

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by COPE Foundation
<b>Centre ID:</b>	OSV-0003289
<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>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	12
<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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

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

From: 10 September 2015 14:30 To: 10 September 2015 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This report sets out the findings of a follow-up inspection to a registration inspection at this centre on 4 and 5 September 2014, a copy of that report can be found at [hiqa.ie](http://hiqa.ie). This centre provided residential care to twelve adults, both male and female, and also one resident who was only present in the centre at weekends and lived in a self-contained apartment that was part of one of the houses. The centre operated seven nights a week with most residents returning home to their families at weekends. The centre also provided a respite facility at weekends. Residents attended various activities including services at a day centre that operated on the same campus. Previous inspection findings were positive and where regulatory non-compliance had been identified the provider and person in charge demonstrated their willingness, commitment and capacity to implement the required improvements. As part of the process the inspector met with residents, the person in charge, relatives and several staff members. The inspector observed practices and reviewed documentation such as personal care plans, medication records, policies and procedures.

The findings of the inspection are set out under 10 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

In keeping with the previous inspection assessment the inspector was satisfied that the centre was continuing to operate in substantial compliance with the Standards and Regulations in the areas assessed. Management had satisfactorily implemented measures to address actions previously identified.

**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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre did not have a designated room for respite and the rooms of existing residents were used to provide respite as required. In this respect it was unclear how due consideration around respect and privacy was afforded to either existing or respite residents in relation to their personal living space and belongings. The remaining components of this Outcome were assessed only in so far as they related to the remainder of this report.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The centre's admission and discharge policy set out in a clear manner, criteria for admission. Residents' admissions were in line with the centre's statement of purpose. Action identified during the previous inspection had been addressed and of those contracts reviewed, all contained relevant information about the fees to be charged for care and accommodation and additional charges. The admissions policy also provided direction and guidance in relation to respite admissions, including provisions in relation to potential peer on peer safeguarding issues. However, at time of inspection residents' contracts did not reference the necessary information in relation to circumstances and consent around respite.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Personal care plans (PCPs) had been fully implemented since the last inspection with written, individualised personal plans in place for each resident. Documentation recorded regular reviews around the development of interests, activities and goals for residents, including input by multi-disciplinary teams as appropriate. Records of consultation were maintained, key workers were identified including photos and a log of participation in activities was kept. Records indicated that there was collaboration around strategies and that goals agreed were seen to be meaningful, achievable and were kept under review. Plans were clear, person-centred, accessible and illustrated with appropriate descriptions or pictograms. Staff spoken with demonstrated a well developed knowledge and understanding of the residents – their individual circumstances and personal preferences. The relative of one resident spoke highly of the input and attention by staff to the development of all residents' abilities to fully engage in activities that were meaningful and achievable for them. Efforts were made to identify the talents and abilities of individual residents and creations by residents that were on display throughout the centre were clearly a source of pride for both the individual and staff. Residents variously attended day services on campus or within the local area and transport facilities and staff resources were available to support residents in this respect.

<b>Judgment:</b> Compliant

**Outcome 06: Safe and suitable premises**  
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Action had been taken in relation to issues identified on the previous inspection to facilitate residents being able to alert staff with call systems in place where necessary. The centre was located on the outskirts of a county town and comprised two adjoined, semi-detached houses with separate entrances and shared communal space and facilities on the ground floor. Co-located on the site was a day service centre which residents also attended. The centre premises throughout was modern, bright, clean, well ventilated and in an excellent state of repair. Accommodation in the centre comprised six single bedrooms, all with wash-hand basins and one with an en suite. There were three twin bedrooms, also with wash-hand basins and a separate, one bedroomed apartment. All en suite facilities consisted of toilet, shower and wash-hand basin. In the two instances where residents shared a bedroom the dimensions were in keeping with statutory requirements and there was adequate storage space, including secure storage, to provide privacy and security of belongings. The premises throughout was furnished and decorated to a high standard. Residents' rooms were personalised with belongings, photographs and memorabilia. There were laundry facilities in each house that were adequate to meet the needs of residents and each house had a well equipped kitchen and accessible dining area. Each house also contained overnight accommodation for staff.

