

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004059
<b>Centre county:</b>	Galway
<b>Email address:</b>	Breda.Crehan-Roche@abilitywest.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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 Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From: 17 June 2014 09:30 To: 17 June 2014 19:30

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

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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection of this centre. The proposed centre comprised of two residential units located some distance apart, each with a different focus of care in each unit and a person in charge over each unit. On further review after the inspection this service was deemed to constitute two separate designated centres.

Residents' needs in both units were met to a good standard of person centered care. Residents were supported to achieve independence and community participation.

The inspection was facilitated by the two persons in charge and the area manager. The inspector observed staff interaction with residents, spoke to residents and reviewed documentation such as personal plans, policies and procedures and staff files.

Staff were observed using Irish sign language with residents. Residents were supported to understand what members of staff were on duty each week. Choice at meal times was facilitated. Residents were supported to access employment, allied health professionals and to participate in day services specific to their abilities and interests.

Work had commenced on the implementation of risk registers for each residential unit identifying hazards and risks and developing control measures. The risk management policy had also been updated to bring it into compliance with the

regulations.

Improvement was required in relation to regularity of fire drills and documentation of fire equipment and fire exit checks. Management of residents' money also required some improvement in order to ensure systems in place were in line with the organisation's policy and procedures on residents' finances. Documentation in relation to prescribed restrictive practices did not always specify the length of time the intervention was to be implemented for or indicate specific criteria for their use.

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

**Outcome 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:**

Residents' personal plans were reviewed in one of the units. These plans were under regular review and work had begun to ensure resident's plans were in an accessible format to meet their individual assessed needs.

Residents attended work placements and day services outside of the designated centre. An art studio had been set up in an adjoining building to one of the units to meet a specific resident's talent and abilities.

Minutes of circle of support meetings were reviewed. These showed evidence of good family and friend support and involvement for the residents. The meetings reviewed were recent and had review dates indicated for six months time. Residents had attended these meetings also.

There was evidence of review of plans by multidisciplinary team including behaviour support specialist, consultant psychiatrist and speech and language therapist.

Plans reviewed were up to date and indicated follow up review dates of six months. Plans were developed using a person centred process of assessment and goal setting.

The inspector spoke to a resident and discussed their goals and steps they had taken to achieve these. The resident described goals achieved and goals that were in progress. One goal was to lose some weight. The resident had a recently prescribed healthy eating plan, they read out their plan to the inspector confirming their involvement in the process and the accessible format of the plan.

Other plans reviewed had goals created from aspirations identified by the resident and their key workers. Goals identified were realistic and action plans for residents' goals had detailed steps with realistic timescales. Each resident had a copy of their personal plan in their bedrooms.

Residents with hearing loss had communicated their goals in writing and these had been transcribed into their personal plans by staff however, the original handwritten copies were not available to review on the day of inspection.

**Judgment:**

Non Compliant - Minor

**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:**

A good standard of cleanliness was maintained in both residential units. Good infection control measures were in place and included colour coded mops, hand washing signs at each sink and hand gels were provided however, improvement was required in regard to fire safety measures and risk management.

A new transport vehicle had been purchased for the centre. The inspector reviewed transport servicing and maintenance records. Insurance and taxation were up to date.

A risk register indicated hazard identification, risk assessment, control measures, dates, person responsible and dates action was completed. Assessment of hazards in the centre was classified as high, medium and low. The risk register had been completed in the days prior to the inspection and control measures had not been fully implemented at the time of inspection. Risks associated with a resident's specific health needs had not been adequately assessed.

Fire equipment had been serviced annually with the most recent service dates recorded as July 2013 in one unit and May 2014 in the second unit. Emergency lighting was in place over exit doors. Alarm panels had been serviced recently in both residential units.

A fire blanket was in place in the kitchen of each residential unit and fire extinguishers were in place on both floors of each unit. Each centre had a designated external assembly point which was clearly signposted.

Records of fire drills were maintained in the centre, which showed evidence of liaison with the health and safety officer. These drills documented issues or problems identified during the drills and corrective actions carried out if necessary. A person in charge was in the process of looking into fire alarms suited for residents that had hearing loss. The inspector viewed correspondence between the person in charge and the health and safety officer in relation to this.

In the meantime, the person in charge had created fire evacuation flash cards for staff to show these residents that they must evacuate the residential unit. These were used during fire drills and placed throughout the unit.

