

**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 Brothers of Charity Services Roscommon
Centre ID:	OSV-0004461
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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 unannounced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 August 2015 14:30 To: 19 August 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report outlines the findings of an unannounced follow up inspection completed on 19th August 2015. This was the third inspection of this centre and was carried out to monitor improvements made by the provider and person in charge with regard to the non compliances identified in the action plan from the inspection carried out on the 08 December 2014.

This centre provides residential and respite accommodation and support services for seven adults with moderate to severe intellectual disability. The centre comprises of one house divided into two units on a detached site in Roscommon town.

On this inspection the inspector found that the Provider and Person in Charge had not taken sufficient action to address all of the non- compliances identified on the previous two inspections; to comply with the Care and Welfare Regulations 2013. The inspector found that the governance and management of the centre continued to be inadequate. For example; of the 21 actions reviewed from the previous inspection, 5 actions were complete, 3 actions were partially addressed and 13 actions remained active.

Following the registration inspection on the 08 December 2014 the Authority issued a report detailing the findings and the actions to be addressed. Further to this, two action plan responses were received and both action plans responses were rejected by the Authority as they did not adequately address the failings identified in the report. The Inspectors had a meeting with the provider nominee on the 2 April 2015 and informed her of their concern at the continuous level of non compliances within the service and emphasised to her, the provider's responsibility to ensure the care and welfare of residents is maintained. The Authority was assured by the provider nominee that work would be completed to address the non compliances identified and a further opportunity was given to the provider to update the action plan response. A third action plan update was returned to the Authority by the provider nominee on the 1st May 2015. One action taken, was to assign an additional night staff to ensure that residents' rights were protected and that physical and environmental restrictions would cease. In addition, additional funding would be sought from the funding body and that a planning process had commenced to look at addressing service-users individual needs in a person centred manner. Futhermore, alternative accommodation was being sought for some residents as a method of addressing some of the non-compliances identified.

The inspector reviewed these actions on this follow -up inspection and found that an additional sleepover staff support was in place at night, but there continued to be a gap of up to an hour and a half at night where there was still one staff supervising the two units prior to the sleepover staff coming on duty at 12 midnight. This resulted in restrictive practices continuing to be used, due to inadequate staffing in the houses, despite this being an action in the last two inspection reports. Other areas that continue to require action was in the areas of promoting residents rights, dignity and consultation, safe and suitable premises, managing risks, safeguarding and safety, governance and management, resources and staffing. The evidence found on this inspection was relayed to the person in charge and the provider verbally following the inspection.

The findings identified during the inspection are recorded in more detail the body of the report and an action plan is included at the end of this 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:

Non-compliance's were identified on the last inspection in December 2014 regarding the management of complaints. On that occasion the inspector had found that complaints logged remained unresolved and that considerable time had elapsed from the time a complaint was made to the time a complaint was resolved.

The inspector reviewed the management of complaints on this inspection and found a new complaints log book had been implemented in the centre since the last inspection and that three complaints from parents were recorded in relation to unsuitable equipment, lack of communication with the manager and a parents concerns regarding changes to the staffing levels. The inspector found that although the complaints received were recorded and the staff and manager was in the process of addressing the issue at the time of this follow-up inspection, this was not relayed back to the complainant or recorded in the complaints log.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was one action issued following the last inspection that had not been addressed. At the last inspection it was found that the admissions process was not appropriately managed, as there were no contracts of care in place for any of the seven residents living in the centre. The inspector reviewed the contracts of care on this inspection and found that the service level agreements in place were user friendly documents. However they did not detail if the service-users were being charged any fees for using the service or if additional charges were being charged from personal finances or what charges could be incurred.

The person in charge told the inspector that there is currently some restructuring of residential placements taking place for four of the service-users and contracts would be reviewed following these changes, however the remaining three contracts also required review.

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:

At the last inspection, there were four non-compliances identified under safe and

suitable premises. One of these non-compliances had not been addressed since the first inspection. This related to an insufficient sitting room space for residents to relax, as there was only one communal room comprising of the kitchen/dining/sitting room for all residents. In addition, there was no public toileting facilities in one of the houses and staff or visitors had to use the resident's en-suite bedrooms or alternatively use facilities in the unit next door.

