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East County Cork 2, Cork

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	East County Cork 2
Centre ID:	OSV-0003290
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Colette Fitzgerald
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 18 January 2017 09:30 To: 18 January 2017 17:00

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

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre following an application by the provider to register the centre. The first inspection took place on 2, 3 and 17 February 2016. That inspection also included a single-day focused fire safety inspection by the HIQA fire and estates inspector. This inspection followed up on non-compliances identified at the previous inspection and the progress made to address fire safety failings.

Description of the service:

Service's provided are on a respite basis and can accommodate seven residents. The premise is located in a town serviced by facilities and amenities and accessible by road to a city. The premises comprises two semi-detached houses over two floors, both houses have a common entrance which creates a shared kitchen cum dining cum living space and free movement between both houses.

Two separate living rooms allowed for residents to pursue separate interests or enjoy quiet time. An accessible downstairs bedroom meant that the centre could

accommodate one resident with mobility needs at any one time. The premises was bright, homely and pleasantly decorated with access to a secure rear garden.

How we gathered our evidence:

During the inspection, the inspector met three residents who avail of the respite service. The inspector also met with the person in charge and a person identified as participating in the management of the centre. A representative of the provider was available during the inspection and attended for part of the day.

The inspector also reviewed residents' files including personal plans and healthcare plans, minutes of residents' meetings, the risk register, fire safety documentation and management reports.

Overall judgment of our findings:

Residents told the inspector that they liked visiting the centre for short-breaks, liked the staff and enjoyed meeting with and spending time with peers of their own age during these stays. Residents described how personal choice was facilitated, including in relation to mealtimes and what they would like to do in the evenings or at weekends. They were happy with the location of the centre, which allowed those that could walk to their day service, and facilitated all residents to access and use local amenities, go for walks, for coffee or to the local pub.

The person in charge had only recently commenced working in the centre but already knew some residents and was getting to know everyone well, including their likes, dislikes and any support requirements. Continuity of support was provided by a person participating in the management of the service, who had been running the respite service for a number of years.

Overall, significant progress had been made to address non-compliances identified at the previous inspection with 10 of 12 previously non-complaint outcomes now either fully or substantially compliant with the regulations. Input and support had been provided to the staff team from nursing staff and managers, a clinical nurse specialist in behavior support, the health and safety officer and a fire officer and engineer to address previous non-compliances.

However, while fire safety failings identified at the previous inspection had been progressed, they had yet to be addressed in full (outcome 7) and this remained at the level of moderate non-compliance.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, arrangements to ensure that any complaints would be effectively managed and residents would be facilitated to pursue interests and activities of their choice while availing of respite were now in place.

At the previous inspection, inspectors reviewed activity records and found that the range and type of activities on offer during any respite break was very variable and at times limited. Since the previous inspection, an additional staff member had been seconded to the centre to support activities in the evenings and at weekends. In addition, a volunteer had recently been identified and due to shortly begin in the centre to provide further choice and opportunities for residents to pursue activities and interests of their choosing.

At the previous inspection, the complaints policy did not identify a second nominated person to oversee how complaints were managed, as required by the Regulations and as a result, the appeals process was not clear. Since the previous inspection, the appeals process in the complaints policy had been reviewed and there was now a named individual in the event the complainant is not satisfied with the outcome of their complaint.

At the previous inspection, feedback from relatives did not demonstrate that they were aware of the organisation's complaints policy. Since the previous inspection, an information leaflet had been provided to all families and residents about the complaints procedure and for any new admissions, this information was also available. The information leaflet, a user-friendly complaints procedure and the complaints policy were

all visibly displayed in the entrance hallway.

The inspector reviewed the complaints log and noted that there had been no recorded complaints since 2015. This had been identified as an area for development during a recent unannounced visit organised by the provider to ensure that all complaints (including verbal complaints) would be included in the log.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

Overall, it was demonstrated at this inspection that residents' communication needs were now being fully supported by staff.

At the previous inspection, where residents had communication needs, individual communication requirements were not highlighted in personal plans and not all communication supports were being used.

Since the previous inspection, the staff team had reviewed residents' personal plans and support plans. Assistance with communication plans had been sought by a speech and language therapist where required. Staff demonstrated how and when to support individual residents to communicate using social stories and symbols, pictures and photos.

Judgment:
Compliant

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:

At the time of the previous inspection, the admission criteria outlined in the policy and the statement of purpose relating to the respite service was too broad. Since the previous inspection, the admissions criteria in those documents had been reviewed and revised to specify the criteria for admission to this centre.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall since the previous inspection, significant work had been completed in relation to assessing residents' needs and developing personal plans.

At the previous inspection, an assessment of residents needs had not been completed for all residents and developed in personal plans, so as to ensure they received the required supports while availing of respite.

Since the previous inspection, the staff team had worked closely with residents, their families, day services and members of the multi-disciplinary team involved in supporting individual residents to identify their abilities and any support requirements.