The most recent drills had occurred in May 2014 in one unit and April 2014 in the second unit. However, drills had not been carried out every quarter in line with the service policy. Emergency lighting in the centre was checked daily however, there were gaps in the documentation of checks.

Not all staff working in the centre had received fire safety training but this was scheduled to occur the 30 June 2014.

Some interventions in place to manage the risk of residents absconding during incidents of behaviour that is challenging impacted on the fire escape routes in one of the units. A risk assessment was required for the exit doors to ensure that these control measures did not impact on fire evacuation.

**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:**

Overall the inspector found that residents were safeguarded and protected against abuse however, documentation of restrictive practices required some improvement to ensure guidance was clear on criteria for their use the period of time to be implemented for.

The organisation had robust policies and procedures in relation to safeguarding residents from abuse. Policies to protect residents included responding to challenging behaviour, restrictive practices and restraint for health and safety, client protection of children and adults. There was also a policy in relation to administration of service user's personal finance and procedures outlined.

Allegations of abuse were responded to promptly and investigations were robust and in line with the organisational policy and best practice. An allegation of abuse was in process of being investigated at the time of inspection and had been notified to the Chief Inspector within the specified time frame.

Behaviours that challenge were well managed in the centre. Residents that displayed behaviour that is challenging had been referred to a behaviour support specialist and there was evidence of ongoing assessment, intervention and review. Staff had received training in crisis prevention and challenging behaviour management.

Behaviour support plans identified triggers to behaviours that challenge and methods of de-escalation. Restrictive practices were reviewed by a Human Rights Committee with an independent person nominated to chair the meetings. This was to ensure safe guarding for residents was in place in relation to restrictive practices. However, restrictive practice documentation did not always indicate the length of time the practice was to be implemented for or the specific criteria for its use.

**Judgment:**

Non Compliant - Minor

**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:**

Residents had access to good health care. Residents had a yearly health check with their G.P. These checks reviewed resident's overall health needs and review of medications prescribed and recommendations. Residents also had access to allied health

professionals including speech and language therapy, chiropody, psychiatry and physiotherapy services. Referrals were made in relation to the identified needs of the resident. Medical emergency plans were in place, which were to be used in the event of a resident necessitating hospitalisation or emergency medical attention.

Residents spoken with indicated they had a choice of food to eat. One resident mentioned that the staff cooked lovely meals. The inspector noted there was fresh and frozen vegetables and meat available. Residents had opportunities to make snacks and refreshments as they wished. Residents had independent access to the fridge where drinks and snacks.

A weekly menu choice was discussed with residents and the inspector noted that residents had access to a varied choice. Choice was facilitated through the use of coloured photographs of meals.

Colour coded chopping boards were in use, these had associated pictorial signs indicating the types of food they should be used for in order to prevent cross contamination and ensure good food hygiene.

A care plan for epilepsy management was reviewed by the inspector. It was person specific and identified individualised care management for the resident. However, staff working in the centre had not received training in order to carry out some care interventions specified in the plan. This is further discussed in outcome 17.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

### **Findings:**

Overall the inspector found medication management met with good compliance, however, a medication error was found on inspection.

Both persons in charge had completed medication management training and further training in administration of medication for the management of epilepsy had been completed by staff.

Medication prescriptions were transcribed from prescription charts with a copy of the

original prescription kept on file. There was a policy to guide staff in relation to transcribing. Medications administered were contemporaneously recorded in clear, legible writing.

Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications. The medication policy was under review and would include guidance for staff in relation to the safe disposal of rejected or soiled medications. A memo had been circulated to the centre to ensure staff were aware of best practice in relation to this until the policy had reached its final draft.

Medications were securely stored in a locked cabinet in the staff office. A coded lock was in use in one of the units for a specific precautionary measure to ensure adequate security indicating good practice. No resident required crushed or liquid medications at the time of inspection. There were no controlled drugs prescribed for residents on the day of inspection.

Residents were supported to engage in self administration of medication following assessment in line with the organisation's medication policy and procedures.

On reviewing medication prescription charts the inspector noted that PRN medication prescription had been transcribed to the wrong prescription chart.

**Judgment:**

Non Compliant - Moderate

**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 designated centre comprised of two separate residential units. The inspector met with both persons in charge on the day of inspection.

