

**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 Health Service Executive
Centre ID:	OSV-0003338
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 May 2015 10:00 To: 22 May 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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 17: Workforce

Summary of findings from this inspection

This was the first inspection of this designated centre. The is a respite only service and service users avail of the service four times per year for two nights on each occasion. This service is run by the HSE physical and sensory services, Co. Donegal to support service users and their families by providing respite care. Service users are currently offered approximately eight nights per year. This is assessed on need and may be more of less depending on the assessment. From observation and talking with the service users the inspector's found the overall care in the centre met the needs of the service users and was respectful of service user's rights and their privacy and dignity. Staff on duty demonstrated a positive attitude and professional and considerate behaviour towards service users. On the day of inspection, the inspector noted the centre was welcoming, areas were well lit, well maintained, clean and fresh smelling

The purpose of the inspection was to ensure that the service was compliant with

relevant legislation, national standards and good practice ensuring that the service provided was in accordance with the service users' assessed needs and preferences. The inspector requested the consent of the service users to enter their home and to review their personal plans and care files. Consent was granted and the inspector also reviewed policies, procedures, personal plans, medical records, accident and incident records, minutes of staff meetings and policies and procedures. The inspector met with the respite coordinator, provider representative/ person in charge, (This is a joint post and will be referred to as Person in Charge throughout this report) service users and staff members during the inspection. Improvements required in relation to non-compliances with regulations are documented in the action plan at the end of this report.

Communication between staff and service users was open and on a first name basis. Staff actively engaged service users in discussion regarding service user's experiences during their stay and encouraged service users to express their views to the inspector. The inspector offered the service users to meet in private but they all declined stating that they didn't require this as they only had "positive experiences of using the service".

Each service user relayed that they had been given the opportunity to be involved in their treatment and care and they were able to involve their families if they wished. They stated that any issues of concern had been discussed and addressed immediately by staff. All three service users reflected that their overall experience of using the respite service was positive and they were satisfied with their care while in the centre. Service users reported that their stay was enjoyable and the only concern voiced by all three service users that their respite stay had been reduced from three days to two days and they wanted more respite breaks and for a minimum of two nights. They felt that the first day was taken up when getting to the service and getting settled and the last day with preparing to go home so in reality they only had one full day of respite four times per year. Comments such as "staff have been very supportive", "absolutely fantastic care...all the staff are excellent" and "very satisfied", were voiced to the inspector.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

A complaints policy was available. The privacy and dignity of service users was respected, all service users had their own bedroom. Service users were in the centre on respite they generally did not have many visitors and preferred to spend their time out of the house socialising in the evenings. If they had visitors they could meet them in the sitting room or their own bedroom. Service users had a choice of activities to undertake, mostly outside the centre with the assistance of staff and in accordance with their preferences.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

All service users could communicate verbally with no assistance. Staff confirmed that if

service users who had difficulty in communicating verbally were attending the centre, as it is a respite centre they bring any communication assistive devices with them. Regular respite residents attend the centre and a comprehensive assessment is available of their assessed needs. If a new service user is attending a comprehensive assessment is done in advance of their attendance. Some staff had received training in sign language.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were no contacts of care in place. All services and fees were payable by the HSE. The respite coordinator wrote to each resident at the beginning of the year outlining the dates offered to the service users for the year and the services provided.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

All service users living in the centre had personal plans in place. These were not available as they were kept by the community key worker who worked with all services involved with the service user. The centre staff stated that they assist in assisting the

service users to complete any goals they bring to their attention and communicate with the key worker. Service users told the inspector that whatever they request to do when they attend the centre is honoured by staff.

The inspector found from speaking with staff and service users that staff supported service users to maximize their independence and encouraged them to make decisions and choices about their lives. Service users mainly used the respite break for socialisation and personal interests for example attending music events. Service users were collected by care staff and returned home by care staff.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the service users whilst promoting safety, dignity, independence and well-being. The premises had suitable heating, lighting and ventilation and were free from significant hazards that could cause injury. Each service users had their own bedroom thereby promoting privacy and dignity.

There was a kitchen cum dining/sitting room and a separate sitting room. The kitchen contained all of the equipment needed to store, prepare and cook food. There was a washing machine for residents to use. There were an adequate number of bathrooms/showers to meet the needs of the service users. The sitting room was available to residents to use as a private space should they require same to see visitors in private.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

An up to date safety statement was in place. Individual risk assessments were in place for service users. These included support with moving and handling, clamping of wheelchairs in the bus. The inspector reviewed staff training records and found that staff had received training in safe moving and handling. A register of identified risks was maintained and control measures were documented to mitigate the risk identified. Adequate infection control measures were in place.

