

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	ORG-0011249
<b>Centre county:</b>	Cork
<b>Email address:</b>	abbotts@cope-foundation.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	COPE Foundation
<b>Provider Nominee:</b>	Sean Abbott
<b>Person in charge:</b>	Joe McDonald
<b>Lead inspector:</b>	Col Conway
<b>Support inspector(s):</b>	Geraldine Ryan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	8

## **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 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: 13 February 2014 09:30 To: 13 February 2014 17:30

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

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

**Summary of findings from this inspection**

This was a registration inspection following application to the Health Information and Quality Authority (the Authority) by Cope Foundation to register the centre as a new service for adults with a disability. The centre was not operational at the time of inspection as it is awaiting registration with the Authority.

The written statement of purpose outlines that the centre will provide a regional behavioural support service whereby residents will be admitted for a period not exceeding six months and will receive intense therapeutic support.

Inspectors met with the person in charge and the provider and reviewed the premises and documentation such as: the centre's statement of purpose, records

maintained on staff files, policies and procedures and fire safety records.

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

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

**Judgement:**  
Non Compliant - Moderate

**Findings:**  
Bedroom accommodation was all single rooms with en suite facilities and there was furniture provided for residents to store personal possessions. There are laundry facilities and the person in charge informed inspectors that linen and towels would be laundered off-site, however, residents would be facilitated to do their own personal laundry.

There were separate sitting and living rooms for residents to have private space and there were also designated areas that residents could meet with visitors that were separate to bedroom accommodation.

The centre had a complaints policy, however, it was not centre- specific, it did not state expected time frames and did not clearly identify the appeals process.

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**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

**Judgement:**

Compliant

**Findings:**

Both the centre's written statement of purpose and resident's guide stated that each resident would be actively engaged in developing and implementing their person centred plans (PCPs). An inspector reviewed a set of comprehensive centre-specific documents that were proposed to be used for residents' PCPs. In relation to communication it included goals and action plans for an individual in regard to:

- personal expression, communication and creativity
- meaningful social roles
- inclusion in the local community.

The person in charge confirmed that in early March 2014 staff would receive training regarding the use of the PCPs.

**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

**Judgement:**

Compliant

**Findings:**

As already addressed in Outcome two, it is proposed that each resident will be actively engaged in developing and implementing their PCP. In relation to family and personal relationships and links with the community it included goals and action plans for an individual in regard to:

- health and well being
- personal expression, communication and creativity
- meaningful social roles
- choice, control and planning the future
- individualised transitions and progression
- inclusion in the local community

- rights, privacy and dignity.

**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

**Judgement:**

Compliant

**Findings:**

The criteria used for admission to the centre was outlined in the written statement of purpose as was the process. The person in charge outlined how the admission referral process would involve a multidisciplinary team review of a proposed resident and consideration of information provided on an admission form as well as the individual's PCP.

The person in charge confirmed that a contract for the provision of services will be provided for each resident.

**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

**Judgement:**

Compliant

**Findings:**

As already addressed in Outcomes two and three it is proposed that each resident will be actively engaged in developing and implementing their PCP. In relation to social care needs goals and action plans will be identified for an individual in regard to:

- health and well being
- education and formal learning
- maximising independence
- training and employment

- personal expression, communication and creativity
- meaningful social roles
- choice, control and planning the future
- individualised transitions and progression
- inclusion in the local community
- rights, privacy and dignity
- the individual's environment.

### **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

#### **Judgement:**

Non Compliant - Moderate

#### **Findings:**

The centre was purpose built and was designed to provide accommodation for eight residents. Entrances to the centre and the corridors were wheelchair accessible and the premises was bright and spacious. The main entrance was via a secure front door leading to a reception area, visitor toilet, staff meeting room and a visitors waiting room. A good amount of car parking space was provided at the front of the building.

Bedroom accommodation consisted of eight single rooms each with an en suite facility that included a toilet, wash-hand basin and a shower. All bedrooms had a bed, locker, seating, television and wardrobe. Some bedrooms did not have lighting installed within close proximity of beds or over mirrors in the en suites. Some of the en suite shower doors leaked water onto the floors when showers were turned on.

There were communal toilets additional to en suite facilities and a room was identified to be fitted out with a bath so an alternative to showering could be offered if requested.

The centre had good sized living/sitting rooms that were well furnished. Couches were also placed in some of the corridors providing additional seating areas and there was also an equipped multi sensory/relaxation room.

The communal dining room was fitted out with tables and chairs, however, some of the chairs were not in a good state of repair. A fully equipped kitchen was attached to the dining area and the person in charge confirmed that residents would be encouraged and facilitated to cook their own meals.

There was a designated housekeeping storage room as well as a cleaning room.