Personal plans were in place on foot of these assessments to direct the care and support to be provided and to maximise residents' independence. Personal plans provided information about their likes and dislikes, activities and interests and their daily schedule in the day service.

Other plans to support residents' healthcare, communication, behaviour support, safety or intimate care support requirements had been developed.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, there were arrangements in place to protect residents' health and safety. Also at this inspection, the inspector followed up on failings identified at the previous inspection by the HIQA fire and estates inspector relating to fire safety. The inspector found that while most fire safety failings identified previously had been addressed, two actions remained outstanding.

At the previous inspection, the emergency plan needed to be developed to outline a contingency arrangement should staff become unwell, given the fact that there were times when only one staff was on duty. Since that inspection, a contingency plan had been put in place. In addition, a lone worker risk assessment had been completed.

At the previous inspection, improvements were required to the identification of hazards and the assessment and control of risks. Since then, the risk register had been updated with the support of the service's health and safety officer. Individual risk assessments had been completed for risks relevant to the respite service for example, if there was a risk of a resident leaving the centre unknown to staff. However, a risk assessment had not been completed for all identifiable needs. For example, where an infection control risk had been identified, a risk assessment had not been completed.

At the previous inspection, improvements were required in relation to systems in place for the prevention and control of healthcare-associated infections. Since the previous inspection, persons working in this centre had been trained as hand hygiene assessors and had also received food safety training. The organisation's infection control policy had also been developed since the previous inspection.

Also at this inspection, the inspector followed up on failings identified at the previous inspection by the HIQA fire and estates inspector relating to fire safety. A range of works had been completed and actions taken since the previous inspection. However, two actions remained. First, improvement works were required for containing fires,

particularly with respect to the corridor at first floor level. Second, alterations were required to the building fabric to improve fire safety, particularly to the stairs at first floor level. While the provider was progressing these outstanding works, a funded plan was not available at the time of this inspection.

At this inspection, checks and servicing records were up to date and fire drill records demonstrated that the centre could be evacuated in a timely manner. Improvements required to the recording of fire drills were discussed at this inspection with action taken by the close of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Overall, arrangements had been developed since the previous inspection with respect to positive behaviour support for residents who required such support and to ensure the system for overseeing residents' monies was sufficiently robust.

At the previous inspection, a copy of residents' behaviour support plans was not available in the centre during their respite stay for all residents who had such a plan. At this inspection, behaviour support plans were available and had been further developed with the input and support of a clinical nurse specialist in behaviour support. The inspector reviewed a sample behaviour support plan, which outlined proactive strategies, such as distraction techniques, supports residents required including communication supports and also included specific detail relating to positive behaviour support during respite stays.

The inspector spoke with the person in charge and a person participating in the management of the centre, who articulated how to support individual residents' needs in a positive way and in accordance with individual resident's own plan.

At the previous inspection, the system for the management of residents' monies was not

robust as it did not allow for verification or auditing of how monies were spent. This was also identified more recently during an unannounced visit of the centre by the provider. The inspector reviewed the arrangements in place at the time of the inspection and an audit trail had been set up, with copies of receipts for any pocket monies spent.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Overall, residents' healthcare needs were supported by staff. Improvement was required to ensure that the personal plan was up to date and reflected residents' current needs.

At the previous inspection, it was not possible to confirm what some residents' healthcare needs were or how they were being currently managed.

Since the previous inspection, the part of the personal plan that pertained to residents' health had been developed with support from a nurse who knew the residents who availed of the respite service well. Care plans had been developed to ensure continuity of care and support between the resident's home, respite service and day service.

However, some improvements were required. For example, a care plan had not been developed for all healthcare needs that were important to residents, such as mental wellbeing and where those needs had increased, this was not always reflected in their personal plan. The inspector noted that staff and the person in charge demonstrated that they were aware of residents changing needs and there were arrangements in place in practice to support those needs.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Overall, the systems in place as they related to medication management had been reviewed and strengthened since the previous inspection.</p> <p>At the previous inspection, medication administration records were left blank with no reason documented on a number of occasions where medicines were due to be administered. At this inspection, the inspector observed that drug administration record sheets were being completed in full and the reason for non-administration of any medicinal products was being recorded.</p> <p>At the previous inspection, medicines requiring refrigeration were not stored securely and the temperature was not monitored and recorded daily to ensure the reliability of the refrigerator. Since the previous inspection, a lockable box had been obtained for use that could store any medicines requiring refrigeration in the refrigerator. The temperature of the fridge which is used to store medicines when required was now being recorded and temperatures were adjusted when they fell outside of acceptable parameters.</p>
<p>Judgment: Compliant</p>

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: A statement of purpose had been prepared in relation to the service being provided in the centre.</p> <p>At the previous inspection, the implementation and review date was not recorded on the statement of purpose.</p>

At the previous inspection, statement of purpose did not contain much of the information as required under Schedule 1. For example, it did not outline the specific care needs the centre was intended to meet, arrangements for review of individualised personal plans, arrangements for contact between residents and their relatives, friends, representatives and local community or emergency procedures.