Other non-compliances identified were; One resident's chair had not been appropriately assessed to ensure that it met resident's specific needs. Some decorative repair work was required such as fixing dado rails, removing water stain marks on the ceilings and repainting some of the walls in the hallways. There was rust on the radiators in the main bathroom and the couches in the living room in unit two were torn, worn looking and could not be cleaned properly. The windows in the resident's bedrooms had no restrictors on them and extended freely which presented a risk.

The inspectors reviewed the actions taken to resolve the non-compliances and found that one was complete; the restrictors were put on the residents' bedroom windows to prevent residents climbing out of windows and getting injured. The other actions remained active. The inspector found that the couch's required immediate replacement as the base of the seats in three of the chairs were broken and collapsed when the residents sat on the seats. The inspector was told that two of the chairs were decommissioned; however, they remained in the sitting room for residents to use.

On the last inspection identified was the inappropriate use of a comfy chair that had not been individually assessed to ensure that it met the resident's specific needs. This chair was used to restrain the resident following seizure or if there was inadequate staff to supervise the resident at night. Following the last inspection, the resident was to be reviewed by an appropriate member of the Multi-disciplinary team to assess the chair for its suitability for its current use. This was an actioned from the last inspection under outcome 6 and outcome 8. However, on this follow-up inspection, the inspector found that this assessment had not taken place and the resident's family had also complained on the 30/6/15 about the safety of this chair. Following the families complaint a risk assessment of this chair was completed by the staff and found the chair was unsafe to use, but the chair continued to be used on the day of inspection.

The fourth action related to the decorative work required; however, the person in charge confirmed that there were no plans to complete the decoration works in this centre at present as they were currently in the process of restructuring the residents' placements and seeking alternative premises to meet the resident's individual needs as well as meeting the statutory regulations.

Judgment:

Non Compliant - Moderate

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:

There were three actions relating to Health Safety and Risk Management following the last inspection. The inspector reviewed these actions and found that one was complete and two were not fully complete. The previous findings were that the control measures put in place following individual risk assessments been completed did not provide the least restrictive options, also radiators remain uncovered and remained a risk of being used as a tool for self-injury and the night fire drill recorded 22 minutes to evacuate six residents at night between the two units.

Following the last inspection, inspectors advised the person in charge that evacuation procedures required review to improve evacuation procedures in the centre. On this inspection, the fire drills records showed that drills were completed on the 30/4/15 at 21.45 and took 7 minutes also on the 2/5/15 a fire drill took place at 6.55 am and took 8 minutes. This was a significant improvement in the evacuation procedures for both houses.

The Inspector reviewed a number of risks presented by residents on this and on previous inspections. One risk reviewed was the physical restraint (a lap belt) being used to restrain a resident in a chair at night due to inadequate staff supervision in the unit. Although staff told the inspector that physical restraint was no longer in use at night, there was no evidence that a protocol or risk assessment was completed advising for this practice to cease. This is discussed further under outcome 8 and 17.

Accidents, incidents and near misses were recorded and reviewed by the person in charge and the inspector viewed evidence of this. The inspector reviewed the six incident/accident forms completed in one of the houses, all of which related to one resident. The most serious incident resulted in a staff member going off on extended sick leave due to an occupational injury. Despite these six serious incidents and the twenty five other recorded incidents of staff getting hit, there was no risk assessment completed on the potential behavioural outbursts to rate the seriousness or potential risks this resident may pose to themselves, other residents or staff. The risk management policy did not adequately describe the range of risks relevant to the centre.

The inspector found that as part of the action plan responses to managing restrictive practices in the centre. The provider had sanctioned a sleepover staff for the centre, to assist the night staff when resident were awake in both units. There was no spare bedroom available for the staff to use and staff were sleeping on a fold up bed in the

office at night. The inspector found that this sleeping arrangement created a risk to the waking night staff when accessing documentation in the office at night as the bed blocked access into the office. During the day the bed-frame and mattress was stored in the utility room, which blocked residents and staff's access into the utility room. It also created a risk of fire in the utility room as the washing machine and tumble dryer was in regular use. Radiators remained uncovered and remain a risk of being used as a tool for self-injury.

