighted with their new living arrangements and the supports being provided to them to live independently. The resident had interviewed and selected their own support team. Staffing supports involved a mix between one-to-one supports and support being provided at other times only on request and if required. The resident described how they were now involved in key decisions about their life and how important this was to them.

Overall judgment of our findings:

Overall, the inspector found that the service provided was person-centred and committed to promoting resident's independence. A dedicated support team was in place during and since this transition to supported self-directed living. Arrangements were in place to support resident's health, social and personal developmental needs.

Good practices were identified across all outcomes including in relation to personal planning, safeguarding, medication management and staffing arrangements. Communications with and concerning the resident (both written and conversational) were very respectful.

However, it was not clear how the resident's expressed preference to live on their own would be supported into the future. Also, improvements were required to the statement of purpose for the centre and the deputising arrangements in the absence of the person in charge required clarification. Some documentation was also outstanding or not sufficient, as required for registration purposes.

Details of findings from this inspection are outlined in the body of the report, which should be read in conjunction with 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 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, admissions to the centre were determined based on transparent criteria. Improvements were required to the contract of care.

The inspector reviewed a recent admission to the centre. The admission had taken place in line with the statement of purpose. There was evidence that the admissions process was carefully planned in a safe and phased manner. A transition plan had been developed and the required supports before, during and since admission had been put in place.

There was a written contract of care in place. A record of a meeting had been kept which demonstrated that the person in charge had discussed the contract of care with the resident in order to ensure they fully understood the contents of their contract.

However, as identified on the previous inspection, the contract of care was not individualized and the terms on which the resident would reside were not fully clear. For example, it referenced that single-room occupancy could not be guaranteed, which was not applicable in this centre.

Also, the provider was applying to register this centre for more than one person. However, the resident told the inspector that they did not wish to share with anyone and would prefer to live on their own. In this way, it was not clear how the provision of services was in line with the resident's assessed needs and expressed wishes.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the inspector found that supports were place during transition between services and that social care needs were fully supported by staff.

A comprehensive assessment of resident's social care support requirements had been completed. A transition plan had been planned and implemented with involvement from the multi-disciplinary team. Support plans had been developed to ensure that adequate supports were in place during a transitional period. For example, support plans had been developed and were being supported on an on-going basis in relation to life skills such as budgeting, learning to cook and store food, using new electrical appliances, meal planning and shopping and making healthy choices.

The resident's social care needs were supported by a staff team dedicated to supporting self-directed living. Individualized support was provided. A focus on supporting residents to live as independently as possible was demonstrated.

Since the previous inspection, a personal planning meeting had been held at which a personal plan had been developed with full participation of the resident. The personal plan considered all aspects of the resident's life, including supports required to connect with family and friends, to participate in leisure and recreational interests, to pursue further education, to meet healthcare needs, to manage money, to fulfil spiritual needs and to maintain personal safety.

A multi-disciplinary meeting was scheduled for the week following the inspection. Reassurance was required that this meeting would also consider the effectiveness of the personal plan as it related to the supports in place to prevent against self-neglect, financial abuse and the appropriateness of any shared accommodation arrangement in this centre.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

### **Findings:**

Overall, arrangements were in place to protect and promote the health and safety of the resident.

There were policies and procedures in place in relation to health and safety, risk management, fire safety and infection control.

Arrangements were in place for detecting, containing and extinguishing fires and for calling the fire service, including a fire alarm system and call point, fire fighting equipment, fire doors and emergency lighting. Certificates were not available on the day of the inspection with respect to servicing of the fire equipment, emergency lighting and the fire alarm system but these were submitted the day following the inspection. The resident had received fire evacuation training. Regular fire drills were coordinated by staff that demonstrated the centre could be evacuated in a timely manner. The resident clearly described the steps to be taken in the event of a fire, how to use the emergency equipment, what emergency exits to use and where the fire assembly point was located.

The inspector reviewed the risk register. Risk assessments had been completed specific to this centre including unexpected absence, money management, medication error and locking of the door at night. The resident was involved in suggesting and agreeing to any revised or new control measures in place. However, a risk assessment had not been completed for all identifiable hazards, including the arrangements in place for maintaining means of escape and with respect to the risk of self-neglect. There was sufficient information available in support plans to demonstrate that these risks were in practice being actively managed and supported.

