

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0004108
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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:
20 August 2014 11:10	20 August 2014 22:00
21 August 2014 09:00	21 August 2014 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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

This was the first inspection of this designated centre. The service was initially considered to be part of another designated centre, but was subsequently deemed to be a stand alone designated centre. The purpose of this inspection was to monitor the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013 and to inform a registration decision.

As part of this inspection the inspector met with residents, staff, the person in charge of the centre and a person participating in management. The inspector reviewed a

variety of documents including residents' personal plans, medication documentation, staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

The centre had implemented measures to address the non compliances identified on the previous inspection. For example, improvement was noted to the assessment and control of risks in the centre, the procedures for ensuring residents could be evacuated from the centre in the event of an emergency, the provision of staff training and the completion and review of residents' personal plans.

The person in charge demonstrated competency in relation to her role throughout the inspection. In addition, both the person in charge and the person participating in management demonstrated knowledge of their responsibilities under the Regulations.

Questionnaires received from families were reviewed. Families expressed satisfaction with the service provided. Residents spoken with said they felt safe, were listened to and would speak with the person in charge or staff if they had any concerns.

There was evidence of good practice in all areas however, improvements were required when responding to identified restrictions of residents' rights, the support for residents to develop natural supports, residents' individual service agreements, the provision of emergency lighting, the assessments pertaining to the use of bedrails, medication management and the systems in place for supporting residents' health needs. In addition, further improvement was required to the provision of training for staff.

The findings are discussed in the report and the provider's response to the actions required are included in the Action Plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were consulted about how the centre was operated and residents' feedback was sought and informed practice in the centre. For example, residents had regular meetings with their 'circle of support' to identify the supports they needed to achieve what they wanted to achieve in their lives. Staffing was based on residents' assessed needs. Extra staffing was available to facilitate residents' preferences in relation to activities in the evening and over the weekend.

Residents had access to the organisation's advocacy service and the person in charge told the inspector that residents would be supported to access independent advocacy services if preferred.

Improvement was required to the measures in place to ensure residents' rights were not restricted. Residents' personal plans contained an assessment, which showed that identified restrictions were not being addressed as per the centre's procedures.

The centre had procedures in place for managing complaints. The complaints received were documented clearly and complaints had been addressed by the person in charge. An easy to read version of the complaints procedure was available however, it was not displayed in a prominent position in the centre.

Improvement was required to the consultation with residents regarding the use of their home as a venue for another house to be evacuated to in the event of an emergency. There was no record that this had been discussed with and agreed to by residents living

in the house.

Judgment:
Non Compliant - Minor

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

There was evidence that actions identified on the previous inspection were in the process of being addressed. Communication profiles detailing residents' communication needs were evident and easy to read versions of the centre's policies and procedures had been developed. Pictures were being used to assist residents to identify items, for example pictures of items stored in kitchen cupboards were placed on the cupboard door. Photographs of local amenities were being used to aid residents in choosing and communicating about the local town and the activities residents liked to take part in. The person in charge told the inspector that these communication aids would be expanded and developed further to assist all residents to communicate.

Residents had access to television, radio and internet as required. The person in charge stated that further work would be completed regarding assisting residents to access assistive technology and aids and appliances to promote residents' independence.

Judgment:
Compliant

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

Findings:

There was evidence that residents were supported to develop and maintain relationships with family. However, improvement was required to the supports for residents to develop relationships with natural supports.

Families were invited to attend and participate in residents' 'circle of support' meetings and the review of residents' personal plans. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved.

There were adequate facilities for residents to meet with family members and friends in private and residents spoken with said they were supported to access activities in the local community.

Not all residents had access to family or natural supports to advocate for them and to ensure their needs were being met. Improvement was required to ensure residents were supported to reconnect with supports, develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Findings:

The centre had recently introduced individual service agreements however, these agreements did not comply with the regulations.

The inspector reviewed a sample of service agreements and found the amount payable by the resident was not documented on all agreements and not all agreements had been signed by the resident. Reference was made to an extra monthly charge payable by residents and the service agreements were not adequately clear regarding what this money would be used for.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Residents had individual personal plans, which outlined their requirements in relation to their social care needs.

Assessments had been carried out in a number of areas, which were used to assist residents in identifying goals. Residents were supported in achieving their goals in a collaborative way with the involvement of family, key personal contacts, the person in charge, relevant clinicians and allied health professionals, and staff members from both the residential service and the day service.

