

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Seaview Respite House
Centre ID:	OSV-0002521
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 October 2017 09:40	04 October 2017 19:30
05 October 2017 08:30	05 October 2017 17:30

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

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

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to monitor the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with four residents - two of these residents spoke directly to the inspector. The inspector also met with two staff members, the clinical nurse

manager, the person in charge and the provider's representative during the inspection process. The inspector reviewed practices and documentation including residents' personal plans, incident reports, complaints records, health and safety registers, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This respite service is managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Donegal. It provides day and overnight respite for children and adults with an intellectual disability. The service operates separately for children and adults, providing respite for either four children or adults at any given time. At the time of this inspection, 54 residents were using this service, and the centre was operating three days a week. This centre comprised of a two-storey dwelling, with a kitchen and dining area, utility room, residents' bedrooms, a shared bathroom, a staff area and a sitting room. Residents also had access to well-maintained gardens to the front and rear of the centre.

This was this centre's first inspection as a standalone centre, as the centre was previously part of a larger designated centre. The person in charge was appointed in September, 2017 and had the overall responsibility for the service. He was supported in his role by the clinical nurse manager for the service and the provider's representative. The person in charge was based in an office close to the centre and had the capacity to visit this centre each week to meet with staff and residents. This was a nurse-led service, with staff nurses and healthcare assistants rostered each day the service was operating.

Overall judgment of our findings:

Overall, the inspector found that the service provided was individualised and person centred. The quality of care delivered was found to be of a high standard in a number of areas. Residents rights, privacy and consultation were well promoted in the centre and staff were found to be very respectful of residents and their support needs. The inspector experienced a very calm and homely environment on this inspection. However, the inspector found deficits in the governance and oversight of outcomes relating to health and safety and risk management, workforce, medication management, healthcare needs and governance and management.

A fire risk assessment report was completed for this centre in July 2017. This report was not available to the inspector on the day of the inspection. An immediate action was given to the provider on the second day of this inspection, requesting that this report would be provided to the inspector within one week of this inspection. The provider failed to provide this report, therefore the inspector could not determine if the provider had taken adequate precautions to manage and mitigate the fire risks within this centre.

Of the 18 outcomes inspected, seven were found to be compliant, three were in substantial compliance and six were in moderate non-compliance. Two outcomes were found to be in major non-compliance, relating to health and safety and risk management and safeguarding and safety.

Details of these findings can be found in the body of the report and 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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found residents were regularly consulted with on decisions about their care and how they wished to spend their time. However, some improvements were required to the complaints procedure and the arrangements for assessing the residents' financial competence.

Staff held meetings with residents at the start of each respite stay. These meetings gave residents an opportunity to let staff know how they wanted to spend their time in the centre, what mealtime options they would like and what activities they wished to engage in. Minutes of residents' meetings were maintained and were available to residents to read if they wished. Staff who spoke with the inspector said that the respite service was very much resident-led and all activities scheduled were based on the feedback from residents at these meetings. Residents had access to advocacy services and a photograph of the advocacy officer, with their contact details was displayed in the centre. Easy-to-read information about advocacy services was also available to residents. Residents' right to privacy and dignity was also respected, and the inspector observed staff to interact with residents in a respectful manner. Staff who spoke with the inspector were very knowledgeable of residents' preferred routines, likes and dislikes. Each resident who used the respite service had access to their own private bedroom during their stay.

Residents were supported to manage their own finances. The provider had put in place a local procedure to guide staff on how to manage residents' personal accounts for the duration of their respite stay. Where residents' money was maintained by the centre, the centre had records in place to show all transactions and lodgements made by residents

to their personal accounts. A record of purchase receipts was also maintained. A spot check of residents' balances was completed by the inspector and a staff member, and no errors were found. Although staff who spoke with the inspector were very knowledgeable about the level of support residents required with their finances, residents did not have financial capacity assessments in place, which was not in accordance with the centre's finance policy.