The design and layout of the centre was in keeping with the statement of purpose and included comfortable sitting and dining space with suitable communal space, separate from the residents own bedroom, in which residents could spend some time in private or meet with visitors. There was a large enclosed patio with seating and shade to which all residents could have access.

<b>Judgment:</b> Compliant
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**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):**

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

**Findings:**

The centre operated a risk register which included individual assessments in respect of residents where risks had been identified which were maintained on personal care plans. An organisational risk management policy was in place which was in keeping with the Regulations. However, it was not site-specific. A comprehensive health and safety statement was in place. However, the review date of May 2015 had lapsed. Similarly the fire safety policy also had a review date of May 2015 which had lapsed. Actions on these findings are recorded against Outcome 18 on Records and Documentation. The inspector saw that data was maintained and monitored in relation to incidents and accidents.

Floor plans, evacuation procedures and emergency contact details were clearly displayed in the centre. Fire safety equipment was readily accessible throughout the building. Individual circumstances were taken into account in relation to emergency evacuation plans. Records indicated that escape routes and the fire panels were checked daily. Maintenance records were up to date and reflected timely servicing of equipment. All staff had received up to date fire training, most recently delivered in March 2015. Documentation was available to verify that the centre was appropriately insured. A fire compliance certificate was on record. Records indicated fire drills were carried out and the fire alarm was tested regularly and serviced quarterly.

Appropriate policies and procedures were in place for cleaning and infection control. Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste where necessary. Effective hand hygiene practices were in place. Food safety checks were implemented and all staff were appropriately trained in food safety.

A number of vehicles were available to service users for transport and documentation seen verified that relevant maintenance certification was in place and up-to-date. Designated drivers were licensed and had been appropriately vetted.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place including appropriate policies and a training programme. A policy providing direction on the provision of intimate care was in place and regular training in safeguarding and safety was provided with training last delivered on 30 July 2015. The existing policy on safeguarding and safety referenced current national policy and guidelines.

Circumstances around potential abuse allegations were appropriately documented, monitored and reported in keeping with statutory requirements around such notifications.

As outlined at Outcome 4 respite admissions were in keeping with relevant policies and procedures which took appropriate account of potential peer on peer safeguarding issues. Staff spoken with were mindful of safeguarding considerations in such circumstances. There was a policy in place on the use of restrictive procedures including physical, chemical and environmental restraint. Additionally, a multi-disciplinary restrictive practices review committee operated at organisational level to provide oversight on practice in relation to the use of restraint. The person in charge was aware of the statutory requirements in relation to the use and recording of restraint and, on the limited number of occasions restrictive measures had been used, they were appropriately monitored and documented. The inspector observed that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive. Both staff and management demonstrated a commitment to providing emotional, behavioural and therapeutic support to promote a positive approach in managing behaviour that might challenge. A policy on the provision of behavioural support was in place that included a training programme for managing behaviour that might challenge with a record of training last delivered on 25 August 2015.

**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:**

As outlined at Outcome 5 comprehensive and person centred personal care plans (PCPs) were in place for all residents at the centre. Residents' health care needs were appropriately assessed with conditions reviewed on a routine basis or where there had been a change in presenting circumstances. Residents had access to allied healthcare professional services such as dentistry, chiropody and speech and language therapy. Associated care plans in relation to diet and nutrition were seen to be in place and reviewed. An evidence based tool was in use for assessment around eating, drinking and nutrition and input had been provided by both a speech and language therapist and a dietician in relation to its implementation. Where needs were assessed as changing, appropriate specialist medical reviews were arranged. For example, where behaviour changes were identified referrals for psychiatric and neurological review were made in a timely manner. Any resulting care plans or changes to medication were seen to be implemented and reviewed appropriately.