Circle of support meetings regularly took place and these meetings were attended by the resident and all relevant people with clearly documented minutes of discussions and actions agreed as contained in residents' personal files. The inspector spoke with residents and found that goals identified in the personal plans were voiced by residents as the goals they wished to achieve. There was evidence that personal plans were being reviewed and that residents were involved in the review.

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

Findings:

The centre was homely and furnished to an adequate standard. The centre had been designed around the assessed needs of residents with assistive equipment available for residents where required. Some bedrooms had en suite bathroom facilities and others used shared bathroom facilities.

Records showed the assistive equipment had been serviced and repaired as necessary. Lack of storage facilities resulted in replacement equipment not being stored in the centre. The person in charge told the inspector that replacement equipment was stored in a day centre in the same town and could be accessed when the need arose. Sitting rooms and kitchens were available for residents to use.

Residents voiced their satisfaction with the centre and it was evident that the centre was a home to the residents with photographs on display and residents were happy living there. Some residents had shared accommodation for a number of years and said they liked this arrangement.

Changes had been made to the centre since the previous inspection, for example a hand rail had been placed at both external doors and the open fire had been replaced with an electric fire. Residents expressed satisfaction with the hand rails and at being able to turn on the fire instantly. In addition, assistive devices such as an intercom had been provided since the previous inspection, which facilitated residents to contact staff when required.

There was no evidence the boilers in the centre had been serviced. The person in charge did not know when the boilers were last serviced and stated this would be prioritised and that documentation pertaining to the servicing of the centre's boilers would be maintained in the centre.

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):

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

Findings:

Improvements had been carried out since the previous inspection. Some actions

identified had been addressed however, other actions had not been satisfactorily implemented.

Fire drills were taking place on a regular basis and there was evidence that the increase in fire drills was resulting in the increase in residents responding by exiting the house when the alarm was activated. Staff had received training in fire prevention and staff spoken with were clear regarding the measures to be taken in the event of a fire in the centre. Residents were clear regarding exiting the house in the event of a fire however, emergency lighting was not provided in one house. Servicing records viewed showed that fire prevention and control equipment had been serviced.

The centre had implemented a risk register. The risk register required improvement to ensure that all risks had been identified and assessed and that control measures identified were relevant to the risk. For example, a risk in relation to infection control had not been identified in regard to the use of communal hand towels and the delegation of the person responsible for implementing the control measures required review.

Individual fire evacuation plans had been implemented which outlined of the level of support required by residents in the event of an evacuation of the centre. However, the plans required further improvement as they did not adequately outline residents' specific support needs.

The centre had implemented an emergency box, which contained a number of items to be used in an emergency such as a torch, hot water bottles, firelighters, matches and a camp stove. Improvement was required to ensure the items contained in the box were maintained and in good working order. The inspector found the torch was not working and the firelighters and matches had been removed from the box. The person in charge responded immediately to replace and fix the items and stated she would implement measures to ensure the items were replaced after use to ensure they were available for use in an emergency.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy and procedures in place for the prevention, detection and response to abuse. The inspector did not review the policy on this inspection. Improvement was required to ensure residents were protected from financial abuse and to ensure risks associated with restraint measures had been assessed.

The person in charge had outlined a synopsis of the measures to be taken in the event of an allegation of abuse, since the last inspection and this was displayed prominently in the staff bedroom.

Residents spoken with said they felt safe and would speak with the person in charge or a member of staff if they had any concerns. Staff spoken with were clear regarding the response to be taken if they received an allegation of abuse. The person in charge clearly outlined her response to allegations of abuse and the measures which would be taken to protect residents. A previous allegation of abuse was undergoing investigation. This allegation had been notified to the Authority as required and measures had been implemented to safeguard residents.

Not all systems in place to ensure residents were protected from the risk of financial abuse were adequate. For example, the oversight of a communal fund required improvement.

Residents requiring support with behaviours that challenge had positive behaviour support plans in place. The inspector observed staff supporting residents in line with their support plan and staff spoken with were clear regarding how the plan enabled them to support residents and respond to residents resulting in a low occurrence of behaviours that challenge in the centre. Residents spoken with responded positively to the responses outlined in the plans.

