

**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-0003914
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	Unannounced
Number of residents on the date of inspection:	10
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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 December 2014 10:10	15 December 2014 17:50
16 December 2014 09:50	16 December 2014 18:00

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 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of this inspection, the inspector met with residents, the person in charge, a person participating in management, staff members and the provider. The inspector observed practices and reviewed documentation such as residents' personal plans, financial records and risk management procedures.

The inspector followed up on the required actions and found that some actions had been addressed or partially addressed while other had not.

The inspector was satisfied that required actions relating to areas including the provision of transport, residents' control over their medication, and the provision of some staff training had been completed.

Actions that related to consultation with residents, the assessment and response to residents' communication needs and wishes and the provision of some assistive

equipment such as grab rails were either partly addressed or in the process of being completed.

Required actions relating to areas including support for residents to access advocacy, support for residents to achieve identified goals, residents' individual evacuation plans, safe storage of medication, review of residents' personal plans and the effective governance of the centre had not been addressed.

On the second day of the inspection the inspector issued an immediate action plan in response to findings regarding the evacuation of the centre in the event of an emergency. The findings pertaining to this are included under outcome 7 and the immediate action issued is included in the action plan under Regulation 28 (3) (d).

The inspector was concerned that some areas which were identified on the first inspection of this centre in April 2014 and on the inspection in September 2014 had not been addressed. The inspector found the governance arrangements were not effective.

The inspector met with the provider at the end of the first day of inspection and outlined the initial findings and the Authority's concerns that the centre remained in non compliance with the Regulations on the third inspection of the centre. The inspector spoke with the provider by phone on the second day of the inspection and informed him of further findings and the issuing of the immediate action plan.

The provider responded by changing the person in charge of the centre as and from the second day of the inspection. The inspector interviewed the new person in charge on the second day of the inspection.

The findings are discussed further in the report and improvements 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:

The inspector found that some required actions pertaining to this outcome had been addressed. However, improvement was required as not all items had been addressed as per the previous action plan response.

A vehicle had been made available for residents to use in the evenings and at weekends. Residents were being supported to access activities of their choice and were being supported to attend activities which occurred at night. For example, some residents attended concerts.

Residents had been supported to have choice and control over the storage of their medication. Medication was stored in residents' bedrooms or the staff office at a resident's request.

Information regarding the organisation's advocacy service and the national advocacy service were displayed in the centre. The minutes of a resident house meeting showed that residents had been spoken with regarding their rights and access to advocacy services. The person in charge said that residents would be facilitated to meet representatives from the organisation's advocacy service and an advocate from the national advocacy service.

Residents had not been supported to access advocacy services where required. For example, in response to issues which were having an impact on residents' care, welfare and achievement of identified goals. The person in charge and person participating in

management outlined the ways in which the organisation was in the process of responding to these issues. However, there was no documented outline of this and it was not clear that the measures taken were adequately addressing identified issues.

Resident house meeting minutes showed that one meeting had taken place. The person in charge said that meetings would take place monthly. It was over one month since the meeting had taken place. The person in charge told the inspector a meeting was scheduled to take place at the end of the week. The person in charge said that specific staff members were responsible for ensuring house meetings took place.

There was no agenda for resident meetings and no guidelines regarding items to be addressed at the meetings. A staff member with experience in chairing meetings had supported staff to facilitate the first meeting. Further guidance regarding the facilitation of these meetings was required.

All residents had been supported to register to vote. The person in charge said that residents will be supported to understand and vote at the next opportunity if they wish to.

The measures in place to ensure residents' rights were not restricted required further improvement. There was evidence that these forms had been completed following the previous inspection. However, issues identified at the previous inspections of the centre had not been addressed. The assessments in place showed that identified restrictions were not being addressed as per the centre's procedures.

Improvement to the arrangements in place to protect and promote residents' dignity was required. Some recent structural work had taken place which resulted in a bathroom which was accessible from a resident's bedroom and from the corridor. The door to the resident's bedroom did not have a lock on the bathroom side to allow other residents privacy when using the bathroom.

The process in place to ensure complainants were made aware of the appeals process and residents were satisfied with the outcome of a complaint had not been addressed as per the previous action plan response.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The centre was in the process of assessing and responding to residents' communication needs and wishes. Staff had supported residents to use visual aids and the inspector was told this would continue to be expanded and developed.