There were no active complaints at the time of this inspection. The provider had a complaints policy in place for the recording, response and management of complaints. There was a complaints officer identified for the service and their contact details were displayed in the centre. The inspector reviewed a sample of complaints that were previously managed by the centre. These records clearly identified the nature of the complaint made, the action taken by the provider to resolve the complaint, and if the complainant was satisfied with the outcome. Although a copy of the complaints procedure was displayed in the centre, the inspector found this did not adequately inform residents, staff or visitors how to make a complaint or how their complaint would be managed. The inspector also found this information was not clearly outlined in the easy-to-read version of the complaints procedure.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found the provider had systems in place to support residents with their communication needs. However, some improvements were required to the personal plans which guided the support residents required with their assessed communication needs.

Easy-to-read versions of written agreements, the complaints policy and statement of purpose were available to residents. Staff had recently developed a guide on residents' preferred likes and dislikes, which included pictorial references to use when communicating with residents. No residents were in use of assistive technology to support them to communicate at the time of the inspection. Residents had access to books, newspapers and magazines; however, no Internet access was available for residents to use if they wished.

Communication assessments were completed to identify if residents had specific communication needs, and personal plans were developed to guide staff on how to effectively communicate with residents who had these needs. Staff who spoke with the inspector were very knowledgeable of the supports some residents required when communicating. However, upon review of some communication personal plans, these plans did not include the information relayed to the inspector by staff about individual resident's communication needs.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Positive relationships between residents and their family members were supported while residents were using the respite service. Residents were able to receive visitors in private and there were no restrictions on family visits. Family members who met with the inspector said that regular communication was being maintained between families and staff members, while their relatives were on a respite stay in the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

At the time of this inspection, the provider had issued revised written agreements to relatives and their representatives. The person in charge told the inspector that some signed written agreements had now been returned. A sample of the written agreements received back were reviewed by the inspector and were found to include details of the fees to be paid by residents and the services they would receive.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found residents' social care needs were being met by the provider. Residents were supported to spend their day as they wished and had regular opportunities to engage in activities of interest to them.

A sample of residents' assessments, personal plans and personal goals were reviewed by the inspector. Assessments and personal plans were found to be up to date. A comprehensive assessment process was in place, which included the residents' physical, psychological and social support needs. Staff who spoke with the inspector said that at the start of each respite stay they would meet with residents to identify what short-term goals they want to achieve during their respite stay. These goals were recorded and progress towards their achievement was updated prior to the end of the residents' period of respite. The provider had recently implemented a new personal goal recording system, which clearly identified the nature of residents' goals, those responsible to support the resident, the actions required and the progress being made by residents to achieve their goals.

Staff informed the inspector that residents' activities were based on residents' choice and from the feedback received at residents' meetings. Staff had access to a full-time vehicle and the clinical nurse manager informed the inspector that where additional staff were required to support some residents with some scheduled activities, this was provided. The inspector observed residents had opportunities to regularly dine out,

attend local discos, go to the cinema, attended the swimming pool, visit the local library, take part in various art and craft events and go on day trips to local attractions. Staff who spoke with the inspector said that they have the support and resources available to them to regularly schedule activities with residents.

No residents were planned to transition to or from this service at the time of this inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was well-maintained, clean, and spacious and provided residents with a homely living environment. However, the inspector found some improvements were required to the centre's storage arrangements.

The centre is a two-storey dwelling, with gardens to the rear and front of the property. The centre comprised of four residents' bedrooms, one of which was ensuite, a staff room, kitchen, dining room, a sitting room, utility and a large hallway. There was also an outside play area for children to use while on their respite stay. The rooms in this centre were found to be of a suitable size and layout to meet the needs of the residents. This house was located in close proximity to a town centre, with a range of amenities and services available close by.

The person in charge told the inspector that separate respite weeks are provided to adults and to children. At the time of this inspection, adults were availing of respite in this centre. However, the inspector observed children's books, early-learning tools and recreational activities displayed in the dining and sitting room. This was brought to the attention of staff members, who informed the inspector that adequate storage was not available to safely store children's items when no children are using the respite service. Therefore, these items remain displayed in the centre while adults were using the service.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found the provider had put in place systems to manage fire safety and risk management within the centre. However, the inspector found some aspects of these systems to be ineffective, with improvements required to organisational risk management, residents' evacuation arrangements, fire procedures and emergency lighting.