The inspector viewed a sample of assessments for the use of bedrails. The assessments had been signed by the person in charge and an occupational therapist. Improvement was required to the completion of the assessments as some assessments viewed were inconsistent with information provided by the person in charge. An assessment stated that the resident had requested the bedrails and the person in charge said this resident had not requested the bedrails. In addition, the assessments had not been completed fully as some questions had not been answered and therefore some risks had not been assessed.

Judgment:

Non Compliant - Moderate

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

Findings:

A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

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

Findings:

Residents were supported to access education and training programmes and all residents were accessing day supports.

Residents were supported to access activities in the evenings and at weekends in line with residents' wishes. There was evidence of good communication between staff in residents' day programmes and the centre and between residents' families and the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Findings:

Residents' health care needs were generally well met, however improvement was required in meeting some specific health needs. A system was required to ensure residents' health requirements were not dependent on one staff member and to ensure that where staff members were absent from the centre that alternative arrangements were in place to support residents.

Residents had access to general practitioners and allied health professionals as required and there was evidence that residents' health needs were being assessed and responded to.

The centre had a system in place which placed responsibility on a specific staff member for ensuring residents were supported in relation to their health requirements.

Improvement was required to this system to ensure that residents were supported in the absence of this specific staff member. The inspector was concerned that a resident's assessed health requirement was being delayed due to the absence of a staff member. This was brought to the immediate attention of the person in charge who stated this would be addressed immediately.

Judgment:

Non Compliant - Minor

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):

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

Findings:

There was a policy and procedure in place relating to the ordering, prescribing, storing and administration of medication to residents. However, improvement was required to residents' prescription sheets as the prescribed dose of medication was not clear on all sheets.

In addition, not all prescription sheets contained the resident's date of birth and address, the name of the resident's general practitioner (GP) and the route of the medication.

Some audits on medication had been carried out since the previous inspection and there was evidence that identified issues had been addressed.

Residents were supported to self administer medication.

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

Findings:

There is a written statement of purpose that describes the service that is 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.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a clearly defined management system in place with clearly defined roles of authority and accountability however, improvement was required to the oversight of the centre.

The person in charge worked alongside members of staff in delivering the service to residents. The person in charge's direct line manager was present on the day of inspection and both she and the person in charge told the inspector that there was good communication across all levels of the organisation.

The person in charge demonstrated responsiveness throughout the inspection and addressed areas of non-compliance highlighted to her by the inspector. Improvement was evident since the previous inspection of the centre and the person in charge demonstrated sufficient knowledge of the legislation and her statutory responsibility. Residents were observed interacting with the person in charge and it was evident they knew her well.

An auditing template had been introduced, which was being used in the centre and would inform an annual review of the quality and safety of care in the centre. The person in charge told the inspector that this would be completed by the end of September 2014.

Improvement was required in relation to oversight of the centre as non-compliance issues had not been identified within the service. For example, a resident's health requirement had not been facilitated when staff was absent and measures in place to ensure all residents were protected were not adequate.

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

Findings:

A social care worker is responsible for the centre in the absence of the person in charge.

The persons participating in management of the centre were not interviewed on this inspection.

There was an on call system in place in the event staff required support in the evenings and at weekends.

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

Findings:

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

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The staff rota was arranged around the assessed needs of residents and the person in charge had the autonomy to roster additional staff when required. Formal supervision was taking place on a regular basis and there was evidence that agreed actions were being implemented and that the person in charge was supervising staff on an ongoing basis. Improvement was required to the documentation maintained in staff files and staff training.

Staff training had improved since the previous inspection. Staff had received training in a number of areas including fire prevention and the prevention, detection and response to allegations of abuse. However, some improvement was required as some staff had not received training in the safe administration of medication and in the administration of a medication prescribed in the event of a medical emergency. In addition, staff had not received refresher training in moving and handling.

Some staff files did not meet the requirements of Schedule 2 of the Regulations. For

example, a full employment history, the number of hours the staff member is employed each week and a reference from the staff member's most recent employer was not evident in all files.

There were no volunteers working in the centre.

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

Findings:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

Improvement was required to residents' prescription sheets as the prescribed dose of medication was not clear on all sheets as outlined under Outcome 12.