Residents had been supported to use technology to connect with their loved ones. Staff spoken with were vocal regarding the positive impact this was having on residents' relationships with loved ones.

Some improvement was required to ensure technology used to assist residents to communicate was maintained in working order. Some aids were not working and there was no process to ensure these were checked on a regular basis and batteries replaced when necessary.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Improvement was required to ensure residents were supported to develop and maintain personal relationships, natural supports and links with the wider community.

Residents' identified goals pertaining to this had not been adequately supported. For example, some personal plans outlined reasons why goals pertaining to this had not been progressed. The reasons documented were not adequate.

Residents' personal plans had not been reviewed by the person in charge. The lack of oversight was having a negative impact on residents. This is discussed further under outcomes 5 and 14.

Judgment:

Non Compliant - Moderate

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Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
A sample of residents' contracts were viewed. Issues identified on the previous inspection had not been addressed.

Not all contracts outlined the fee to be paid by the resident and not all contracts were signed by a representative from the organisation in line with the centre's procedures.

The provider had outlined the items which were included in the nightly charge and monthly contribution charge in an appendix to some contracts. However, these were not attached to the contracts nor were they referenced in the contracts. Not all personal plans contained an outline of these charges. It was not clear if residents or their representatives were aware of what this money was being utilised for.

Not all contracts accurately outlined the service provided to residents. There were discrepancies in the number of nights a resident spent in the centre. Agreements made in some contracts had not been adhered to by all parties and this was having a negative impact on the support provided to the resident.

Judgment:
Non Compliant - Minor

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):

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

Findings:

The inspector found that resident personal plans were not being reviewed by the person in charge as outlined in the previous action plan response. Although residents had circle of support meetings since the previous inspection the effectiveness of these had not been assessed. Improvement was required to ensure residents were being supported to identify and achieve items of priority in their lives.

The plans to support residents were not always adequate and the reason for residents not being supported to achieve identified goals of importance was not satisfactory. For example, it was evident in some plans that residents' family wishes were in conflict with residents' wishes. As a result residents had not been supported to achieve goals which were important to the resident.

Some residents had not been supported to gain the necessary skills to assist them in achieving identified goals and maximise their personal development. For example, skills which were necessary to assist residents to live as independently as possible.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The action had not been fully addressed. Some grab rails had been provided in the bathrooms. However, specific grab rails which some residents required had not been provided.

Judgment:

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:

The inspector found that some required actions pertaining to this outcome had been addressed. However, improvement was required as not all items had been addressed as per the previous action plan response. An immediate action was issued in relation to the safe evacuation of residents from the centre.

The risks identified on the previous inspection had been addressed. The chimney had been cleaned in November 2014.

All staff had received training in fire prevention.

Thermostatic control valves had been fitted to regulate the temperature of the water. The person in charge said the staff checked the temperature of the water by testing it 'by hand'. There was no system in place to ensure the thermostatic control measure was effective.

Residents' personal evacuation plans had not been updated. The plans were not adequately specific to residents' requirements in the event an evacuation of the centre was necessary. Fire drill records identified supports required by residents and these were not included in the plans.

The person in charge and the staff member on duty were not aware of the location of residents' personal evacuation procedures. A staff member was phoned regarding this.

A fire door was missing part of the intumescent strip. This had not been identified by the person in charge or staff.

The inspector issued an immediate action as the measures in place to ensure residents could be safely evacuated from the centre were not adequate. The person in charge and staff spoken with said they were concerned the residents could not be evacuated safely at night. Fire drills had not taken place at night. A risk assessment had not been carried out. The provider responded by stating that extra staffing would be provided at night and the Authority would be kept informed of the measures in place to ensure residents could be safely evacuated from the centre in the event of a fire.

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):

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

Findings:

The inspector found that some required actions pertaining to this outcome had been addressed. However, improvement was required as not all items had been addressed as per the previous action plan response.

Since the previous inspection some staff had received training in the management of behaviour that is challenging. The person in charge told the inspector that the remainder of staff will have received this training by 23 January 2015 in line with the previous action plan response.