A fire risk assessment report was completed for this centre in July, 2017. This report was not available to the inspector on the day of the inspection. An immediate action was given to the provider on the second day of this inspection, requesting that this report would be provided to the inspector within one week of this inspection. The provider failed to provide this report, therefore the inspector could not determine if the provider had taken adequate precautions to manage and mitigate the fire risks within this centre.

The provider had completed a number of fire drills and records of these were maintained. Of the 54 residents who avail of respite in this centre, 35 residents had not yet participated in a fire drill. The person in charge told the inspector that a new system was recently implemented, where a fire drill is conducted at the start of each respite stay. This new system would ensure that each of the remaining 35 residents would participate in a fire drill at the beginning of their next stay in the centre. The inspector reviewed a sample of completed fire drill records, which demonstrated that staff could evacuate residents from the centre in a timely manner. Fire drill records also demonstrated incidents where residents resisted evacuation. However, residents' personal evacuation plans did not provide clear guidance to staff on how to support residents where such incidents occur. In addition, although emergency lighting was provided to the landing and hallways of the centre, adequate emergency lighting was not provided to the exterior of the centre.

The provider had systems in place for weekly checks of fire alarm systems, fire equipment and fire escape routes. On-call arrangements were also in place where staff may require additional support if an evacuation was required. Fire doors were provided throughout the centre, with self-closing devices in place. Staff who spoke with the inspector were found to be very knowledgeable of their role in supporting residents in the event of a fire in the centre and of their responsibility to alert the fire emergency services. Annual fire safety training was conducted with all staff, with one staff member

scheduled to attend fire safety training in the days following this inspection. The fire procedure for the centre was displayed in the main hallway of the centre; however, the inspector found it did not guide on the evacuation of residents residing in upstairs accommodation, where the downstairs fire exits were inaccessible to them in the event of a fire. In addition, residents' personal evacuation plans did not guide staff on how to support individual residents where an upstairs evacuation was required.

The provider had a system in place for the assessment, monitoring and review of resident-specific and organisational risks. Incident reporting was promoted within the centre, and a system was in place to ensure all incidents were reviewed by a member of management. Upon review of reported incidents, the inspector observed the centre had recently experienced an increase in incidents of behaviour that challenges, with nine recorded incidents over a three day period where a resident was physically aggressive towards staff. Although arrangements were put in place to assess and review the resident's associated personal plans, it was unclear what measures were to be put in place by the provider to ensure staff safety was promoted while caring for this resident during their next respite stay.

A health and safety folder was in place which contained a suite of organisational, biological, chemical and environmental related risk assessments. Staff who spoke with the inspector could identify specific risks associated with the centre, and of their responsibility in managing and responding to these risks. However, the inspector found some gaps to the risk management process including:

- not all organisational risk assessments adequately described the current controls and additional controls required to mitigate risk. For example, the organisational risk assessment for behaviour that challenges, did not describe the additional controls required in response to a recent increase in incidents of behaviour that challenges, which were identified through the centre's incident reporting system.
- A risk assessment was not in place to demonstrate the ongoing monitoring and review of the centre's current staffing arrangement.
- Completed pregnancy risk assessments did not consider a working environment where incidents of behaviour that challenges may occur.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had systems in place for the management of behaviour that challenges, safeguarding and for the appropriate use of restrictive practices. However, the inspector found some improvements were required to behavioural support plans, the assessment of restrictive practices and to staff training.

There were no active safeguarding plans in place at the time of this inspection. Staff who spoke with the inspector were aware of their responsibility to safeguard both adults and children who access the respite service. The provider had a safeguarding policy in place and staff were aware of this policy and their responsibility to report any safeguarding concerns to the person in charge. A designated safeguarding officer was appointed to the service and a photograph of this person was displayed in the centre. All staff had received up-to-date training in safeguarding at the time of this inspection.

There were some environmental and physical restrictions in place at the time of this inspection including locked doors, bedrails and locked cupboards. Staff who spoke with the inspector were aware of these restrictions and the rationale for their use. An organisational risk assessment outlined the current controls in place by the provider to ensure all restrictive practices were applied in accordance with policy. However, this risk assessment did not consider the impact some environmental restrictions may have on other residents who used the service when this restriction was in place. In addition, it was unclear from the documentation reviewed, that each restrictive practice had a risk assessment in place to demonstrate its safe use for each resident. Protocols were developed to inform staff on how to apply each restrictive practice; however, the inspector found gaps in the information provided in relation to the appropriate application of bedrails.