Support plans were in place to support the resident to be safe while living independently. A weekly log of supports provided by support staff and the person in charge was maintained, which demonstrated on-going support plans in place and support being provided in relation to electrical safety, the safe use of appliances, fire safety awareness, self-administration of medication, money management and day-to-day household tasks. The resident described the measures in the support plans to the inspector.

There were arrangements in place to promote hand hygiene and food safety. Support had been provided by staff during the transitional phase in relation to these aspects of supported self-directed living. On-going support was being provided in relation to

cleanliness of the physical environment. The resident had attended training in relation to food safety and hand hygiene.

**Judgment:**

Substantially Compliant

**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:**

Arrangements were in place to protect residents from being harmed or suffering abuse. There was a clear process in place for developing, reviewing and revising any safeguarding plan required.

Where safeguarding supports were required, they were being provided. The resident was aware of their safeguarding plan and had consented to same and the safeguarding plan was discussed regularly. Required multi-disciplinary supports were outlined. Where an assessment had been completed by a psychologist in a specialist area, an action plan had been developed for each recommendation. Where proposed changes were made to the safeguarding plan, changes were based on recommendations outlined in a psychology report. No changes were implemented without prior approval of the multi-disciplinary team. Since the previous inspection, that specialist psychologist had confirmed requirements for review by the multi-disciplinary team and on-going assessment by the specialist psychologist.

There was a process and policy in place for the prevention, detection and response to abuse and it was evidenced that this process was followed. Staff had received training in relation to the protection of vulnerable adults and the prevention and management of potential and actual aggression. The resident was aware of how to raise a concern, should they wish to do so. The person in charge demonstrated that they were aware of the steps to follow in the event of such a concern being raised.

There were no forms of restraint used in this centre.



**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Overall, there were arrangements in place to ensure that residents' healthcare needs were met by staff.

An assessment of the resident's healthcare needs had been completed. Healthcare support plans were in place where required.

Support was provided from a multi-disciplinary team including the resident's general practitioner, nursing support staff, social worker, psychology, psychiatry and other members of their support team. Access to dental care and diagnostics were organised as required. Reports of tests, assessments and reviews were available for review. Since the previous inspection, the resident had chosen to access a general practitioner in the locality where they lived, following a successful transition from a congregated to a community-based setting.

Recommendations from healthcare professionals were discussed with the resident and for most assessed needs, healthcare support plans were in place. Healthcare plans had been further developed since the previous inspection, for example, with respect to where medication with side-effects was prescribed and to outline supports for mental well-being. The resident was fully involved and informed in decisions about their healthcare and described the supports that they received to the inspector.

Staff supported the resident to make healthy choices, for example, with menu planning and shopping for meals. Support plans had been developed place to support exercise and healthy eating. Easy to read receipt books were being used by the resident. Training required to support such choices was provided, for example in relation to cookery and food safety courses.

**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):**

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

**Findings:**

Overall, the resident was supported by safe medication management policies and practices.

Since the previous inspection, access to a pharmacist of the resident's choice had been facilitated.

There were systems in place for safe storage of medication with medication kept in a locked drawer and cupboard.

Prescription and administration records were maintained in line with the organisation's policy and procedures. The resident was supported to self-administer medications. An assessment of competency had been completed and accompanied by observation and support by staff during the transition period. Follow-up assessments had taken place. Where a medication error had previously occurred, a risk assessment had been completed and additional control measures put in place to prevent recurrence, in consultation with the resident. There had been no medication errors since the previous inspection.

A system was in place to review medications on an on-going basis and there was evidence of recent review by the resident's general practitioner. Arrangements were in place for the return of unused medications. There were no additional arrangements required for medicines that required refrigeration or controlled drugs in this centre at the time of inspection.

**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):**

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

**Findings:**

There was a written Statement of Purpose in the centre which had been updated in February 2017. The Statement of Purpose required review to meet the requirements of Schedule 1 of the regulations.