The provider had introduced new financial management procedures in response to the previous inspection. The inspector viewed a sample of residents' finances and a resident shared contribution fund.

The procedure in place was not adequately robust to ensure residents were protected by safe financial management procedures. The use of shared receipts had resulted in unaccounted discrepancies in residents' money. Documentation and record keeping were not adequately clear and staff were not adhering to the organisation's procedure.

Oversight of residents' finances required improvement. Discrepancies in finances had not been identified by the person in charge or the person participating in management. These discrepancies were brought to the attention of the provider, the person in charge and the person participating in management on the day of the inspection.

Not all residents requiring support with behaviours that challenge had positive support plans in place.

Judgment:

Non Compliant - Major

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:

The inspector found that some required actions pertaining to this outcome had been addressed. However, improvement was required as not all items had been addressed as per the previous action plan response.

The fridge used for storing medications was located in room which was accessed by both staff and residents on a regular basis. Although a lock had been fitted to the fridge the keys were left on the table beside the fridge. The person in charge acknowledged the keys were left there on a daily basis. This had not been identified as a risk.

Residents were supported to store medication in their bedrooms or in the staff office at the resident's request.

Risks pertaining to residents' prescription sheets had not been identified or responded to. The actions pertaining to these are included in the action plan under outcome 18 and the findings are detailed under this outcome.

The inspector viewed a sample of residents' prescription sheets. Some residents' prescription sheets did not contain the resident's address, date of birth, name of the general practitioner (GP), the dose of the medication, the prescribed route of medication and the maximum dose of PRN (as required) medication.

Discontinued medication had not been signed and dated by the GP.

Prescription sheets were difficult to read as items had been crossed out. Some medications were not identifiable on the prescription sheets.

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):

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

Findings:

The inspector was concerned that management systems were not ensuring that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored as outlined in outcomes 1, 3, 5, 7, 8, 12, 17 and 18.

Areas such as the completion and review of personal plans and financial management procedures, which were identified as non compliant with the Regulations, had not been identified and responded to by the person in charge. She told the inspector she did not have adequate time to fulfil the role of person in charge as she was working front line in the centre for the majority of her hours.

On reviewing the centre's finances it was evident that items which were not purchased by or on behalf of residents were included on some receipts. These items were excluded from the amount residents had paid. Although the person in charge and the person participating in management had audited these finances these items had not been identified as an area of concern.

There was due to be a change to the person in charge effective early January 2015. The provider informed the inspector of the person who would be assuming this role and the inspector met with this person on the second day of the inspection. She told the inspector that the provider had committed to allocating her full time as person in charge of this centre and said she would be addressing the issues identified. She outlined the ways in which she would be addressing the issues identified.

Judgment:

Non Compliant - Major

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.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: It was not clear if the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. Issues identified such as the availability of training for staff and the inadequate governance arrangements including the management hours allocated to the role of person in charge were impacting on the effective delivery of care and support in the centre.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The inspector viewed a sample of staff files. Staff files did not contain all items required, for example a reference from a staff members' most recent employer, a full employment history and documentary evidence of the staff member's relevant qualifications. In addition, some files contained internal references only and it was evident that staff had worked in external positions relevant to the role.</p> <p>As resident individual plans and goals were not being adequately reviewed, the inspector was not satisfied that staffing levels were responsive to resident assessed needs.</p> <p>Some staff had not received the two day training on the safe administration of medication. The person participating in management told the inspector that a one day medication training day was provided to staff who were waiting for this training. The one day training did not include the written assessment or competency assessment.</p>

Given the identified issues regarding the safe storage of medication and documentation which is covered in outcome 12 the inspector was not satisfied that this training was adequate.

Staff had not been receiving supervision in line with the frequency set out in the organisation's policy. The person in charge told the inspector she had one supervision session with each staff member since commencing the role in May 2014.

The inspector was told that all volunteer agreements had been signed by the volunteers to indicate they were aware of their role and responsibilities.

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):

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

Findings:

The directory of residents did not include the phone number of the next of kin for all residents.

Risks pertaining to residents' prescription sheets had not been identified or responded to. The findings and judgment are detailed under outcome 12 and actions pertaining to these are included in the action plan under this outcome.