A revised statement of purpose was submitted prior to this inspection that now recorded the implementation and review date and contained the information as required under Schedule 1. A further minor amendment required to the organisational chart was made prior to the close of inspection.

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):

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

Findings:

Overall, there were arrangements in place to monitor and develop the quality and safety of care provided to residents.

At the previous inspection, the provider had not nominated a person in charge who met all of the requirements of the regulations. At this inspection, the provider had nominated a new person in charge on 1 December 2016. While it was not demonstrated at the time of the inspection that the provider had nominated a person in charge who met all of the requirements of the regulations, supporting evidence was submitted following the inspection.

At the previous inspection, it was not demonstrated that the unannounced visits to the designated centre by the provider met the requirements of the regulations. While some key aspects of quality and safety of care being delivered were reviewed, other aspects were not nor were failings identified on this inspection considered. An unannounced visit of the centre had been completed two months prior to this inspection. This visit considered key aspects of the care and support being provided to residents and

identified some failings, which had been either addressed or progressed.

At the previous inspection, the annual review did not meet the requirements of the regulations as it did not demonstrate that care and support was in accordance with standards. An annual review had been completed the week before this inspection. An action plan had been completed following this review and an action plan identified any actions that required completion. For example, the action plan identified the need for a medication audit schedule, improvements required to capturing all forms of complaints, reporting arrangements at night-time and additional detail required following fire drills.

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):

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

Findings:

Overall, numbers and skills mix of staff met the assessed needs of residents at the time of this inspection.

At the previous inspection, staffing levels were insufficient and leading to negative outcomes for residents in terms of accessing activities and interests outside of the centre. As discussed under outcome 1, since the previous inspection an additional staff member had been allocated to the centre to facilitate activities and community-based events and a volunteer was also due to commence shortly in the centre.

At the previous inspection, not all staff files contained evidence of the person's identity, including a recent photograph. At this inspection, a sample of staff files viewed contained all of the information required by the regulations.

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:

Overall, records required by the regulations were maintained in the designated centre. Residents' records were kept securely and were easily retrievable. The certificate of insurance required renewal.

At the previous inspection, the medicines management policy did not outline the administration of non-oral medicines such as topical preparations which were in use in the centre at the time of the inspection. At the time of this inspection, the medicines management policy was under review.

At the previous inspection, there was evidence of correction fluid and pencil being used throughout residents' records. A review of residents' records indicated that this failing had now been addressed.

At this inspection, the inspector noted that the certificate of insurance for the centre was shortly due to expire (expiry date was 27 January 2017).

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003290
Date of Inspection:	18 January 2017
Date of response:	03 March 2017

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A risk assessment had not been completed for all identifiable needs. For example, where an infection control risk had been identified, a risk assessment had not been completed.

1. Action Required:

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

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:

An individual infection control risk assessment will be completed; additionally assessment, management and on-going review of the identified risk will be implemented, this will include a system for responding to emergencies.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

As identified on the previous inspection, improvement works are required for containing fires, particularly with respect to the corridor at first floor level.

2. 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:

A Fire Safety Consultant has been engaged to submit drawings and documentation for a Regularisation Certificate for the premises as recommended in a Fire Safety Assessment Report. The application will be made by 13/03/2017. We await a decision from the Fire Officer (2-3 months).

Cope Foundation is committed to complying with all conditions of the plans and specifications submitted in the application for the regularisation certificate, including any changes of conditions imposed by the Fire Officer.

Ongoing monitoring of the current Risk Register will be undertaken by the PIC while awaiting decision and recommendations from the Fire Officer.

Proposed Timescale: 02/06/2017

Theme: Effective Services

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

As identified on the previous inspection, alterations are required to the building fabric to improve fire safety, particularly to the stairs at first floor level.

3. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building

services.

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

Plans and costings have been drawn up to partition and fire-stop the corridor at first floor level, create new door openings and install additional fire doors, however this work will be subject to any conditions of the Fire Regularisation Certificate. (€13,000).

Proposed Timescale: 02/06/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents' personal plans did not always reflect actual and current healthcare needs.

4. Action Required:

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

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

A care plan for an individual's current health needs will be implemented, identifying continuous mental well-being assessment, planning and on-going evaluation.

Proposed Timescale: 31/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

At this inspection, the inspector noted that the certificate of insurance for the centre was due to expire by the end of the month.

5. Action Required:

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

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

Cope Foundation is now a "Delegated State Authority" since 01/01/2017. Documentation was submitted on 20/01/2017.

Proposed Timescale: Completed

Proposed Timescale: 03/03/2017