Residents could avail of the services of their own general practitioner (GP) or that of the centre. Appropriate systems were in place to ensure that information was effectively communicated between services where necessary and in some instances residents' care was coordinated with the families of residents.

Residents were encouraged to take an interest in their own welfare and participation in meal choice and preparation was encouraged. Meal choices could be varied and personalised according to individual preferences whilst consideration was also given to a balanced diet. The inspector observed an evening meal time and noted that the food provided was well prepared and presented and that residents were assisted where necessary in a manner that was sensitive and appropriate.

**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):**

No actions were required from the previous inspection.

**Findings:**

Written operational policies and procedures relating to the ordering, prescribing, storage and administration of medicines were in place and were supplemented by site-specific local protocols as directed by these policies. The inspector observed the process of

medication administration and noted practice was in keeping with national guidelines. Individual medication plans were in place and documentation included administration charts that corresponded to the prescription information and contained the necessary biographical detail for the relevant resident. Staff administering medication were appropriately trained. Systems for reviewing and monitoring safe medication management practices were in place. The person in charge implemented an effective audit system and took appropriate action, such as practice and training review, where needs were identified. Documentation on a medication audit dated 9 September 2015 was available. Although no residents were responsible for self-administering their own medication, staff were seen to encourage residents to take responsibility and exercise control to the extent of their ability in this regard. The processes for handling of medicines were safe and in accordance with current guidelines and legislation with medications stored appropriately and securely.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Communication systems were in place to ensure governance arrangements between senior management and the person in charge were effective. The delivery of care was directed via the designated person in charge whose qualifications and experience were in keeping with regulatory requirements. The person in charge was employed permanently on a full-time basis and attended at the centre several times a week. The person in charge had additional responsibility for two other residential centres operating in the area that provided comparable services and care. Effective arrangements were in place for communication and delegation of duties in this regard. The provider nominee attended the centre regularly and also undertook unannounced visits in keeping with statutory requirements. Accounts of these visits were documented and available for reference. Safety meetings were scheduled on a quarterly basis for attendance by the provider nominee and a representative from each centre in the region. The person in charge had audit systems in place to ensure the delivery of a safe and appropriate service. The provider nominee had undertaken a quality and safety review and a report

was available, however, the report required further development to fully meet the requirements of the Regulations in relation to consultation and providing an effective overview of management systems on an annual basis.

Staff demonstrated a good knowledge and understanding of the residents at the centre including their habitual likes and dislikes around activities of daily living. Training programmes were in place to promote professional development and the person in charge implemented a regular performance appraisal system to ensure competencies were appropriately assessed. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.

**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:**

Organisational recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of staff. Staff files that were reviewed were in keeping with the requirements of Schedule 2 of 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 were available.

Actions identified on the previous inspection had been addressed with all members of staff having received up-to-date mandatory training; manual handling training had last been delivered on 3 September 2015, managing challenging behaviour on 25 August 2015, safeguarding and safety on 30 July 2015 and fire training in March 2015. The person in charge also implemented an appraisal system for the management of staff performance. A programme of additional training was also in place to support the continued professional development of staff. Staff spoken with were appropriately qualified and competent to deliver care and support to residents. Staff were aware of,

and understood, their statutory duties in relation to the general welfare and protection of residents. A planned and actual staff rota was in place that included staff quotas for both day and night duties with effective arrangements to ensure continuity of care for all residents both on-site, in transit and whilst participating in off-site training, activities or personal pursuits. The inspector was also satisfied that the staff numbers and skill mix were appropriate to meet the needs of residents.