There were some residents using the service who presented with behaviour that challenges. Staff who spoke with the inspectors were aware of the behaviour types that some residents presented with and were knowledgeable in resident specific de-escalation techniques. A culture of recording incidents of behaviour that challenges was promoted within the centre and these were regularly reviewed by the clinical nurse manager and the person in charge. Where required, behaviour support plans were in place for residents and all interventions were regularly reviewed to assess their effectiveness. As part of the inspection, the inspector reviewed a sample of behaviour related incidents which had recently occurred. Although residents' behaviour support plans were reviewed following these incidents, the revised plans failed to fully inform staff on how to respond in a manner that promoted the safety of the resident and of the staff member, when such incidents occurred. In addition, not all staff had received training in the management of behaviour that challenges.

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):

This was the centre's first inspection by the Authority.

Findings:

A record of all incidents occurring in the centre was maintained, and where required, notified to the Chief Inspector. No gaps in the reporting of notifiable incidents were found during this inspection.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents were supported to participate socially in activities suitable to their age, interests and needs.

Residents were engaged in social activities, internal and external to the centre. Residents regularly engaged in day-services, local water bus transport systems, day trips to the beach, shopping and various personal appointments. Staff who spoke with the inspector told of how some residents were involved in personal development courses through their day-service. There was a policy in place to support children's educational opportunities and the clinical nurse manager worked closely with children's families to promote, encourage and develop each child's life-skills while staying in the centre.

Some residents held part-time employment in local hotels and shops. One resident who spoke with the inspector said they worked for a few hours a week in a local business and enjoyed this.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had systems in place to ensure residents' healthcare needs were met. However, some improvements were required to the arrangements in place to meet the incontinence needs of residents and to the personal plans for residents with epilepsy.

Residents had access to allied healthcare professionals as required. Records were available for staff to reference where residents were under the care of various healthcare professionals. Where residents had assessed healthcare needs, personal plans were developed to guide staff on how they were required to support these residents. Some residents using the service presented with neurological healthcare needs. Staff who spoke with the inspector were knowledgeable of residents' previous seizure activity, specific triggers identified from previous seizure activity and of how they would continue to support these residents. Upon review of personal plans for residents with neurological needs the inspector found gaps in the information provided. For example, one personal plan failed to adequately inform staff of specific triggers identified from previous seizure activity, such as trends in the time of occurrence and key indicators to assist staff to identify the onset of a seizure.

Some residents availing of the service required specific incontinence care and support. Although plans were in place to support these residents with these needs during the day, it was unclear what arrangements were in place to ensure residents were receiving the incontinence support they required during night time hours. Although residents were assessed by an incontinence specialist to assess the type of incontinence wear to be used during day and night time hours, there were no records available to guide staff on the frequency of incontinence care at night time. One staff member told the inspector that the frequency of incontinence care at night depended on the resident being awake during routine night time checks.

There was a kitchen and dining area in the centre for residents to use. Residents were encouraged to access snacks and refreshments as they wished. Some meals were prepared by staff in the centre and residents were frequently given the choice to dine out if they wished.

Judgment: Non Compliant - Moderate

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):
This was the centre's first inspection by the Authority.

Findings:
The provider had systems in place for the safe administration of medicines within the centre. However, the inspector found improvements were required to self-administration practices and prescribing practices.

All medicines were administered by a registered staff nurse and medication management was supported by an up-to-date policy. Each resident had their own prescriptions sheet which they brought to the centre, along with their medicines upon each respite stay. Medicines were stored in a secure cupboard and were easily identifiable from their packaging. Staff told the inspector that residents' representatives are responsible for ensuring that prescription sheets are updated with any changes, prior to the residents' respite stay. Staff nurses who spoke with the inspector were found to be very knowledgeable of the procedure they were to adhere to where residents present with incomplete prescription sheets. However, upon review of one prescription sheet, the inspector noted that it did not include the date of birth of the resident, allergy information, the date some medicines were discontinued or the frequency of a medicine prescribed.

