Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cork City North 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003310</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>COPE Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Liza Fitzgerald</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Ryan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 February 2017 09:00
To: 15 February 2017 13:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

Background to the inspection:

The first inspection of this centre was undertaken in July 2015. It was a triggered inspection carried out as a result of information received by the Health information and Quality Authority (HIQA). During the inspection, non-compliance with the regulations was found in 10 of the 11 outcomes inspected against; 8 of the 11 outcomes were judged to be in major non-compliance. An immediate action plan was issued in relation to governance and management. The provider submitted a satisfactory response to this required action within the timeframe set by HIQA.

A second unannounced inspection was undertaken on the 31 August 2016 and 1 September 2016. An immediate action plan was issued in relation to the staffing and skill mix. The provider submitted a satisfactory response to this action and within the timeframe set by HIQA. In addition, the provider was afforded two opportunities to submit satisfactory response to the actions generated from the inspection. Both responses were rejected as the provider’s responses did not address the actions in a satisfactory manner.
This third inspection was undertaken to follow up on the actions generated from the inspection undertaken on the 31 August 2016 and 1 September 2016.

Due to on-going concerns regarding the negative impact on some residents' lives in relation to their living arrangements the provider was invited to attend a meeting with HIQA on the 16 February 2017. The person representing the provider was requested to submit a robust and time-bound plan in the action plan response outlining how the provider intended to address the issue.

Description of service:
The centre comprised four community residential bungalows located in the outskirts of a city. As stated in the centre’s statement of purpose, the centre provided residential accommodation and services for the following:
- care of the older person physical with mental health difficulties, behaviors that challenge and with varying degrees of intellectual disabilities
- maximum support to a resident with behaviors that challenge, mental health difficulties and a moderate intellectual disability
- maximum support to residents with behaviors that challenge, mental health difficulties, and a mild to moderate intellectual disability
- high support to residents with behaviors that challenge, mental health difficulties with varying degrees of intellectual disabilities.

The centre provides accommodation and support for nine residents.

How we gathered our evidence:
The inspector met and spent some time with five residents, sought permission to be in their home and to access their documentation. The inspector reviewed the complaints log, incident records, audits, residents’ documentation and viewed the premises.

Practices and interactions between residents and staff were observed as being respectful. Residents responded to staff in a positive manner and spoke warmly about staff. Residents invited the inspector into their home and some residents spoke about their lives. All residents’ appeared relaxed and at home in the centre. Residents were observed interacting well with the person in charge, the clinical nurse manager one (CNM1) and staff.

Overall judgment of our findings:
The inspector found that of the eleven outcomes inspected against two were found to be in major non compliance, two in moderate non compliance and seven were compliant.

Positive progress was noted in relation to the following;
- the appointment of a CNM1 which augmented the governance and management team
- consistent staffing levels were maintained
- increased social outings and activities for some residents
- increased residents’ access to education (planned computer and art classes)
- the provision of training for staff and the implementation of audit.
There was robust evidence that residents in three of the four houses experienced and enjoyed a rich and varied social life.

However, while there were adequate facilities for residents accommodated in some houses, the inappropriate accommodation of some residents with co-complex mental health and intellectual disability needs together did not ensure the service met their individual needs. Routines and practices did not promote residents’ independence and voiced preferences.

Major non compliances were identified in relation to:
- residents' rights, dignity and consultation: residents not being supported to live where they choose (outcome 1)
- the continued inappropriate accommodation of incompatible residents resulted in increased peer to peer incidents and a resultant increase of the use of the safe room (outcome 8).

Moderate non-compliances were identified in relation to residents not having access to the internet (outcome 2) and the premises (outcome 6).

The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector followed up on the status of the two actions generated from the inspection undertaken on the 31 August 2016 and 1 September 2016. Both actions had been addressed in a satisfactory manner; a review of residents’ living arrangements had taken place. A robust complaints log was in place. Additionally, this unannounced inspection was undertaken to ascertain if actual progress had been made in addressing the issue of accommodating incompatible residents in one house. The inspector found that residents’ living arrangements remained unchanged.