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-0003914
Date of Inspection:	15 December 2014
Date of response:	13 January 2015

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:

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

Action Required:

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

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

All rights checklists have been reviewed by the PIC on the 06/01/2015 to determine their current status and to decide next steps. The PIC is meeting with all named staff/key workers to ensure follow up on the current agreed actions are being taken to promote individual's rights and eliminate/reduce restrictions or ensure that the rights checklists are sent to the Rights Review Committee if appropriate. This will be completed by the 30/01/2015

Proposed Timescale: 30/01/2015

Theme: Individualised Supports and Care

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

Residents had not been supported to access advocacy service in response to issues which were having an impact on the care and welfare of the resident.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Two service users have been referred to the Independent Advocate and the Independent Advocate will visit the service on the 20th January 2015 to meet relevant individuals. In the course of the meeting the PIC will discuss meeting the service users in the other site of the designated centre.

In addition the Independent Advocate has also forwarded information in an easy to read format on their services to all individuals in the designated centre.

Proposed Timescale: 30/01/2015

Theme: Individualised Supports and Care

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

A bathroom door which was accessible from a resident's bedroom did not have a lock in place to allow a resident privacy when using the bathroom.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A lock was put on this bathroom door on the 17th December 2014

Proposed Timescale: 17/12/2014

Theme: Individualised Supports and Care

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

The documentation did not state that complainants had been made aware of the appeals process.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The documentation has been amended to ensure that complainants are informed of the next stage of the complaints process if they are not satisfied with the outcome.

Recording documentation has also been revised to record that the complainant is asked if they are satisfied with the outcome of their complaint and if not to ensure and record that they are informed of the next stage of the complaints process.

Proposed Timescale: 12/01/2015

Theme: Individualised Supports and Care

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

The documentation did not state whether or not the complainant was satisfied with the outcome.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Recording documentation has been revised to record that the complainant is asked if they are satisfied with the outcome of their complaint and if not to ensure and record that they are informed of the next stage of the complaints process. This form has now been completed with respect to a specific record reviewed by the inspector to record that the person who made the complaint is satisfied with the outcome of the complaint.

Proposed Timescale: 01/01/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Some technological aids used to assist residents to communicate were not working and there was no process to ensure these were checked on a regular basis and batteries replaced when necessary.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

A checklist has been put in place to check the batteries in the technological aids to ensure that they are working at all times since the 31/12/2014 and they will be checked weekly

Proposed Timescale: 05/01/2015

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:

Some residents were not being supported to develop and maintain personal relationships, natural supports and links with the wider community.

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:

The PIC in conjunction with a colleague from the Evaluation and Training Department will meet all named staff/key workers to review each resident's priorities with a particular focus on their preferences for personal relationships, natural supports and community connections. Where these are personal priorities they will agree how these will be implemented and progressed, commencing on the 12th January 2015. This will be completed by the 15/02/2015.

Information and Community Maps of what is available in the locality is available on the community notice board in the designated centre. The PIC will work with named staff/key worker to support each individual to develop their personal Community Map to

identify new community links based on their priorities. This will be supported by the use of volunteers by the 15/02/2015.

The PIC will meet with named staff/key workers on a 4 monthly basis to review progress identified goals including those pertaining to personal relationships, natural supports and links with the community.

Proposed Timescale: 15/02/2015

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:

Not all contracts accurately outlined the service provided to residents. For example, there were discrepancies in the number of nights a resident spent in the centre.

Agreements made in some contracts had not been adhered to by all parties and this was having a negative impact on the support provided to the resident.

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:

All individual service agreements are currently being updated to reflect the number of nights a service user is in the service. These documents were recently updated following guidance on appropriate use of monies.

A meeting is scheduled for mid - January to address elements of a written agreement that are not being adhered to by all parties to ensure that there is no negative impact on the resident.

All Individual service agreements will be completed by the 31/01/2015.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Not all contracts outlined the fee to be paid by the resident and not all contracts were signed by a representative from the organisation in line with the centre's procedures.

Residents' individual service contracts did not outline what the fees charged would be

used for. The appendices outlining this information were not included in all contracts and were not attached to the contracts. It was not clear if residents or their representatives were aware of what this money was being utilised 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:

All individual service agreements now reflect accurate levels of detail of all fees and contributions payable by each individual.