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):

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

Findings:

There were two actions issued following the last inspection. The inspectors had found that there were physical and environmental restrictive practices in both houses due to inadequate staffing in the evenings and at night. These restrictions were found to have impacted on the residents' rights to freedom of movement and personal dignity and two non compliances were issue to the provider and they were advised to swiftly address this issue.

Following that inspection, the inspector had received confirmation from the provider that an additional night staff was rostered to work in the centre which was being crisis funded. In addition; the behaviour support team was regularly communicating with the staff team on how best to manage residents that presented with behaviours that challenge. The inspector was told that the physical restrictions had ceased and that environmental restrictions were significantly reduced.

On this occasion, despite the inspector finding improvements in some areas of reduced restrictive practices for some residents, the inspector found that there was a gap of up to an hour and a half from 22.30 hrs. when the twilight staff finished their shift and the sleepover staff commenced shift at 24.00 hrs. During this gap of an hour and a half the night staff was on duty alone and continued to have to supervise residents in both

houses. The inspector saw documentary evidence where residents in both houses were awake and required supervision at the same time during period when they were working alone. This was impacting on the resident's rights and safety and is discussed and actioned under outcome 17 staffing.

The inspector reviewed another resident file that recently commenced physical aggression towards staff members (25 reported incidents since June). During the inspection the inspector witnessed the resident hitting the staff member a number of times with his hand. The staff member managed the situation professionally and requested the service-user to leave the kitchen. The inspector reviewed the behavioural support plan in place for this resident. There was no care plan or risk assessment completed on managing physical aggression. The behaviour support plan only addressed self injurious behaviour which was dated October 2014 and did not include physical aggression. Staff told the inspector this was a new behaviour that the resident displayed in the past few months and in response they had commenced a tracker form of recording incidents since June 2015. The inspector spoke with the behaviour management specialist and the inspector was told that they commenced an assessment on the 25/5/15 which was still on-going and they were working with the mental health team to identify the triggers and the reason for the change in this resident's behaviour.

The inspector found that although there was on-going behaviour support in place, there were inadequate risk assessments, and guidance for staff on managing the physical aggressive incidents, in addition; there was no guidelines for using the daily environmental restrictions currently in use by locking the kitchen door and the rights restriction previously sanctioned was due to be reviewed in December 2014, had not been reviewed.

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):

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

Findings:

A record of all incidents/ accidents occurring in the designated centre was being maintained, however; restrictive practices were not appropriately, notified to the Chief Inspector. This was an action at the last inspection. The quarterly returns in July 2015 examined by the inspector found that all restrictions were not included as required by

the regulations.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The centre had a medication management policy aimed to direct practice and to provide guidance to staff and managers. However, on the last inspection, the medication management policy did not distinguish between a serious medication error and a clerical error and required further review.

The inspector reviewed the medication management policy on this inspection and found that it contained clear guidance on the management of medication errors.

However, the inspector found that in one house, access to the staff office at night was limited due to staff sleeping in this area, this impacted on accessing the medication press. Although there were no medications prescribed for night time, the night nurse may need to administer PRN medication during the night. This has been actioned under outcome 7 and 17.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The SOP which detailed the whole time equivalent (WTE) and the staffing roster did not correspond with each other.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were two actions issued following the last inspection and these actions were not addressed.

The persons in charge of this centre were appointed as a shared role since the 6 October 2014. Since the registration inspection, the inspector was notified that the two person's in charge were delegated an additional four designated centres and day services. The inspector found that the person's in charge current roles and responsibilities were too extensive to ensure they could manage their centres adequately. The inspector found that many actions from the previous inspection had not been addressed. For example; risks in relation to complaints and environmental restraint had not been adequately addressed. Also, there was limited evidence of systems in place to monitor or review improvements or changes being made to meet legislative requirements.

Staff told the inspector that they responded to views expressed by residents and made changes in accordance with their wishes where possible. However, unannounced visits and formal reviews to assess the quality of care and outcomes for residents were not yet in place. The provider had not undertaken unannounced visits to this centre every six months or produced a written report as to the safety and quality of care and support provided as required by regulation 23 (2) Governance and Management.

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.