Judgment:

Non Compliant - Minor

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:

Lorraine Egan
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 Western Care Association
Centre ID:	OSV-0004108
Date of Inspection:	20 August 2014
Date of response:	28 October 2014

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents had not been consulted with about the use of their home as an emergency placement for another service unit.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

As part of the next house meeting in one of the designated centre sites the issue of their house being used as an evacuation plan destination will be discussed with any concerns or objections noted and should this be the case an alternate evacuation site will be sought. A meeting is scheduled for 27/09/2014.

Proposed Timescale: 10/10/2014

Theme: Individualised Supports and Care

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

Residents' personal plans contained an assessment which showed that identified restrictions of residents rights were not being addressed as per the centre's procedures.

Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

The PIC will undertake an audit of all Rights checklists for all individuals attending the Respite Service. The audit will ensure each checklist is completed in full and processed as per the organisations procedures. This audit will be completed by the 15/12/2014

Proposed Timescale: 15/12/2014

Theme: Individualised Supports and Care

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

A copy of the complaints procedure was not displayed in a prominent position in the designated centre.

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:

A short easy read complaints procedure has been developed and is now readily available in a prominent place for all service users to see in the service in a location that service users can access in both services and staff will ensure that service users know how to complain.

Proposed Timescale: 25/09/2014

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

Theme: Individualised Supports and Care

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

Improvement was required to support residents to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

A previous personal relationship will be revisited with one individual and also links with people in their previous living locality and this will be done with the full inclusion of the service user and with consent from the person such individuals will be invited to become members of their circle of support.

Proposed Timescale: 17/10/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The fees payable by the resident was not documented in all residents' individual service agreements.

Residents' individual service agreements were not adequately clear regarding what the extra monthly charge payable by residents would be used for.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Individual Service agreements will be modified to reflect personal financial charges and nature of monthly costs and what they cover. This work has commenced since the 24/08/2014 and will be completed on the 14/11/2014

Proposed Timescale: 14/11/2014

Theme: Effective Services

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

Not all individual service agreements had been signed by the resident to show they had agreed to the terms set out in the agreement.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The circle of support meetings to occur in this quarter will be extended to include a discussion on the terms of the agreement of each Individual Service Agreement and any unsigned agreements will be signed by the person or their advocate/representative. The individual service agreements will be discussed at a separate meeting with each resident or their representative if the circle of support meetings are not happening in a timely manner to facilitate these being agreed and signed.

Proposed Timescale: 21/11/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no evidence the boilers had been serviced.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A request has been made to the service company for the relevant documentation to evidence the servicing of the designated centre boilers and that these documents include actual service personnel signatures.

Proposed Timescale: 26/09/2014

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:

A risk in relation to infection control had not been identified in regard to the use of

communal hand towels.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The communal bathrooms will be equipped with paper towels or hand dryers where required, these dispensers have been ordered and are now in place

Proposed Timescale: 10/10/2014

Theme: Effective Services

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

The delegation of the person responsible for implementing control measures required review.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

An internal environmental audit will be carried out and documented to ensure that all risks are clearly identified, current control measures are identified, additional control measures required are identified and persons responsible are identified. Timescales for additional controls will be specified. In addition the person identified as being responsible for this will also be documented in the assessment. The Manager of the service will ensure that each person is informed and aware of their responsibilities. The organisation health and safety officer will review the audit on completion. Regular ongoing internal inspections will offer a secondary control measure.

Proposed Timescale: 24/10/2014

Theme: Effective Services

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

Individual evacuation plans were not adequately specific to residents' requirements in the event an evacuation of the centre.

There was no system to ensure the items contained in the centre's emergency box were replaced.

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:

Each individual respite user will participate in a fire drill during their next time in respite. Their individual evacuation plan will be reviewed and amended as necessary after this to ensure it fully captures their support needs. The time scale for this will be different for each individual as some individuals use respite less often than others but this will be complete by 04/11/2014.

The Person in Charge has put in place a system to ensure the service emergency box replacement contents is checked weekly to ensure all contents are present and operational from the 01/10/14.

Proposed Timescale: 04/11/2014

Theme: Effective Services

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

One house did not have emergency lighting.

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 Assessments have been carried out in relation to the issue for the need for emergency lighting and the person's ability to exit the premises in an emergency and the emergency lighting is now in place.

Proposed Timescale: 17/10/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some assessments for the use of bedrails were inconsistent with information provided by the person in charge and the assessments had not been fully completed as some risks had not been identified.