**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):**

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

**Findings:**

The policies and procedures relevant to the Outcomes assessed as part of this inspection, and as listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013, were maintained and also readily accessible for reference. However, as identified at Outcome 7, some policies required updating or review to reflect a centre specific approach. These included policies on risk management and fire safety. A comprehensive health and safety statement was in place. However, the review date of May 2015 had lapsed. Records in respect of Schedule 2 were maintained appropriately as detailed in Outcome 17 on workforce.

Other records relevant to the Outcomes assessed as part of this inspection, and as required by Schedules 3 and 4 of the Regulations, were also available.

In keeping with statutory requirements the centre was appropriately insured and documentation to this effect was available.

**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:***

Mairead Harrington  
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-0003289
<b>Date of Inspection:</b>	10 September 2015
<b>Date of response:</b>	18 November 2015

### 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:**

It was unclear how arrangements for respite afforded due consideration around respect and privacy for residents in relation to their personal living space and belongings.

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The centre provides respite care for people we support from other West Cork centres at weekends and during holiday periods. A local policy is in place to support the provision of respite and includes the following:

- All Residents are consulted about the use of their rooms for weekend respite. When a resident does not consent to the use of their room by a resident availing of respite stay, their decision will be respected and the room will not be used.
- Full time residents of the centre take priority to residents availing of respite stay, if they wish to remain in residence.
- In situations where a resident has given permission for their room to be used for respite, their personal possessions are put into a locked cupboard and stored safely. The key is held in a safe place until they return.
- Adequate additional storage is provided for the individual on respite.
- Separate bed linen is provided for periods of respite accommodation.
- Residents who avail of regular respite breaks have money stored in the safe for use while in residence. Residents who stay infrequently bring money to pay for outings / activities with them. Receipts will be provided for all outgoings, receipts will be co-signed by the staff.
- Bed linen is changed every Monday and Friday or more frequently if required and mattresses are cleaned. Fresh linen and towels are provided.
- The privacy and dignity of the people we support is respected at all times. The provision of personal and intimate care is supported by staff where necessary and the privacy and dignity of the individual is maintained throughout.
- There is verbal and written communication between staff from both centres regarding the residents' health and social care needs. The individuals care plan is provided on all periods of respite.
- Residents are supported to make a complaint about any aspect of the service whilst in respite.
- Due consideration is given to the compatibility of the residents/ respite residents at the centre and in so doing care is taken to ensure safeguarding of residents availing of respite care and of full time residents as per safeguarding policies. (Ref. 'Safeguarding Vulnerable Persons at risk of Abuse').
- The terms and conditions in relation to respite accommodation are documented and signed in each person's 'Contract of Care' (Residents of the centre and persons availing of respite break).

In addition the organisation appointed a Short Breaks Coordinator in 2014 and a draft strategy to reorganise how short breaks, including respite, are provided in all of Cope Foundation centres is being considered. Other recommendations also include the development of alternatives to residential respite such as Home Sharing and Host Families, both of which are being further explored in 2016.

Proposed Timescale: Local policy has been completed . The organisation strategy on the provision of respite in the future is to be further developed in 2016.



**Proposed Timescale:**

**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:**

Residents' contracts did not reference the necessary information in relation to circumstances and consent around respite.

**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:**

Contracts have been developed for existing and respite residents which includes information in relation to circumstances and consent around respite. The contracts will be discussed with residents and families during person-centred planning (PCP) meetings.

**Proposed Timescale:** 31/01/2016

**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 quality and safety review required development to fully meet the requirements of the Regulations in relation to consultation and providing an effective overview of management systems on an annual basis.

**3. Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The provider nominee will further review the quality and safety of care and support at the designated centre and update the audit report accordingly. This review will provide for consultation with residents and their representatives.

**Proposed Timescale:** 31/12/2015

## 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 policies on risk management and fire safety required review to reflect a centre specific approach. The review date of May 2015 in regard to the health and safety statement had lapsed.

**4. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Local policies in relation to risk management and fire safety have been developed.

The organisation is currently reviewing the health and safety statement.

**Proposed Timescale:** 30/11/2015