Theme:

Use of Resources

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

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

Findings:

The centre was adequately resourced to meet the current staffing needs of the residents during the day. However, the staffing allocation at night was inadequate to meet the rights and safety needs of the residents, particularly in relation to reducing restrictive practices. This was an action from the last inspection and the inspector found that there still was not adequate staff support at night to supervise the residents in both houses.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were two actions issued under this outcome at the last inspection. These relate to staffing levels and staff training. Additional staff support was required at night to eliminate the need for restrictive practices in this centre. Refresher training was required for some staff in relation to management of restrictive practices, risks, first aid, and food and hygiene safety.

The findings of last inspection showed there were adequate staff rostered on days to provide a day and residential service (wrap around) for seven high dependency residents. However, there was only one staff was on duty at night between both units. The inspector had found that due to the dependency levels of residents additional staff support was required at night-time to eliminate the need for restrictive practices in this centre. On this inspection dated 19/8/15 the inspector found that a sleepover staff had been rostered to work in the centre, but their shifts did not commence until 23.00 hrs. or generally 24.00 hrs. This resulted in a gap of an hour and a half from when the twilight staff finished and the sleepover staff commenced, resulting in environmental restrictions continuing to be used in the centre. Also the staff members working as a sleepover were not recorded on the staff roster as required by the regulations.

On the last inspection staff training had been identified as a non-compliance and action in areas such as management of restrictive practices, risk management, first aid, and food and hygiene safety. The previous action plan response by the person in charge confirmed that a training schedule for 2015 was in place which included some of the required training courses. On review, the inspectors found that all staff had attended training in infection control in June 2015 and staff were booked to attend training on Food hygiene on the 3/9/15. However, the other trainings sessions in the management of restrictive practices, risk management and risk assessment training, were not complete.

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:

A directory of residents was maintained in the centre, however there was no next of kin phone numbers on the directory viewed and the directory was in a loose file and was at

risk of being lost or mislaid.

Previous inspections identified that some of the policies and procedures were not adhered to; particularly in relation to behaviours that challenge, restrictive practices, managing risk and staffing. On review on this inspection, failure to adhere to these policies and procedures was again identified.

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon
Centre ID:	OSV-0004461
Date of Inspection:	19 August 2015
Date of response:	23 September 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:

Complaints were not resolved in a timely fashion and there was no record of the actions taken to resolve the complaints in the complaints log.

The complainant was not contacted by the manager to discuss the complaints and the actions being taken to resolve the issue.

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

1. 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 complaint in question has now been addressed. The manager has been in contact with the complainant and updated them on the situation. The complaints log has also been updated.

Proposed Timescale: 30/09/2015

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:

Contracts of care in place did not detail services to be provided and charges (if any) that were to be paid by the resident.

2. 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 are being reviewed and will be updated.

Proposed Timescale: 15/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was no separate sitting room for residents/visitors to use or bathroom in the second house for staff/ visitors to use that did not impact on the resident's privacy.

3. Action Required:

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

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

Re-structuring of this service is in process. Meetings have taken place on 15/07/2015 and 14/09/2015 and alternative accommodation has been sourced for two to three of the people supported. Additional funding has been requested from our funding provider to move people to this new house.

Proposed Timescale: On receipt of funding – 30/11/2015

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

- 1.The couch's in the living room in unit two required replacement.
- 2.Decorative repair work was required such as fixing dado rails and repainting the walls in the hallways.
- 3.There was rust on the radiators in the main bathroom.
- 4.There was water stain marks on the ceilings.

4. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. The couches have been replaced
2. Decorative repair work is being carried out and radiators are being painted
3. New ceiling tiles are being ordered and old ones will be replaced on receipt of the new tiles.

Proposed Timescale: 1. Completed 23/09/2015; 2. 25/09/2015; 3. 15/10/2015

Proposed Timescale: 15/10/2015

Theme: Effective Services

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

A resident's chair had not been appropriately assessed to ensure that it met resident's specific needs.

A chair that had been risk assessed by the staff as being unsafe continued to be used for the resident.

5. Action Required:

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

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

Multi-disciplinary staff assessed the chair in question and recommended a new chair. This has been sourced and is being delivered and trialled with the person.