No residents were self-administering their own medications at the time of this inspection. The inspector found that capacity assessments had not been completed for each resident in order to assess their ability to take responsibility for their own medications.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The provider had a statement of purpose in place for the centre, which described the services and facilities in place to meet the needs of residents. The statement of purpose was recently updated to reflect that the service was in operation for three days a week. However, some information, as required by schedule 1 of the regulations, was not clearly detailed within the statement of purpose including:

- the arrangements for emergency admissions to the centre.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The provider had some systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. However, the inspector found improvements were required to the annual review of the service and to the oversight and follow-up of issues specific to the service.

The person in charge was appointed to the role in September, 2017. He was found to be knowledgeable of the regulations and of the specific issues relating to the service. At the time of this inspection, he was continuing to familiarise himself with the support needs of residents who used the service and of the various organisational specific systems in place. He was found to have the required qualifications and management experience required for the role. He was supported in his role by the clinical nurse manager and the

provider. The person in charge is located in an office based outside of the centre. He informed the inspector that going forward, he intended to be present in the centre once a week. The person in charge told the inspector how he planned to oversee the care delivery of the service including the implementation of an auditing system, regular onsite visits and regular communication with the clinical nurse manager. The clinical nurse manager is based in the centre on a full-time basis and is supported by a team of staff nurses and healthcare assistants.

Regular meetings were occurring in the centre including monthly staff meetings and fortnightly provider-led meetings for the area. However, there was no structured system in place to facilitate the management team of the centre to review, manage and monitor specific concerns relating to this service. For instance, prior to this inspection, issues relating to the current service provision, induction support for newly recruited staff members and fire safety arrangements were escalated to senior management by the management team of this centre. However, the management team of this centre did not have a structured system in place which enabled them to address or follow-up on the status of these escalations, or to regularly communicate and update staff, residents and their representatives with the progress towards improvement.

Six monthly unannounced provider visits and an annual review of the service were completed in September, 2017. The inspector reviewed the previous reports and found all actions required were completed. However, the inspector found the findings of the annual review did not correspond with the findings of previous provider led visits or the findings of this inspection. For example, the annual review of the service identified that adequate emerging lighting was in place; however, both this inspection and the previous six monthly provider led visit identified that this was not in place.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

In the absence of the person in charge for more than 28 days, the provider had arrangements in place that another person in charge within the HSE area would be allocated responsibility for the management of the centre.

The person in charge has not been absent for more than 28 days since his appointment to the role in September 2017.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found the centre was adequately resourced to ensure the effective delivery of care and support of residents.

The centre had access to a full-time vehicle to transport residents to various services. The centre was found to be fully resourced with all appliances and facilities required by residents. The provider had recently reduced the service provision to three days a week. The inspector found the provider had updated the statement of purpose to reflect this change in service provision.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had systems in place for staff training, maintenance of schedule 2 documents and for the rostering of staff. However, the inspector found some improvements were required to staff supervision, staff training and to schedule 2 documents.

There was an actual and planned roster for the centre. These rosters were found to identify the staff who were on duty and their exact start times and finish times. The roster was found to be well maintained by the clinical nurse manager, who informed the inspector that agency staff were available if required.

At present, the centre had reduced its service to three days a week. The person in charge told the inspector, this reduction in service was due to staffing shortages and that efforts were currently being made to recruit additional staff so as to increase the provision of service to the area. In the weeks leading up to the inspection, the person in charge told the inspector that the respite service was closed as the required staffing arrangements were not available. The person in charge informed the inspector that the staffing arrangements were under constant review each week and that he was assured that adequate staffing arrangements were in place to meet the needs of the service to operate on a three day week. The provider's representative also informed the inspector that when additional staff are recruited to the service, this will allow for the number of days the service operates to be increased. At the time of this inspection, the inspector was satisfied that the provider had adequate staffing arrangements in place to meet the needs of the service as outlined in the centre's statement of purpose.

A staff training matrix was in place which identified each staff member and the date they last received training in areas such as hand hygiene, fire safety, behaviour that challenges and manual handling. However, the inspector found some staff had not received up-to-date training in manual handling at the time of this inspection. Staff supervision was on-going at the time of this inspection, with the clinical nurse manager in charge of co-ordinating the supervision of staff nurses and healthcare assistants. However, the inspector found arrangements had not yet been put in place to ensure the clinical nurse manager was suitably supervised to her role.