The inspector had an interview with Brian Hehir. He was person in charge for one of the units. He had worked for the organisation for a number of years with experience of working in disability services overseas and other areas of social care demonstrating

experience commensurate to the role of person in charge.

Records indicated he had maintained continuous professional development. He had attended training in medication management, HIQA preparation workshops, manual handling, fire safety, communication using visuals and client protection since February 2013. He had also completed a management course and two training days on staff support, development and team meetings.

He demonstrated good knowledge of resident's support plans for example behaviour support plans. He also demonstrated good understanding of organisational policies and procedures relating to resident's personal finance and property.

Cormac Irwin was the person in charge for the other residential unit. He had also worked in the organisation for a number of years and had recently been appointed to the position of person in charge.

He had maintained his continuous professional development and had attended training workshops on medication management, introduction to regulation, report writing, staff support and development meetings and safe administration of medication for epilepsy.

Ongoing supervision and knowledge of the regulatory requirements was identified as a contributing factor in areas of non compliance in this unit.

There was a clearly defined management structure for both houses with clear lines of accountability and authority. Staff teams reported to the person in charge, who in turn reported to the area manager. The area manager reported to the director of client services. Staff spoken with were clear on lines of management. In the absence of the person in charge the area manager had responsibility for the centre.

Residents recognised persons' in charge and communication was facilitated through various methods such as pictures, verbal, written and sign language. Throughout the inspection it was noted that residents were treated in a respectful and person centred way by both persons in charge.

Staff working in both residential units received ongoing supervision and records were maintained and kept on file in each designated centre.

The organisation had a quality management auditing system, for example internal quality audits checklists and registered provider unannounced visits were some ways in which quality auditing was implemented however, a localised system was not in place in one designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There was limited evidence that improvements were brought about as a result of learning from monitoring reviews, for example auditing personal plans, restrictive practice and medication documentation.

The inspector formed the opinion that the designated centre was in essence two designated centres due to the distance between the residential units with differences in

the operation and type of service and two persons in charge.

**Judgment:**

Non Compliant - Moderate

**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 inspector was satisfied that there were adequate staffing numbers working in both units on the day of inspection. However, improvements were required to ensure staff had received training to carry out their roles and responsibilities.

Work rosters for three weeks were reviewed for each unit. These indicated the staff and times to be worked in the centre each day. The role of each member of staff on the roster was specified. There was an adequate skill mix to meet the needs of the residents.

A sample of staff files were reviewed as part of the inspection. Staff files reviewed contained documents as specified in Schedule 2 of the Regulations. The inspector reviewed staff supervision records and they indicated that supervision in both units was ongoing and carried out with adequate frequency. Volunteers working in the centre had Garda vetting. Roles and responsibilities, references and photographic identification were kept on file.

Records showed ongoing training for all staff working in the centre. From records reviewed they had received training and refresher updates in medication management, respiratory emergency practical training, non violent crisis intervention training, manual handling, client protection and report writing. Records were maintained on an electronic system indicating start and end dates and if the course had been completed or not. However, not all staff had received first aid training and therefore were not trained to carry out some procedures identified in a resident's care plan.

**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 Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The inspector reviewed resident's money management systems in both units of the designated centre. Though the inspector found overall resident's finances were well managed there were some improvements required.

Though the organisation's overall policy relating to resident's finances was robust more detail was required in some areas to give adequate guidance for staff, for example, the policy did not outline in enough detail how often checks and balances were to be carried out, it stated they should be done 'regularly'.

Systems in place for managing resident's finances were not implemented consistently across both units and required review to ensure adequate safeguarding and keeping in line with organisational policy and procedures.

Not all aspects of this outcome were reviewed on this inspection.

**Judgment:**

Non Compliant - Moderate

## 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:***

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004059
<b>Date of Inspection:</b>	17 June 2014
<b>Date of response:</b>	24 July 2014

### Requirements

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

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Goals handwritten by the residents were not available on the day of inspection as confirmation of residents' involvement in their personal plan.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

When service users are able to write their own handwritten notes, these will be attached to person centred plans, circle of support meetings. One service user with hearing loss likes to communicate his goals through parent signing on his behalf. Staff

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

in Ability West, have been instructed to retain all handwritten notes on service user's files.