The PIC will ensure that all agreements once completed in full will be signed by all parties including a representative from the organisation and that all service users or their representatives are aware of what the money is utilised for.

Proposed Timescale: 31/01/2015

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:

Residents' personal plans did not adequately outline the supports required to maximise residents' personal development.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

An assessment tool has been sourced to identify the supports required to maximise the individual's personal development. This assessment will be completed by the 24th January 2015. From this assessment the named staff/key worker will put together a personal development plan for the individual concerned that connects the assessment to their priorities so that particular skills and competencies can be targeted.

Proposed Timescale: 31/01/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Residents were not being adequately supported to achieve identified goals.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The PIC met with the named staff of one individual on the 19/12/2014 with support from ETD to problem solve. Actions were identified for immediate follow up by the named staff/key worker. A number of actions have already been taken to pursue priorities for the individual concerned. A further meeting has taken place on the 08/01/2015 that has further progressed the particular priority for the person.

A circle of support will be organised for the other individual to address the barriers to identified goals by the 31/01/2015

The PIC will ensure that they are checking progress on all individual plans on a four monthly basis. This work is commencing on the 12/01/2015

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Improvement was required to the oversight of residents' personal plans to ensure the plans were completed adequately and updated as required.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The PIC reviewed all personal plans by the 23/12/2014 and in addition will meet with each named staff/key worker to review steps commencing the 12th January 2015

The PIC has an up to date auditing checklist completed for all individual plans and this will be updated on a four monthly basis

Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Grab rails which some residents required had not been provided.

Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The grab rails will be installed by the 13/01/2015.

Proposed Timescale: 13/01/2015

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:

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

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:

All individual fire evacuation plans are updated since the 31/12/2014 and are reviewed and updated as needed following each fire drill.

In addition the fire trainer is meeting the team on the 15/01/2015 to review the 4 week risk assessment of night time fire drills that has been taking place and the final fire evacuation documents will be finalised after this risk assessment has been completed.

The PIC will review each plan subsequent to each fire drill.

Proposed Timescale: 30/01/2015

Theme: Effective Services

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

There was no system in place to ensure the thermostatic control measure was effective.

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:

A thermometer has been purchased and the thermostats will be checked on a three-monthly basis. Records of this will be maintained and corrective action taken as necessary.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Immediate Action Plan:

There was no evidence the centre could be evacuated safely in the event of a fire at night.

Action Required:

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

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

A risk assessment has been taking place over a 4 week period in the designated centre with fire drills taking place at night each week for 4 weeks. A second sleep in staff is on duty at night time in one site of the designated centre during this period and this will be reviewed after the 15/01/2015

A meeting with the fire trainer and the team is scheduled for the 15/01/2015 to review the assessment process and to finalise fire evacuation plans

Plans will be reviewed subsequent to fire drills by the PIC

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Night time fire drills had not taken place for all residents and staff.

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:

Night time drills have taken place weekly for four weeks in both sites of the designated centre as part of a risk assessment process which will be reviewed on the 15/01/2014.

The PIC will put a plan in place that night time fire drills will take place in line with the recommendations of the fire trainer on the 15/01/2015

Proposed Timescale: 15/01/2015

Theme: Effective Services

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

A fire door was missing part of the intumescent strip.

Action Required:

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

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

The intumescent strip was replaced on the 17/12/2014. A checklist has been set up by the PIC to check these strips on a weekly basis in the designated centre.

Proposed Timescale: 31/12/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff had not received up to date training in the management of behaviour that is challenging.

Action Required:

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

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

All staff will have up to date training on management of behaviour that is challenging by the 30/ 01/2015, this date was originally the 23/01/2015 but the training is now scheduled for the 28th -30th January 2014 by the training department

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

Not all residents requiring support with behaviours that challenge had positive support plans in place.

Action Required:

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

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

The PIC has engaged with the behaviour support staff in relation to this individual who has sought advice from the senior psychologist regarding the appropriate course of action. A referral has been completed for Psychology on the 07/01/2015 and the PIC will be following up on this referral. A meeting has been arranged with the Senior Psychologist, the PIC, BSS and the named staff to review the individuals priorities in this area and agree a plan to support them appropriately. to discuss this referral on the 12/01/15.