A sample of staff files were reviewed by the inspector and some information as required in schedule 2 of the regulations was not in place including clear staff photo identification, records of qualifications and full employment histories.

Judgment:

Non Compliant - Moderate

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector found records and documentation were accessible, legible and well-maintained.

The inspector reviewed a sample of Schedule 5 policies and procedures available at the centre during the inspection. These policies were accessible to staff and met the requirements of Schedule 5 of the regulations. However, the centre's policy on the retention, maintenance and destruction of records had not been reviewed by its scheduled review date.

There was a directory of residents in place for each house, which detailed each resident's name, date of birth, GP details and next of kin name and contact details. However, the directory of residents did not provide their next of kins' address or the name of the authority who organised the resident's admission to the service.

Various records were maintained by the centre in accordance with schedule 3 of the regulations including medication errors, residents' finance records, copies of residents' correspondences and any referrals made on behalf of residents. However, a record of any occasion on which restrictive practices were used in respect of a resident, the reason for its use and the duration of use was not currently maintained.

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:

Anne Marie Byrne
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 Health Service Executive
Centre ID:	OSV-0002521
Date of Inspection:	04 & 05 October 2017
Date of response:	07 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure financial capacity assessments were completed for residents, in accordance with the finance policy.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Centre Manager will ensure that Financial Capacity Assessments are completed for all Adults availing of respite services at the centre.

Proposed Timescale: 31/12/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that the complaints procedure displayed:

- informed on how to make a complaint, how the complaint would be responded to and managed
- corresponded with the information provided within the easy-to-read complaints procedure

2. Action Required:

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

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

The Person in Charge will ensure that the complaints procedure will be displayed which will include how to make a complaint, how the complaint will be responded to and how complaints are managed. The Provider will ensure that the Easy to Read version for complaints procedure corresponds with the Complaints Procedure.

Proposed Timescale: 20/11/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure personal plans adequately informed staff on residents' communication needs.

3. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The Centre Manager will ensure that a comprehensive revision is completed of all

Individual communication plans. This revision will include an assessment of the Individuals Communication needs, and will include staff knowledge of Individuals preferred communication methods and other communication techniques that are required, to ensure all staff are adequately informed of the Individuals Communication needs.

Proposed Timescale: 31/12/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure residents had access to the internet

4. 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:

The Provider will link with the Information Technology Department and Senior Management to develop appropriate policies regarding the safe use of Internet within the Designated Centre.

The Provider will link with the Information Technology Department to arrange the installation of Internet access for the Designated Centre.

Proposed Timescale: 31/01/2017

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 provider failed to ensure adequate storage arrangements were available for children's' recreational equipment.

5. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Centre manager will put arrangements in place to ensure that adequate storage is available for children's recreational equipment when not in use.

Proposed Timescale: 20/11/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure:

- arrangements were in place to ensure the safety of staff members when caring for residents who may display episodes of behaviours that challenge
- organisational risk assessments accurately identified current controls in place and additional controls required to mitigate risk in the centre
- a risk assessment was not in place to allow for the on-going management and review of staffing arrangements within the centre
- staff pregnancy risk assessments did not assess for risks associated with working in an environment where incidents of behaviours that challenge occur.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The Provider will ensure that there is a Policy in place to ensure all staff are aware of the arrangements in place to ensure the safety of staff members when caring for residents who may display episodes of behaviours that challenge.
2. The person in charge and the centre manager will ensure that a comprehensive review will be completed of organisational risk assessments including current controls and additional controls required to mitigate risk in the centre.
3. The person in charge will ensure that a Risk Assessment is in place for the on-going management and review of staffing arrangements within the centre.
4. The Provider in conjunction with the Quality and Safety Manager will complete a review of the existing staff pregnancy risk assessment document to ensure that it assesses the risks associated with working in an environment where incidents of behaviour that challenge occur.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

The provider failed to ensure adequate internal and external emergency lighting was in place.

7. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. The Provider will seek advice and guidance from the Fire Safety Department with regard to internal and external emergency lighting required for the centre as per National Fire Regulations.
2. The Provider will arrange to have the required works completed with regard to external emergency lighting in compliance with National Fire Regulations
3. The Provider will arrange to have the required works completed with regard to internal emergency lighting in compliance with National Fire Regulations.