All staff had completed fire safety training. Fire evacuation exits clear and unobstructed. Directional maps to the nearest exit and personal evacuation plans were in place for all service users. Fire drills are carried out regularly however fire drill records need to be more comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate, any environmental factors are recorded and deficits addressed in subsequent drills. Fire fighting equipment had been serviced within the last year. A smoke alarm was available in each bedroom and a fire detection panel was situated in the hall.

Emergency lighting was in place, this had been reviewed recently and while adequate and upgrade was planned. No familiarisation visit from the local fire services had occurred to ensure that the fire service is aware of the layout of the premises and the number of residents usually residing. Missing person profiles were not available for any residents, however the respite co-ordinator and provider/person in charge gave a verbal undertaking to address this.

Accident and incidents were recorded and a review is completed to decrease the likelihood of re-occurrence. However, areas that were identified as requiring review had not been reviewed. For example, it was agreed that a policy and procedure would be developed for service users to stay alone in the respite house, but this had not been completed.

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):

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

Findings:

There was a policy in place on the prevention, detection and response to abuse. No staff had attended training in safeguarding adults recently, but all staff had completed training in adult protection as part of a course for example completion of FETAC level 5 course (Further Education and Training Awards Council). Staff displayed a good understanding of what they would do if a service user made an allegation of abuse and were clear that they would report any allegation of abuse and ensure it was fully investigated. Service users told the inspector that they felt safe and were well cared for by staff. The respite co-ordinator and person in charge/provider stated that they would source training for staff in safeguarding vulnerable adults as a matter of priority.

No finances were managed on behalf of service users. An NF07 – misconduct by staff had been submitted. This had been investigated. This related to financial misuse, however the recommendations from the review had not been enacted. These related to staff training and policy review.

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

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

The person in charge was maintaining records of all accidents and incidents in the centre. No incidents had occurred that required notification to the Authority. The provider/person in charge had submitted a nil return in December 2014.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Service users receive input from a multidisciplinary team and the local acute general hospital which is located directly beside the centre. This incorporates psychiatry, nursing, occupational therapy, pharmacy, physiotherapy, psychology and behavioural support, dietetics, podiatry and speech and language therapy as required. Staff described good support from the service users GP's and out of hour's services.

The inspector observed that staff treated service users with dignity and respect. There was evidence of resident outings. Staff at the centre stated they work closely with relatives/family members according to the wishes of the service users. If service users had a medical appointment while they were in the centre staff supported their attendance at these by accompanying them and providing transport.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medications for service users were stored safely in a locked cupboard. A policy relating to the procedures on the administration of medication was in place. When residents attended the centre they brought a letter from their general practitioner detailing their prescribed medication and their medication which was blister packed. Some residents managed their own medication and some medication was administered by staff. It was found by the inspector that Staff require training in medication management to provide them with the knowledge and skills to administer medication safely. This is actioned under outcome 17.

Judgment:

Non Compliant - Minor

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. While it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013, it required minor review to ensure it reflected the accuracy of the service provided for example it stated that the capacity of the centre was to accommodate four service users, while three is the maximum that can be accommodated.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that there was an effective management system in place and the Person in Charge had the required skills and experience to manage the designated centre. Her current post is acting service manager. She is based at the physical and sensory offices in Letterkenny and generally works 09:00 hrs to 17:00hrs. She qualified as a registered nurse in disability services in 1995 and has worked since qualification in disability services. She was knowledgeable regarding the requirements of the Regulations and Standards, and worked closely with the respite co-ordinator. The day to day management of the centre was undertaken by the residential co-ordinator.</p> <p>The Person in Charge and respite co-or outlined the arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues relating to the running of the home and ensure the welfare of service users was protected. Meetings between care assistants (who work in the centre on a daily basis) and the</p>

respite co-ordinator took place weekly prior to service users attending the centre. An information folder detailing the day to day running of the centre and relevant details with regard to service users and support structures was available.