Proposed Timescale: 30/01/2015

Theme: Safe Services

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

The procedure in place was not adequately robust to ensure residents were protected by safe financial management procedures. Discrepancies in finances had not been identified by the by the person in charge or the person participating in management.

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:

New auditing systems are in place monitored by the PIC to ensure staff are following the guidance issued by the provider on the 17/12/2014 and the previous guidance issued to staff.

The Accounts Manager completed an audit on the 18/12/2014 and the PIC is following up on the recommendations from this and a further audit will take place by the 30/01/2015 by the Financial Controller. They Accounts Manager will complete a second audit on the 14th January 2015.

The person in charge is also carrying out an audit on a monthly basis. This commenced in December 2014.

Proposed Timescale: 15/01/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The key to open the fridge used for storing medication was easily accessible to residents and staff.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The key to this fridge is now stored in a safe place in the staff room.

Proposed Timescale: 17/12/2014

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 management systems did not ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored.

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:

New and revised management and auditing systems are in place that will ensure that the service provided is safe, appropriate to individuals needs, consistent and effectively by the PIC and the provider. These new systems were in place since the 31/12/2014.

Proposed Timescale: 31/12/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Items which were not purchased by or on behalf of residents were included on some receipts.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

All staff have been given strict guidance that no personal items can be purchased using individuals monies despite this being reimbursed.

Proposed Timescale: 02/01/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Issues identified such as the availability of training for staff and the inadequate governance arrangements including the management hours allocated to the role of person in charge were impacting on the effective delivery of care and support in the centre.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

New governance arrangements which includes additional management hours are now in place in the designated centre since the 16/12/2014. Staff training is also being addressed as described elsewhere in the action plan. New and revised management and auditing processes that have been implemented since this date will evidence the effectiveness of the implementation of these systems. All these management and auditing processes which include the auditing of finances monthly, Individual plans four monthly, medication monthly, fire system weekly and fire drills the frequency of which will be decided on the 15/01/2015 will be monitored by the PIC.

Proposed Timescale: 30/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff files did not contain all items required by the regulations.

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:

All staff files will be up to date and contain all the relevant information and the issue of references will be addressed with the HR department by the 31/01/2015.

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

As resident individual plans and goals were not being adequately reviewed, the inspector was not satisfied that staffing levels were responsive to resident assessed needs.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Additional staffing has been put in place as part of the risk assessment and this will be reviewed on the 15/01/2015.

There is a process now in place to ensure all individual plans are being reviewed and implemented. Additional resources have been provided where there was evidence of specific gaps. The governance arrangements and revised monitoring systems will address resource deployment based on the evidence of effective progress of individual plans.

Proposed Timescale: 30/01/2015

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 on the safe administration of medication.

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 two day training event has been scheduled for early February 2015 to address any outstanding training needs in this area. In addition the PIC has set up a monthly audit of all service users medication commencing in December 2014

Proposed Timescale: 15/02/2015

Theme: Responsive Workforce

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

Staff had not been receiving supervision in line with the frequency set out in the organisation's policy.

Action Required:

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

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

All staff in the designated centre have had a recent supervisory support session from the 18/12/2014 and the 02/01/2015. The PIC has set up a template to monitor this and that staff receive supervision in line with the organisations policies and procedures.

Proposed Timescale: 05/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residents did not include the phone number of the next of kin for all residents.

Action Required:

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

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

The directory of residents has been updated to include the next of kin for all residents.

Proposed Timescale: 31/12/2014

Theme: Use of Information

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

Some residents' prescription sheets did not contain the resident's address, date of birth, name of the general practitioner (GP), the dose of the medication, the prescribed route of medication and the maximum dose of PRN (as required) medication.

Discontinued medication had not been signed and dated by the GP.

Prescription sheets were difficult to read as items had been crossed out. Some medications were not identifiable on the prescription 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:

All prescription sheets have been reviewed by the PIC to include all the relevant information and the GP has discontinued the completed medication and is rewriting prescription sheets as needed.

The PIC is ensuring that an audit of all medication and the review of prescription sheets forms part of this audit on a monthly basis. This has commenced in December 2014.

Proposed Timescale: 21/01/2015