A review of the management of complaints evidenced that complainants were satisfied with the actions taken. Furthermore, there was evidence that the CNM1 carried out a regular audit of the complaints log to ensure that matters were addressed. The complaints policy and the easy to read version were available. Staff-update sessions had taken place to ensure that all staff were informed about the complaints process.

While there were adequate facilities for residents accommodated in some houses, the inappropriate accommodation of some residents with co-complex mental health and intellectual disability needs, did not ensure the service met their individual needs. Routines and practices did not promote residents’ independence and voiced preferences. Again on this inspection, a resident informed the inspector that they wanted a place of their own.

Since the last inspection undertaken in August 2016, the provider had commissioned a full review of residents’ lives in the centre with a particular emphasis on the residents’ living arrangements in one house. A review was undertaken by the following:
- a compatibility assessment was undertaken by the Positive Behavior Support department (date of report 16 January 2017)
- the provider had commissioned an external provider to undertake a full review of the centre (6 and 7 October 2016)
- a multidisciplinary team review was undertaken (date of report 12 October 2016).

The reports clearly identified reasons why particular residents needed to be provided with specially tailored, single-person living environments complete with the staffing supports to meet their assessed needs. Furthermore, it was stated that current arrangements had a negative impact on residents’ development and potential and there was evidence that the residents accommodated in this house had limited opportunities to access or participate in their local community.

In addition, post the inspection undertaken in August 2016, the provider was offered two opportunities to satisfactorily address the action generated in relation to this matter; both responses were rejected in that they did not sufficiently address the action.

Due to on-going concerns regarding the negative impact on residents' lives the provider was invited to attend a meeting with HIQA on the 16 February 2017 where the matter was discussed. The person representing the provider was requested to submit a robust and time-bound plan in the action plan response outlining how the provider intended to address the issue.

Judgment:
Non Compliant - Major

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were encouraged and supported to communicate effectively. All residents had behaviour support plans which outlined interventions and strategies to support them. However, access to the internet was not provided for residents in their homes.

The centre was equipped with televisions and radios. However, there was no internet access in the residents' homes. This was of particular note as two residents used a computerised tablet. While internet access was available in the staff office, this office was not accessible to residents.
Residents invited the inspector to view their homes; photographs and picture displays were used around the centre to support communication; for example; staff on duty, the complaints process and the procedure to follow in the event of a fire.

**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:
The inspector followed up on the status of the two actions generated from the inspection undertaken on the 31 August 2016 and 1 September 2016. There was continued evidence that residents were actively involved in the development of their personal care plans and in particular identifying choices around goals. A multidisciplinary team review had been undertaken for all residents.

There was evidence that some new goals had been identified by residents; for example; swimming, attending a gramophone group and attending the local community centre. The person in charge and the CNM1 outlined how additional social and educational options were being explored. These included computer classes, yoga, visiting the city library and art classes. Staff voiced how staffing levels enabled the residents to access the community. One staff member had instigated residents' access to a local community centre. A resident stated how much they enjoyed attending the gym and playing soccer.

Since the last inspection, all residents had been reviewed and assessed by the multidisciplinary team. The team comprised a psychologist, speech and language therapy, occupational therapy, physiotherapy, dietetics. Residents had regular access to a general practitioner (GP), a consultant psychiatrist and the positive behaviour support department. There was evidence that referrals had been forwarded to the forensic psychiatry service and one resident was assigned to a team from a specialised positive behavioural support unit who would support and provide the resident with a range of person centred services and supports.
Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The inspector followed up on the status of the three actions generated from the inspection undertaken on the 31 August 2016 and 1 September 2016. While some progress was noted (external painting, location of external smoking area) none of the actions were addressed in a satisfactory manner. As noted on the previous inspection, there was inadequate provision of private space for residents as required by Schedule 6 of the Regulations and internal painting and maintenance had not been addressed.

The centre comprised four terrace bungalows accommodating nine residents. While each house had its own private entrance, all bungalows shared a rear communal garden. External painting works had been completed.