Proposed Timescale: 1. Completed 9.11.2017 2. November 30th 2017 3. January 31st 2018

Proposed Timescale: 31/01/2018

Theme: Effective Services

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

The provider failed to ensure residents' personal evacuation plans guided staff on how to support residents with behaviours that challenge in the event of an evacuation.

8. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. The Centre Manager will ensure that a revision is completed on residents' personal emergency evacuation plans to ensure that they provide guidance and direction for all staff on how to support residents with behaviours that challenge in the event of an evacuation.
2. The Centre Manager will ensure that revised Personal Emergency Evacuation Plans take into account the cognitive ability of each Individual.
3. The Centre Manager will ensure that all Individuals and staff participate in Fire Drills in the designated Centre.

Proposed Timescale: 30/11/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure the fire procedure displayed guided on the fire evacuation arrangements for residents residing in upstairs accommodation.

9. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

1. As an Interim measure the Person in Charge will complete a review of the Fire Procedure and update this to include the procedure for fire evacuation arrangements for residents residing in upstairs accommodation.
2. The Centre manager will ensure that the reviewed and updated fire procedures are displayed throughout the Centre.
3. The Centre Manager will ensure all staff are made aware of the updated procedure.
4. The Person in Charge will consult with the Fire Safety Officer to obtain advice and recommendations with regard to evacuation arrangements for residents residing in upstairs accommodation.
5. The Person in Charge will further revise fire procedure notices, if required, to ensure they contain recommendations from the Fire Safety Officer with regard to evacuation arrangements for residents residing in upstairs accommodation.
6. The Centre manager will ensure that all staff are made aware of the revised evacuation arrangements for the Centre.
7. The Centre Manager will ensure that Fire Drills are completed to reflect the revised procedures for evacuation of residents in upstairs accommodation.

Proposed Timescale: 1. Completed November 9th 2017 2. Completed November 9th 2017 3. November 16th 4. November 15th 2017 5. November 20th 2017 6. November 27th 2017 7. November 30th 2017

Proposed Timescale: 30/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure that behaviour support plans provided staff with

the skills and knowledge of how to safely respond to behaviour that challenges.

10. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

1. The Centre Manager will ensure that a review of the Behaviour Support Plan of one individual is completed to ensure that the plan provides staff with the knowledge to safely respond to behaviours of concern and to inform staff on the nature and extent of the behaviours of Concern and the management of same.

2. The Centre manager will ensure that Risk Assessments for one individual is updated to clearly Indicate the level of Behaviours of Concern.

Proposed Timescale: 1.Completed November 10th 2017 2. Completed November 10th 2017

Proposed Timescale: 10/11/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure all staff had up-to-date training in the management of behaviour that challenges.

11. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The Person in Charge will ensure that all staff have up to date training in the management of behaviours of concern.

Proposed Timescale: 30/11/2017

Theme: Safe Services

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

The provider failed to ensure the following was in place for the management of restrictive practices in the centre:

- individual risk assessments to assess for each restrictive practice in use by residents

- some restrictive practice protocols did not give clear guidance to staff on their appropriate application.
- organisational restrictive practice risk assessments did not consider the impact on other residents when some restrictive practices were applied.

12. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. The Centre Manager will ensure that Individual Risk Assessments are completed for each restrictive practice in use for individual residents in the centre and that these are reviewed annually or as required.
2. The Person in Charge and Centre Manager will ensure that all Restrictive Practice Protocols are reviewed to ensure that they provide clear guidance for staff on their appropriate application, and these are reviewed on a quarterly basis.
3. The person in Charge and Centre Manager will ensure that where there are restrictive practices in place that impact on other residents that these are clearly reflected in the Organisational Risk Assessment.

Proposed Timescale: 30/11/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure personal plans adequately described to support required by residents with specific neurological and incontinence needs.

13. 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:

1. The Centre Manager will ensure that the Personal Plan for one individual with Epilepsy will be revised to include additional information to ensure all staff are provided with knowledge and guidance.
2. The Person in Charge will consult with the Continence Assessor to ensure that information and advice provided for Individuals is incorporated into Personal Plans to guide staff.
3. The Centre Manager will ensure that the Personal Plan for one individual using

Continence products will be revised to include additional information to ensure all staff are provided with knowledge and guidance.