Overall, while the Statement of Purpose had been revised to address some failings identified at the previous inspection, it required further review to meet all of the requirements of the regulations. For example, the Statement of Purpose required review in relation to the following:

- it referred to premises that were not part of this centre,
- the organizational structure was unclear,
- persons identified as participating in the management of centre required review,
- a description of the rooms in the designated centre including their size and primary function was not included,
- the entry referring to emergency admissions required review.

Also, it was not demonstrated that the number of residents for whom it is intended that accommodation should be provided in this centre reflects the current resident's needs and wishes.

**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):**

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

**Findings:**

Overall, there were effective management systems in place and arrangements in place to ensure oversight of the quality and safety of care in this centre. Further improvement was required in relation to the monitoring of the centre. Also, the arrangements in place regarding who would deputise in the absence of the person in charge were not clear.

The staff team reported to the person in charge, who in turn reported to the representative of the provider. However, it was not clear what arrangement was in place in the event of the person in charge being absent for a period of more than 28 days.

Since the previous inspection, the management structure had been clarified and the arrangements relating to the person in charge had been reviewed to ensure their involvement in the operational management of the centre. While both the person in charge and representative of the provider told the inspector that they had met several times since this new arrangement had commenced in December 2016, minutes of meetings were not being kept to demonstrate on-going monitoring of the quality and safety of care in the centre.

The support team comprised support workers and a nurse qualified in intellectual disability nursing and was led by a clinical nurse manager (CNM3) who held the role of person in charge. The person in charge worked full-time and was a qualified and experienced nurse in intellectual disability nursing and held a masters in learning disability studies. The person in charge had completed continuous professional development, for example in relation to train the trainer in supported self-directed living and was involved in advocacy work and working with the disability federation of Ireland in relation to moving towards a model based on individualised supports for persons with a disability.

It was evidence that the person in charge was involved in the operation and management of this centre, with frequent (usually daily) phone contact with the resident and visits to the centre at least weekly. This arrangement was based on an assessment of needs, the resident's wishes and the aim of supported self-directed living to increase independent living skills.

An unannounced visit by the provider to the centre had been completed in January 2017 with an action plan to address any required actions. Systems were in place to allow for an annual review to be completed of the quality and safety of support provided in the centre in mid-2017.

**Judgment:**

Substantially Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

Overall, the resident's support needs were met by a dedicated staff team with the appropriate experience and qualifications.

A planned and actual staff roster was maintained in the centre. The supports from the staff team to this centre were as described in the statement of purpose for the centre. A support team was assigned to this centre with a blended mix between one-to-one supports and support being provided at other times only on request and if required. Support provided took the form of both contact time and phone support. The resident was provided with 15 hours support time per week which involved support with day to day living skills and to pursue activities and interests in the community.

A review of training records indicated that all staff had received mandatory training and other training required to support any resident residing in this centre. In addition, all support staff had received special training in supported self-directed living. A training plan was in place that outlined any scheduled training for this year and dates refresher training would be due.

A system was in place for staff appraisal and dates had been set for appraisal of the staff team by the person in charge. A recent appraisal of the person in charge had been completed by the representative of the provider.

A staff member confirmed that staff team meetings took place every two weeks and minutes of updates were maintained.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, arrangements were in place to ensure that records and documentation required were maintained.

Inspectors reviewed a sample of staff files and found that the files met all of the requirements of Schedule 2 of the regulations.

Records required under Schedule 3 were stored securely and were easily retrieved.

Records listed in Schedule 4 to be kept in a designated centre were made available to the inspector for the first house. As previously mentioned under outcome 7, records pertaining to fire safety were not available at the time of inspection.

All of the key policies as listed in Schedule 5 of the regulations were in place.

Evidence was not produced that the centre was adequately insured against accident or injury and that insurance cover complied with all the requirements of the regulations.

The resident's guide required review as it did not meet all the requirements of the regulations. The guide did not outline the terms and conditions of residency nor did it outline how to access HIQA inspection reports.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003699
<b>Date of Inspection:</b>	20 February 2017
<b>Date of response:</b>	16 March 2017

### Requirements

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

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

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

It was not demonstrated that the agreement for the provision of services provided for, and was consistent with, the resident's assessed needs and the statement of purpose.