The inspector viewed the four bungalows and noted the following:
- some internal walls were in a state of disrepair
- the kitchen fit out in one house was in a state of disrepair
- some furniture was in a state of disrepair, marked and broken (dining tables, garden furniture)
- external window sills were in a state of disrepair (flaked paintwork).

Judgment:
Non Compliant - Moderate

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 inspector followed up on the status of the two actions generated from the inspection undertaken on the 31 August 2016 and 1 September 2016. Fire training was arranged for staff. All residents had a personal emergency evacuation plan (PEEP).

Fire training was scheduled for staff on 21, 22 and 28 February and 1 March 2017.

The person representing the provider outlined how an external contractor had undertaken a review of the fire alarm system (currently two systems) and a schedule of works was in place to install one fire alarm system. She stated that both systems had been reviewed by a suitably qualified person.

All residents had a personal emergency evacuation plan (PEEP).

A deep cleaning schedule for the centre was not in place. Evidence in the maintenance log indicated that staff had highlighted issues in relation to deep cleaning; inaccessible high ceilings. This was addressed on the day of inspection where the CNM1 arranged a deep cleaning schedule with an external contractor.

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

Findings:
Two actions were generated from the inspection undertaken in August 2016; one action was addressed and this concerned procedures and policies in relation to restrictive practices. However, the action concerning the incompatibility of residents with regard to peer to peer incidents and the increased use of single separation (a safe room) had not
As noted in the previous inspection, the centre accommodated residents with a dual diagnosis; mental health and an intellectual disability. There was evidence that residents' PCPs contained detailed guidance on the use of separation segregation and the use of a safe room. Staff were knowledgeable on the use of this restrictive practice. There was evidence that the practice was regularly reviewed and records were maintained for the periods of when separation segregation was in place.

However, it was evident that the continued inappropriate accommodation of incompatible residents resulted in increased peer to peer incidents and a resultant increase of the use of the safe room. For example, the number of times the safe room was used had significantly increased from July to September 2016 (62 periods of occupancy); to October to December 2016 (142 periods of occupancy). There was evidence to indicate that there was increase in the use of the safe room in January 2017 (17 periods of occupancy). Generally, the length of time the safe room was occupied varied from 30 minutes to two hours. Furthermore, staff confirmed that escalated behaviors exhibited by a resident did not occur when the resident was not in the centre.

Training for staff on the use of restrictive practices, positive behaviour support and safeguarding was ongoing. MDT input had been sought for the use of restrictive practices.

**Judgment:**
Non Compliant - Major

---

**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

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

**Findings:**
The quarterly notifications as required by the Authority included the use of single segregation in the 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):**

**Findings:**
The inspector followed up on the status of one action generated from the inspection undertaken on the 31 August 2016 and 1 September 2016 and found that it was addressed in a satisfactory manner; residents had access to dietetic and psychology services.

A multidisciplinary team review had been completed for all residents; this included review by the dietician and a psychologist.

Residents were facilitated with regular and timely access to their GP and a consultant psychiatrist who visited weekly and as required.

**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:**
The inspector followed up on the status of one action generated from the inspection undertaken on the 31 August 2016 and 1 September 2016 and found that it was addressed in a satisfactory manner; residents received their medication in a timely manner at night; staff nurses were now rostered on night duty and administered medication to residents as required.

As evidenced in the inspection undertaken in August 2016 it was noted that where strategies to diminish residents’ escalating behaviours had failed, it was assessed that a resident required administration of a medication as required (PRN). In order to be effective the PRN medication needed to be administered within a particular timeframe.
As staff on night duty in the centre were not trained to administer medication, the CNM on night duty was contacted to administer a medication. As this CNM covered a wide geographical area, there was evidence that residents did not receive their medication within the acceptable timeframe.

On this inspection the inspector found that rostered night staff nurses now administered medication as required and this ensured that residents did not have to wait for their medication.

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

**Findings:**
There were suitable local arrangements in place to ensure the effective governance, operational management and administration of this centre.

The person in charge oversaw this centre and was also the person in charge for another centre. He was supported in his role by the recent recruitment of a CNM1.