Proposed Timescale: 1. Completed 10.11.2017 2. Completed 10.11.2017 3. Completed 10.11.2017

Proposed Timescale: 10/11/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure residents' prescription sheets detailed residents' date of birth, any allergies, the date of discontinuation and the time of administration for all medicines prescribed.

14. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Centre Manager will ensure a review of the medication cardexes is undertaken for each Cardex on each admission to the Centre to ensure that the prescription sheet includes the residents date of birth, any allergies, the date of discontinuation and the time of administration for all medicines prescribed.

Proposed Timescale: 06/11/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure a capacity risk assessment was completed for all residents to encourage residents to take responsibility for their own medicines.

15. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The Centre Manager will ensure that an assessment of capacity to self- administer medication is completed for all Adult Residents attending the Centre.

Proposed Timescale: 31/12/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure all information as required by schedule 1 of the regulations was outlined within the statement of purpose.

16. Action Required:

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

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

The provider has reviewed the Statement of Purpose to include the fact that the centre is currently open three days per week.

Proposed Timescale: 06/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to put management systems in place to ensure that the service provided is safe, consistent and effectively monitored, to include:

- system to facilitate the management team to review, monitor and follow-up on the issues specific to the centre.

17. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The Provider holds fortnightly meetings with the CNM2 of the Centre as part of the Governance Framework for the wider Service.

2. The Person in Charge has put a schedule in place to ensure regular visits to the

Centre.

3. The Person in charge has put arrangements in place to meet regularly with the CNM2 of the Centre.

4. Regular Local Governance Meetings are in place in the Centre.

5. The Person in Charge will attend Local Governance Meetings in the Centre.

6. The Person in Charge will review Communication systems to ensure there is a robust communication system both within the Centre and with the Person in Charge.

7. The Person in charge and Centre Manager will ensure that the Annual Audit Schedule is implemented fully in the Centre and action plans are developed as a result identifying actions, persons responsible and timeframes for completion.

Proposed Timescale: 1.2.3.4. Completed November 3rd 2017

5. November 30th 2017 6. November 30th 2017 7. December 31st 2017

Proposed Timescale: 30/11/2017

Theme: Leadership, Governance and Management

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

The provider failed to ensure the annual review of the service accurately reviewed the quality and safety of care and support in the designated centre.

18. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Provider will ensure that the Annual Review of Quality and Safety of Care and Support is reviewed in terms of emergency lighting, in conjunction with the Fire Safety Department.

Proposed Timescale: 30/11/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure all information as required in schedule 2 of the regulations was in place for all staff.

19. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The person in Charge and Centre Manager will ensure that all information as required in Schedule 2 of the regulations is in place for all staff.

Proposed Timescale: 31/12/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure all staff had received up-to-date mandatory training in manual handling

20. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge will ensure that all staff receives up to date mandatory training in manual handling.

Proposed Timescale: 14/12/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge failed to ensure the clinical nurse manager was suitably supervised to her role.

21. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Provider holds fortnightly meetings with the CNM11 of the Centre as part of the Governance Framework for the wider Service.

The Person in Charge has put a schedule in place to ensure regular visits to the Centre.

The Person in charge has put arrangements in place to meet regularly with the CNM2 of the Centre.

Proposed Timescale: 03/11/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider failed to ensure all each schedule 5 policy was reviewed within three years.

22. 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:

The Provider will ensure all schedule 5 policies are reviewed within three years.

Proposed Timescale: 30/11/2017

Theme: Use of Information

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

The provider failed to ensure the directory of residents contained all information as required by schedule 3 of the regulations.

23. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The centre manager will ensure that the Directory of Residents are updated to contain the address of the next of kin and the authority responsible for the residents admission to the Centre.

Proposed Timescale: 30/11/2017

Theme: Use of Information

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

The provider failed to ensure records pertaining to each occasion a restrictive procedure was used in respect of a resident was maintained, in accordance with schedule 3 of the regulations.

24. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The Centre Manager will ensure that records pertaining to each occasion of restrictive practice are maintained in accordance with schedule 3 of the regulations.

Proposed Timescale: 30/11/2017