**1. Action Required:**

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

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

provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The Statement of Purpose will be amended to ensure that the agreement for the provision of services is consistent with the residents assessed needs

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

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

The contract of care was not individualized and the terms on which a resident shall reside in the designated centre were not fully clear.

**2. 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 Contract of Care will be amended to make the terms on which the resident would reside more individualised and explicit to this resident and this particular residence.

**Proposed Timescale:** 31/03/2017

**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:**

Reassurance was required that a planned meeting would also consider the effectiveness of the personal plan as it related to the supports in place to prevent against self-neglect, financial abuse and the appropriateness of any shared accommodation arrangement in this centre.

**3. 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:**

- The resident's Personal Plan
- The resident's Safeguarding Plan
- The resident's Savings Plan with a focus on safeguards against risk of self-neglect



- A discussion will occur around the appropriateness or otherwise of another person sharing this accommodation in terms of its potential influence on a residents ability to comply with their safeguarding plan.

Proposed Timescale: Completed by 31/3/17

**Proposed Timescale:** 31/03/2017

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

**Theme:** Effective Services

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

A risk assessment had not been completed for all identifiable hazards, including the arrangements in place for maintaining means of escape and with respect to the risk of self-neglect.

#### **4. 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:**

- A risk assessment will be completed with input from Fire Officer to determine if the resident is competent to complete his own daily checks to include maintaining a means of escape.
- A risk assessment will be completed to determine the resident's likelihood to self-neglect and a management plan will be put in place if this is found necessary.

**Proposed Timescale:** 14/04/2017

## **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:**

The Statement of Purpose required review to meet the requirements of Schedule 1 of the regulations.

#### **5. 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 Statement of Purpose will be reviewed and amended to:

- Ensure that the accommodation in this centre reflects the current residents needs and wishes
- Make clear the organisational structure
- Identify the person participating in the management of the centre.
- Include a description of the rooms in the designated centre including their size and primary function

**Proposed Timescale:** 31/03/2017

**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:**

Minutes of meetings between the person in charge and representative of the provider were not being kept to demonstrate on-going monitoring of the quality and safety of care in the centre.

**6. 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:**

A system of regular meetings will be put in place between the person in charge and the representative provider and minutes will be kept to demonstrate the on-going monitoring of the quality and safety of care in the centre.

Proposed Timescale: From 15/3/17 and monthly thereafter.

**Proposed Timescale:** 15/03/2017

**Theme:** Leadership, Governance and Management

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

It was not clear what arrangement was in place in the event of the person in charge being absence for a period of more than 28 days.

**7. Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

An arrangement will be put in place making it clear who will have management responsibility should the person in charge be absent for more than 28 days

**Proposed Timescale:** 31/03/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The resident's guide required review as it did not outline how to access HIQA inspection reports.

**8. Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The Residents Guide will be reviewed and amended to ensure that it informs the resident on how to access HIQA reports.

**Proposed Timescale:** 31/03/2017

**Theme:** Use of Information

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

The resident's guide did not outline the terms and conditions of residency.

**9. Action Required:**

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The Residents Guide will be reviewed and amended to ensure that it outlines the terms and conditions of residency as it applies to this particular resident in this particular residence.

**Proposed Timescale:** 31/03/2017

**Theme:** Use of Information

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

A contract of insurance against injury to residents was not available for review in the centre or submitted to HIQA for review at the time of application to register the centre.

**10. Action Required:**

Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

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

Evidence that Cope is covered by the State Indemnity Scheme will be made available to HIQA with this action plan.

**Proposed Timescale:** 16/03/2017

**Theme:** Use of Information

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

Evidence was not provided that the centre was insured against other risks in the designated centre, including loss or damage to property.

**11. Action Required:**

Under Regulation 22 (2) you are required to: Insure against other risks in the designated centre, including loss or damage to property and where such insurance is effected advise the residents accordingly.

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

Evidence will be provided to HIQA that the centre is insured against other risks in the designated centre including loss or damage to property once this evidence is received from the insurers in the coming week.

**Proposed Timescale:** 24/03/2017