There were two enclosed courtyards that consisted of paved areas, footpaths, grass and planted gardens. These external areas could be accessed from within the centre and they provided areas for walking and sitting.

There were adequate staff facilities that included toilets, showers and lockers.

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

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

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

### **Findings:**

The person in charge confirmed there was an on-call maintenance service and when the centre is registered and fully operational there will be a monthly maintenance review programme of the premises. A hazard identification form had been developed for staff to use to identify any possible environmental hazards to the person in charge.

Inspectors were informed that while there was a health and safety statement for Cope Foundation as an organisation overall, at the time of inspection there was not a specific up-to-date health and safety statement for the centre. Also at the time of inspection there was not a centre-specific risk management policy or a health and safety policy. The provider informed inspectors that these required policy documents were being reviewed and were close to completion. Policies and procedures in general will be further addressed in Outcome 18.

Inspectors noted some areas in the building required risk assessing for potential hazards to residents:

- unrestricted windows
- the kitchen
- heating radiators and exposed plumbing pipes.

Suitable fire equipment was provided, fire exits were unobstructed, a procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed and a certificate of fire compliance had been submitted to the Authority. Inspectors noted that a review of some of the doors was required as one door that was identified as a fire door had a small amount of damage and it wasn't clear if some of the bedroom doors as well as a door in one of the corridors were actually fire doors.

While there was a dedicated cleaning room and cleaning schedules in place, inspectors found there was not best practice implemented in regard to storage of cleaning equipment.

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**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

**Judgement:**

Compliant

**Findings:**

While there was an abuse policy for Cope Foundation as an organisation overall, at the time of inspection it was not up to date. The provider and person in charge informed inspectors that the required policy document was in the process of being revised and it was close to being completed. The plan was for staff to receive abuse awareness training as part of an induction programme.

While there was a restraint policy for Cope Foundation as an organisation overall, inspectors were informed that a revised policy document in regard to restrictive procedures and physical, chemical and environmental restraint was also in the process of being revised and it was close to being completed. The person in charge confirmed that he was a member of the restrictive practices committee.

As already addressed in Outcomes two, three and five it is proposed that each resident will be actively engaged in developing and implementing their PCP. This would include identifying any underlying causes of behaviour that is challenging as well as factors that may alleviate it. The plan was for staff to receive behavioural support training as part of an induction programme. Provision of behavioural support was outlined in a document that described the model of service that was proposed to be provided for residents admitted to the centre. Inspectors were informed that a policy document for the provision of behavioural support would be developed.

**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

**Judgement:**

Compliant

**Findings:**

The centre was not registered as an operational centre with the Authority at the time of this inspection, therefore, no recorded incidents had occurred as no person was residing in the centre.

**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

**Judgement:**

Compliant

**Findings:**

As already addressed in Outcomes two, three, five and eight it is proposed that each resident will be actively engaged in developing and implementing their PCP. In relation to general welfare and development it is proposed the PCP will include goals and action plans for an individual in regard to:

- their health and well being
- education
- formal learning
- individualised transitions and progression
- meaningful social roles
- formal training and employment.

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Compliant

**Findings:**

As already addressed in Outcomes two, three, five, eight and ten; it is proposed that each resident will be actively engaged in developing and implementing their own PCP which will incorporate the required risk assessments and specific plans to meet the individual's health care needs.

As already addressed in Outcome six there was an equipped kitchen in the centre and the person in charge informed inspectors that residents would be encouraged and facilitated to cook their own meals.

Residents would have access to a general practitioner as well as out of hours medical care and allied health services including: an occupational therapist, a speech and language therapist, a psychologist, a social worker, nurses, social care workers and health care assistants.

### **Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Judgement:**

Compliant

**Findings:**

A written medication management policy and procedures was in place and there was a treatment room where residents' medications will be stored. The person in charge informed inspectors that a resident will bring their own medication with them when they are admitted and the plan is to have each resident's medicines supplied by their own community pharmacist.

### **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

**Judgement:**

Non Compliant - Minor

**Findings:**

While the centre had a statement of purpose, it did not contain all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in a Designated Centre for Persons (Children and Adults) With Disabilities) Regulations 2013.

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**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

**Judgement:**

Compliant

**Findings:**

A person in charge was in post and written information submitted to the Authority with the application to register the centre indicated that the post holder was suitably qualified and experienced. The person in charge is based full time in the centre as are three team leaders.

There was evidence that the person in charge is involved in meetings with the senior management team of Cope Foundation and during the commissioning phase of this new service this was on a frequent basis.

In regards to review of the quality and safety of care in the centre and implementation of a quality assurance programme, there were no findings for inspectors to review as the centre was not yet registered and providing a service to residents.

**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

**Judgement:**

Compliant

**Findings:**

The person in charge had not been absent for a period of time that required notification to the Authority. As identified in Outcome 14, three team leaders were in post so adequate resources were in place to cover the absence of the person in charge.