**Proposed Timescale:** 17/07/2014

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

**Theme:** Effective Services

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

The fire escape route in one unit was not in compliance.

A risk assessment was required to ensure safety for residents relating to fire exit and managing risk of absconsion.

**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:**

Risk assessment has been drawn up as indicated above for one unit in relation to ensuring safety for residents relating to fire exit and managing risk of absconsion.

**Proposed Timescale:** 08/07/2014

**Theme:** Effective Services

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

All staff that worked in the designated centre had not received fire training.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff in Ability West have completed fire safety training as at 17/07/2014. Additionally, directive has been sent to Ability West on 09/07/2014, noting that it is a mandatory requirement that all staff on duty have up-to-date fire training completed, otherwise staff members who do not have up-to-date fire training completed, cannot be on duty until such fire training is undertaken.

**Proposed Timescale:** 17/07/2014

**Theme:** Effective Services

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

There were gaps in documentation of fire checks for the centre.

**Action Required:**

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

System in place in the Designated Centre whereby Person in Charge checks and ensures that fire checks are ticked off and initialled appropriately; this is reflected in the internal auditing sheet devised by Persons in Charge. Additionally, the requirement in relation to fire checklists have been revisited through staff meetings.

**Proposed Timescale:** 08/07/2014

**Theme:** Effective Services

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

Fire drills had not taken place every quarter in line with the organisation's policy.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

At the time, the organisation's policy stated fire drills at a minimum of three per year, this has since been updated to three per annum at intervals not exceeding four months. Fire drills are scheduled to take place as per this stipulation in the Designated Centre, with at least one held, and second planned between May and August 2014.

**Proposed Timescale:** 30/06/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Restrictive practice procedures did not provide adequate instruction to guide staff practice on criteria for use of restraint or length of time to be implemented.

**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:**

Behaviour Support guidelines have been reviewed with the Behaviour Support Personnel and revised guidelines now in place. This provides more detailed information regarding criteria for use of restraint and length of time to be implemented.

**Proposed Timescale:** 17/07/2014

**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:**

PRN medication had not been transcribed to the correct prescription chart.

**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:**

This has now been completed with PRN medication transcribed to the correct prescription chart; this was completed on 17/06/2014.

**Proposed Timescale:** 29/06/2014

**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 need for going supervision and knowledge of the regulatory requirements was identified as a contributing factor in areas of non compliance in one unit.

**Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

Support, Supervision and Mentoring has been arranged for one Person in Charge, with regular reviews; this commenced on the 18/06/2014 and anticipated completion date of 30/10/2014. Instruction sessions regarding elements of the Regulations are being

provided to Persons in Charge on 17/07/2014 and 18/07/2014; additionally further training has been provided for Persons in Charge on 03/07/2014; Management skills training is also planned with dates scheduled for Autumn 2014.

**Proposed Timescale:** Commenced on 18/06/14 to be completed by 30/10/2014

**Theme:** Leadership, Governance and Management

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

There was improvement needed relating to localised auditing systems to ensure service provided was implemented consistently and effectively.

**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:**

Local audit process has been developed by Persons in Charge in Ability West, to oversee pertinent areas of services and supports, for example, health and safety, person centred plans, circles of support, etc.

**Proposed Timescale:** 18/07/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Some staff did not have specific training in procedures such as first aid.

**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:**

A review has taken place specifically in relation to staff training in epilepsy management and how to follow correct first aid procedures in relation to the 'recovery position'. All staff in the unit now have adequate training on correct procedure to be followed in such situations. This has been discussed at a staff meeting and records maintained; this included adequacy of training on relevant procedures.

**Proposed Timescale:** 14/07/2014

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Systems in place for managing residents finances were not consistent across both units and required review to ensure they provided adequate safeguarding and were in line with organisational policy and procedures.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Review of managing residents' finances has taken place to ensure adequate safeguarding and they are now in line with organisation policy and procedure. Overall systems in both houses now consistent regarding systems in place.

**Proposed Timescale:** 14/07/2014

**Theme:** Use of Information

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

The policy for management of resident's finances required review to ensure procedures gave staff adequate guidance.

**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:**

Procedure regarding the Management of Service users Finances and Property has been updated following consideration by the Policy Advisory Group of the organisation. This particularly covers adequacy in terms of timescale of review.

**Proposed Timescale:** 18/07/2014