Care assistants confirmed that the respite co-ordinator was supportive and approachable and they would have no hesitation in discussing any aspects of concern with her. The quality of care and experience of the service users was monitored and developed on an ongoing basis. After each break the residential co-ordinator sent a feedback form to each service users which detailed satisfaction level with the accommodation, food, activities, staff and any suggestions for further respite breaks. The information from these was analysed by the respite coordinator. There was evidence of improvements being identified following these audits and interventions put in place to address any issues identified by service users for example one service user commented " a bench should be provided outside in the smoking shelter", this had been addressed. There was evidence of consultation with service users informally and their feedback was used to improve the service, this include the use of the rooms and service users spoken with during this inspection told the inspector that they chose the daily routine and the events they wished to attend . The person in charge and respite coordinator displayed attitude towards compliance. They both displayed a good awareness of the respecting the human rights of service users and were clear that the rights and views of the service users were paramount. A positive risk taking model was in place to ensure service users could achieve their wishes and aspirations.

No annual review of the quality and safety of care in the centre or unannounced visit by the registered provider or a person nominated by them to review the safety and quality of care and support provided in the centre had been completed.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A senior key worker deputises in the absence of the person in charge. The respite co-ordinator lived locally and was on call out of hours.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that staffing levels were suitable to meet the needs of the residents. A staffing roster showing staff on duty was available. Staff members on duty were agency staff. The respite co-ordinator explained due to lack of permanent staff agency staff provided the staff on the roster. In order to ensure continuity of care staff the provider should consider appointment of staff. The staff members on duty were pleasant and welcomed the inspector. As these staff had worked for a considerable period of time at the service it was observed that they knew service users well and communicated easily with them.

The inspector discussed the recruitment practices with the respite co-ordinator, and reviewed a staff file and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not place. There were no references available for this staff member.

The organisation provided education and training to staff, however as the majority of care staff who currently work in the centre are agency staff, this poses a challenge. Staff had received training in manual handling and fire safety. Other training undertaken by some staff during the last year included philosophy of independent living, safety training re clamping of wheelchairs, hand hygiene and occupational first aid. As discussed in the report previously, training in medication management and safeguarding of vulnerable adults is required.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003338
Date of Inspection:	22 May 2015
Date of response:	13 July 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 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:

There were no contacts of care in place for service users.

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

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

terms on which that resident shall reside in the designated centre.

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

Implement contracts of care for each client who use the service in Quarter three 2015.

Proposed Timescale: 30/09/2015

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:

Areas that were identified as requiring review in relation to accidents and incidents had not been reviewed. For example, it was agreed that a policy and procedure would be developed for service users to stay alone in the respite house, but this had not been completed.

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:

Implement a policy and procedure to enable clients to stay alone in the respite house to include hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Fire drill records were not comprehensively completed to ensure any impediments to safe evacuation for example length of time to evacuate, any environmental factors and deficits were addressed in subsequent drills.

Action Required:

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

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

Implement a comprehensive fire drill record, arrange training for staff in fire prevention, emergency procedures, and building layout/escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

New fire drill template has been implemented. Fire drill will take place which will list any

impediments and if any risks are identified corrective measures will be put in place. Contact has been made with local fire officer in local fire station to visit the premises. Emergency lighting system will be upgraded.

Proposed Timescale: 30/11/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The recommendations from the review into staff misconduct had not been enacted. These related to staff training and policy review.

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:

All respite staff will receive training on financial dealings with clients. Respite policies and procedures regarding financial dealings with clients will be reviewed and updated.

Proposed Timescale: 15/09/2015

Theme: Safe Services

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

No staff had attended training in safeguarding adults recently.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Will provide training for staff in the Safeguarding of Vulnerable Adults.

Proposed Timescale: 31/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required minor review to ensure it reflected the accuracy of

the service provided for example it stated that the capacity of the centre was to accommodate four service users, while three is the maximum that can be accommodated.

Action Required:

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

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

Edit section of SOP to reflect maximum occupancy is three instead of four people, amend other typos.

Proposed Timescale: 01/07/2015

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:

No annual review of the quality and safety of care in the centre was completed.

Action Required:

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

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

Commence a review of the quality and safety of care and support in the designated centre to ensure the service and support is in accordance with standards.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

No unannounced visit to the centre by the registered provider or a person nominated by them reviewing the safety and quality of care and support provided had been completed.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Registered provider or nominated person to do an unannounced visit.

Proposed Timescale: 31/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Documents required as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were not place.

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:

Update agency staff files to include memorandum of agreement relating to staff references.

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

Care staff who were administering medication had not undertaken training in medication management.

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:

SAM training to be arranged for staff.

Proposed Timescale: 31/12/2015