In addition, the following was noted:
- there was evidence that a programme of audit had been commenced; audit of restrictive practices, nursing documentation, the complaints procedure and the environment
- there was evidence that the new person representing the provider had made progress in efforts to address the inappropriate accommodation of resident in the centre (convening of meetings with external agencies)
- the governance and management of the centre ensured that staffing levels were maintained
- there was a local deputising arrangement in place to support the person in charge
- the person in charge and the CNM1 stated that they were well supported by the new person representing the provider and met her on a regular basis
- staff were knowledgeable about the governing arrangements in the centre
- a risk safety and audit meeting was scheduled for the 28 February 2017
- robust staff training was scheduled
- staff spoke about the benefit and support of the team approach adapted in the centre
- an increase in social outings for some residents
- some progress with regard to addressing maintenance issues.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector followed up on the status of one action generated from the inspection undertaken on the 31 August 2016 and 1 September 2016. this concerned staff training.

A programme of training for staff was in progress; for example:
- mental health education – booked for April 2017; facilitated by a local university
- management of actual or potential aggression (MAPA) - 17 February 2017
- safeguarding – March 2017
- fire safety – February 2017 and March 2017
- all staff were due to attend training on hand washing techniques. The CNM1 was trained to deliver and assess hand hygiene for staff and stated that she was commencing this
- manual handling training was ongoing.

Judgment:
Compliant

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

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

Report Compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by COPE Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003310</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 February 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10 March 2017</td>
</tr>
</tbody>
</table>

**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:**
Routines and practices did not promote residents’ independence and voiced preferences.

1. **Action Required:**
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

**Please state the actions you have taken or are planning to take:**
The registered provider will ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support. A social housing application for one resident has commenced and will be completed by March 31st. Several houses have been viewed for residents and by the 24/3/2017 we project the HSE surveyor will visit and approve a suitable property. Funding under the de-congregation funding scheme has been sought to facilitate purchase. The provider will provide an update to inspector on a fortnightly basis.

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

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents accommodated in one house had limited opportunities to participate in their local community.

2. **Action Required:**
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**
An increase in opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs will be addressed. A schedule for PCPs meetings has been drafted and all PCPs will be completed by 30th April. All residents MEBS plans have been reviewed by the PBS team in order to enhance opportunities to participate in their local community.

**Proposed Timescale:** 30/04/2017

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents had no access to the internet.

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

**Please state the actions you have taken or are planning to take:**
Each resident will have access to a telephone and appropriate media, such as television, radio, newspapers and internet. Internet access will be provided by internal IT department to all four houses. Preparatory works and installation is estimated at 4-6 weeks.

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

---

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The premises was not kept in good repair:
- some internal walls were in a state of disrepair
- the kitchen fit out in one house was in a state of disrepair
- some furniture was in a state of disrepair, marked and broken (dining tables, garden furniture)
- external window sills were in a state of disrepair (flaked paintwork).

**4. Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
In order to provide premises which are of sound construction and kept in a good state of repair externally and internally, a schedule of QFM’s (organisations maintenance system) have been submitted. These are currently being addressed by the organisations facilities department.

The Kitchen layout will be designed and costed by external consultant 16/03/2017.
A list and costing of required furniture is complete.
A Deep Cleaning by OCS Cleaning services has been completed in all four houses (08/03/2017). A schedule cleaning contract has been sanctioned and the regular weekly scheduled cleaning will commence 14/03/2017.

**Proposed Timescale:** 28/04/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was inadequate provision of private space for residents.

5. **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:
The provider nominee has identified a location within the designated centre to provide private space for residents. An external contractor quote for works has been sought, request sent through organisation’s maintenance system QFM.

**Proposed Timescale:** 05/05/2017

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The incompatibility of residents resulted in an escalation of peer to peer incidents and increased use of the safe room.

6. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
A meeting was held with the PBS team PIC and PPIM on 27/02/2017 requesting an in depth review of both residents MEBS. This is currently on-going. The review will result in the de-escalation of peer to peer incidents and the decrease in the use of the safe room.
Secondly a referral to an external agency for intervention has been made for one resident, awaiting decision on 30/3/17.

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