Proposed Timescale: 12/10/2015

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:

There was no evidence that a management protocol or risk assessment was completed that identified the risks or procedures to be taken in managing risks in the centre.

The risk register failed to identify the risks of staff sleeping in the office and blocking access to the resident's files and medication press.

6. 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:

1. A protocol has been completed on the risks and procedures to follow with a second staff now being in place.
2. Risk assessments on behavioural issues are being completed and are being reviewed on a regular basis.
3. A new staff bedroom has been created.

Proposed Timescale: 1. Completed 10/09/2015; 2. 30/09/2015; 3. Completed 16/09/2015

Proposed Timescale: 16/09/2015

Theme: Effective Services

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

Radiators remain uncovered and remain a risk of being used as a tool for self-injury.

7. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Radiators will be covered

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The storage of a fold up bed and mattress in the utility room created a fire risk in the centre.

8. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

A new staff bedroom has been created

Proposed Timescale: 16/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The behaviour support plan did not provide guidance to staff on managing physical aggression.

9. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The behaviour support plan has been updated

Proposed Timescale: 04/09/2015

Theme: Safe Services

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

There was no guidance or protocol in place for staff to record or monitor the use of environmental restraint.

10. Action Required:

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

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

There is now a protocol in place and it has been referred to the human rights review committee for review.

Proposed Timescale: 02/09/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Authority was not notified in the Quarterly returns of all restrictive practices in place in this centre.

11. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The quarterly returns have been amended and re-submitted to the Authority.

Proposed Timescale: 04/09/2015

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 staffing whole time equivalent (WTE) stated on the statement of purpose and the current staff rota did not correspond with each other and requires review.

12. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose is being reviewed.

Proposed Timescale: 25/09/2015

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:

The extensive role and responsibilities of the joint person's in charge requires review as the current arrangement is not ensuring effective governance, operational management and administration required to manage the centre.

13. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Person in Charge role has been reviewed and this will no longer be a shared role and transitioning of responsibilities has commenced to one full-time person. Staff support and supervision meetings are held every 12 weeks with individual teams.

Proposed Timescale: 21/09/2015

Theme: Leadership, Governance and Management

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

There were no systems in place to monitor or review improvements or changes being made to meet legislative requirements.

14. 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 systems are being put in place to monitor and review improvements or changes that have been made to meet legislative requirements and reviews of same are

discussed at team meetings.

Proposed Timescale: 02/10/2015

Theme: Leadership, Governance and Management

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

A system for unannounced visits and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place.

15. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Unannounced visits and formal reviews are planned.

Proposed Timescale: 16/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The staffing allocation at night was inadequate to meet the rights and safety needs of the residents, particularly in relation to reducing restrictive practices

16. 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:

The staff roster has been reviewed and there are now two staff on duty at all times.

Proposed Timescale: 30/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The rostered time for the sleepover staff to commence duty did not meet the staffing requirements in the centre, resulting in restrictive practices continued to be used to supervise and manage residents at night.

17. 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:

The staff roster has been reviewed and there are now two staff on duty at all times.

Proposed Timescale: 30/08/2015

Theme: Responsive Workforce

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

A planned and actual rota did not include the sleepover staff working in this centre.

18. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The planned and actual rotas have been amended to include the sleepover staff.

Proposed Timescale: 19/08/2015

Theme: Responsive Workforce

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

Staff training in risk management, restrictive practices first aid had not been provided as per action plan response which stated that actions would be scheduled by the 26/1/15.

19. 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:

First Aid, MAPA and Risk Management training are part of our suite of trainings and are being carried out on a regular basis and will continue. Training took place on 11/09/2015 and 14 & 15/09/2015.

Proposed Timescale: 02/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies and procedures were not always adhered particularly in relation to behaviours that challenge, restrictive practices, managing risk and staffing.

20. Action Required:

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

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

The Person in Charge has re-iterated the need for staff to adhere to all organisational policies and procedures at the staff team meeting and this has been followed up with a written memo.

Proposed Timescale: 10/09/2015

Theme: Use of Information

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

The directory did not contain all required information and was not adequately secured to prevent damage.

21. Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The directory of residents has been amended and is stored securely.

Proposed Timescale: 19/08/2015