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:

The Person in charge and the Occupational therapist have met and devised a more

rigorous bed rail assessment process on 19/09/14. Some additional documents have been designed to support the inclusive element of the process and the work of implementation will be rolled out by the 30/10/2014 in consultation with all those involved. New equipment has also been ordered.

Proposed Timescale: 30/10/2014

Theme: Safe Services

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

Improvement was required to some financial management systems in place to ensure residents were protected from the risk of financial abuse.

Action Required:

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

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

The person in charge has developed and will discuss at the next team meetings a set of new documents which offer guidance in respect of responsibly accounting and record keeping in relation to individual's and designated centre monies. One site team meeting is scheduled for 23/09/14 and the other for 03/10/14. The service provider is undertaking a change in practice in respect of petty cash accounting practices and this will be rolled out to all staff in the coming weeks.

Proposed Timescale: 14/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A system was required to ensure residents' health requirements were not dependent on one staff member and that alternative arrangements were in place to support residents when a staff member was absent.

Action Required:

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

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

A system of action plan review when support staff are on leave will be discussed at team meetings and any outstanding work will be picked up by other support staff. Any issues in carrying this out will be reported to the person in charge and arrangements will be made to delegate responsibility to follow up on the action plan to deal with any outstanding health issues arising.

Proposed Timescale: 03/10/2014

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:

Not all prescription sheets contained the resident's date of birth and address, the name of the resident's GP, clear prescribed dose and route of the medication.

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 medication policy will be re-visited with all staff at team meetings and their responsibilities in implementing all elements of that policy reiterated. Each named and link staff will review the medications forms in consultation to ensure for accuracy and completion in full. The person in charge will undertake spot checks monthly to review staff practices. In addition announced and unannounced internal inspections will be an additional safeguard.

Proposed Timescale: 03/10/2014

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:

Management systems required improvement to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. For example, a resident's health requirement had not been facilitated when staff was absent and measures in place to ensure all residents were protected were not adequate.

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:

The person in charge will discuss with all support staff at staff meetings and in supervisory support their 'duty of care' and responsibility in delivering on all individual plans when working in services and any outstanding actions require re-assignment to colleagues in the event of staff absences. The PIC will address failure to carry out elements of their job roles through supervisory support. The PIC will also review

individual plans of service users to ensure that nothing is missed out on as part of their monitoring role on a monthly basis

Proposed Timescale: 07/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

All staff files did not meet the requirements of Schedule 2 of the Regulations. For example, a full employment history, the number of hours the staff member is employed each week and a reference from the staff member's most recent employer was not evident in all files.

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:

One staff file was given back to a staff for accurate completion and has been returned to the person in charge 22/09/14. The staff files will be reviewed at team meetings and requests will be made by the person in charge for all staff to review their files and ensure completion and accuracy with them. The person in charge will do a spot check of random staff files on a monthly basis.

Proposed Timescale: 17/10/2014

Theme: Responsive Workforce

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

Some staff had not received training in the safe administration of medication, in particular the medication prescribed in the event of a medical emergency, and refresher training in moving and handling was required.

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:

Staff that have not had training on medication administration have been booked on a training event on the 05/11/2014 and 06/11/2014.

In the interim, the roster will be managed to ensure that the staff that are not trained will not be rostered on duty in this service until they are trained in the administration of medication.

A separate training event for staff is scheduled to take place locally on the

administration of emergency medication. This training event is booked for the 18/11/2014.

Staff who require minimal handling training will have it completed on 05/11/2014.

Proposed Timescale: 18/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Improvement was required to residents' prescription sheets as the prescribed dose of medication was not clear on all sheets.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The PIC will undertake an audit of all medication sheets within the service and any corrective actions will be implemented by 31/10/14.

The Person in charge has the oversight role to ensure staff are overseeing the medication prescription sheets and for all medication management in the centre

As an additional safeguard, the medication sheets will be regularly reviewed for accuracy at each quarterly circle of support meeting. The medication policy will be revisited at team meetings and a guide document developed to remind support staff of their responsibility with regard to the implementation of the agency medication policy. The PIC will take overall responsibility for the management of medication in line with the medication policy and hold records to demonstrate implementation of these actions.

Proposed Timescale: 31/10/2014