**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

**Judgement:**

Compliant

**Findings:**

There was robust evidence that adequate resources had been made available in regard to the premises as it was purpose built of modern design with a high standard of fittings, fixtures and decoration overall. The person in charge outlined the planned ongoing maintenance programme.

There was also evidence of sufficient resources being made available in regard to provision of staff and education and training of staff.

**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

**Judgement:**

Compliant

**Findings:**

Inspectors found evidence of substantial compliance in regard to maintenance of the records that are required for staff as per schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. However, there was not an up to date policy and procedures in regard to recruitment, selection and vetting of staff.

At the time of inspection there was ongoing recruitment of staff and the person in charge outlined in detail the staffing requirements and he confirmed that adequate resources were being made available in regard to actually employing the required staff.

While there was not the required policy and procedures in place regarding staff training and development, a training schedule was in place that would provide staff with

mandatory training such as fire safety and manual handling and also service specific training such as: person centred planning, behavioural support, update on epilepsy and medication management.

### **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

#### **Judgement:**

Non Compliant - Major

#### **Findings:**

As already identified in previous Outcomes, many of the required operational policies and procedures as required by schedule 5 of the Regulations were not developed or centre specific and in date at the time of inspection. The provider and person in charge informed inspectors that the required policies were in the process of being reviewed or developed.

As the centre was not yet registered and therefore did not have residents living in the centre, there had been no records created and maintained as required by schedules 3 and 4.

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Col Conway  
Inspector of Social Services  
Regulation Directorate

**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>	ORG-0011249
<b>Date of Inspection:</b>	13 February 2014
<b>Date of response:</b>	28 March 2014

**Requirements**

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

**Outcome 01: Residents Rights, Dignity and Consultation**

**Theme:** DCAD10 Individualised Supports and Care

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

The centre's complaint policy was not displayed in a prominent place.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The centre has developed an easy to read leaflet explaining our complaints policy. Leaflets are available in the waiting room, at reception and throughout the residential building. Posters specific to the centre outlining the complaints policy have also been erected throughout the building.

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

**Proposed Timescale:** 28/03/2014

**Theme:** DCAD10 Individualised Supports and Care

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

The written complaints policy was not centre-specific, did not state expected time frames and did not clearly identify an appeals process.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The complaints policy is now centre specific and includes time frames and the appeals process.

**Proposed Timescale:** 28/03/2014

#### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Some bedrooms did not have lighting installed within close proximity of beds or over mirrors in the en suites.

**Action Required:**

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

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

Electronic services have been instructed to fit a wall mounted light over each en suite mirror. Each resident shall be risk assessed in terms of the provision of a bed side lamp as required on admission to ensure that all health and safety concerns are addressed.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

Some of the en suite shower doors were leaking water onto the floors when showers were turned on.

**Action Required:**

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

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

A plumbing company have been instructed to fix the rubber seals on the relevant shower doors.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

Some of the dining chairs were not maintained in a good state of repair.

**Action Required:**

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

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

All dining room chairs were checked on 28 March 2014 and a small number that were not in good repair shall be repaired or replaced.

**Proposed Timescale:** 30/04/2014

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

**Theme:** Effective Services

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

Some areas in the building required risk assessing for potential hazards to residents:

- unrestricted windows
- the kitchen
- heating radiators and exposed plumbing pipes.

**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:**

All windows have been checked and are now compliant. Locks shall be fitted to some kitchen cupboards and a roller blind shall be fitted between the kitchen and the dining room. The radiators have been inspected by a plumbing company and the temperature

is controlled sufficiently. Any exposed pipes in the en suites shall be covered. A centre-specific health and safety manual is in the process of being developed and is nearing completion.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

Cleaning equipment was not stored in line with best infection control practices.

**Action Required:**

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

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

All cleaning storage areas have been adapted to ensure compliance with infection control practices.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

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

An identified fire door was damaged and other doors were not clearly identified as to whether they were fire doors.

**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:**

The centre had the entire building inspected by an independent fire inspector and furnished the Authority with the findings. A damaged fire door will be replaced with a new fire door which has been ordered. Minor adjustments will be made to some doors as part of routine maintenance. The doors throughout the facility are compliant with fire safety regulations. All staff have also received fire training.

**Proposed Timescale:** 30/04/2014

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The written statement of purpose did not contain everything as per the Regulations.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The existing statement of purpose and function is currently being reviewed to ensure that there are no omissions.

**Proposed Timescale:** 11/04/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

All of the operating policies and procedures as required by schedule 5 were not maintained in the centre.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 centre's policy and procedures manual and medication management policy documents were in draft format on inspection day as the centre is a new service. These documents are now operational.

**Proposed Timescale:** 28/03/2014