

**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 Kerry Parents and Friends Association
Centre ID:	OSV-0003426
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Kerry Parents and Friends Association
Provider Nominee:	Maura Margaret Crowley
Lead inspector:	Mairead Harrington
Support inspector(s):	Liam Strahan;
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 September 2015 10:00	29 September 2015 19:00
30 September 2015 09:30	30 September 2015 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This centre, operated by Kerry Parents and Friends Association (KPFA), was a designated centre providing accommodation and care for people with varying levels of intellectual and physical disability. KPFA is a not-for-profit organisation, with a Board of Directors and Executive body, which supports children and adults with intellectual disabilities. KPFA provides services in six locations throughout the county. This was an announced inspection, carried out over two days, for the purposes of informing a decision to register the designated centre.

As part of the inspection the inspectors met with residents, the nominated provider,

the person in charge, relatives and other staff members. The inspectors reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal care plan development, staff training and health and safety risk management.

The inspectors observed staff in their delivery of care and noted that good practice was in evidence by all staff members during the course of the inspection. Residents had access as required to a general practitioner (GP), dentist and other allied healthcare professionals. A regular and comprehensive activities programme was delivered on-site which was attended by both residents and other service users in the area. The centre demonstrated good compliance with the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in a number of Outcomes. However, areas for improvement were identified in relation to documentation and the maintenance of centre specific policies, management and staff supervision and also premises and related risk management issues. Findings around fire safety management systems were such that an immediate action plan was required of the provider. These areas are covered in greater detail in the body 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):

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

Findings:

There was a policy in place for dealing with complaints, a summary of which was on display in prominent locations around the centre. It identified nominated individuals with responsibility for responding to complaints and also oversight of the complaints process. Copies of the complaints procedure were also available in residents' rooms. A log of complaints was kept including any resulting actions and records of whether or not the complainant was satisfied with the outcome. A system for management review of complaints and outcomes was in place to facilitate any potential learning from issues raised. Access to the independent advocacy services was available with records of the advocate having attended the centre and met with residents. Information on how to access this service was also on display at the centre.

Inspectors observed that staff interactions with residents were considerate and respectful. A resident who asked to speak with an inspector stated that she felt safe and well looked after at the centre and that the staff provided great care. Residents were smiling and seemed happy and confident and greeted inspectors when they entered the centre. There was appropriate communal space at the centre with a separate room available for residents to see visitors in private if they so wished. Residents were also seen to congregate and chat in the communal space of the day service. Access to the centre was monitored by CCTV and an appropriate policy was in place that described the circumstances of use.

Minutes reviewed by inspectors showed that residents were involved in weekly meetings and that these meetings covered a range of issues such as daily routine, meal choices, activities, complaints procedures, advocacy, privacy & dignity and fire safety. Plans were

in place for activities particularly at the weekends and these plans were informed by resident preferences expressed at the meetings. A record of activities engaged in by residents was maintained and the inspectors observed residents participating in activities that they clearly enjoyed and that were in keeping with their expressed preferences and interests. A review of personal care plans (PCPs) indicated that residents and their families were routinely consulted around decisions in relation to health and welfare of their relatives. The relatives of residents who met with by inspectors on the day also confirmed this was the case.

Discussion with staff and review of records indicated that in one unit the behavioural needs of two residents were complex with changing patterns and occasional spikes in recorded instances of behaviour that was challenging. Staff were appropriately trained and utilised effective strategies to manage these instances. However, the impact of these changing behaviours on the welfare and quality of life of the third resident in this unit required assessment and review, particularly in relation to how it affected that resident's freedom to exercise choice and control in his daily life.

A system for managing finances was in place and included a policy that provided effective direction to staff in this respect. Robust procedures were in place and the financial records of residents reviewed during the course of the inspection were found to be in order. The centre also operated a property register for residents.

Judgment:
Substantially 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:
There was an effective policy on communication in place and inspectors noted this was applied in practice and included the availability of information about complaints and safeguarding issues in a format that was easy to understand and accessible. Pictograms were also used to good effect especially in identifying staff and to assist residents in choosing food options and activities. Appropriate care plans were in place where residents had particular communication needs and staff were familiar with these needs and the related plans. Where required residents were provided with assistive technologies such as hearing aids and appropriate care plans were in place for their maintenance and use. Additionally residents had access to media such as TV and the internet. In some cases on-line services were used to call relatives or friends and inspectors noted how one resident was supported to use this technology to good effect. Residents also had access to a private telephone if required.

Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors noted that staff and management at the centre supported positive relationships between residents and their families and friends. Management had undertaken a survey and questionnaires returned by residents and relatives expressed a high level of satisfaction with the quality of care delivered. This feedback was also reflected by visiting family members met with during the two days of inspection.

There was a visitors policy in place which promoted an open approach to visitors attending the centre. Residents could avail of a designated space if they so wished to meet friends and family in private.

The culture of the service provider was one with extensive connections to the local community and all residents were facilitated to maintain meaningful links in this regard through local community initiatives and charity events for example.

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 was a policy and procedures on admission, transfers and discharges dated April

2014. Admission criteria and practice reflected the terms in the statement of purpose. Residents' needs were assessed on admission and personal care plans (PCPs) were developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care and activities. The admissions policy referenced safeguarding of residents and effective practice in this regard was seen to be in place. However, the policy required further development to outline the measures in place to protect existing and potential residents from abuse by their peers as required by the Regulations. Written contracts, signed by or on behalf of residents, were in place on individual personal care plans and included the terms of residence, services provided and any fees that might be applicable.

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:

Appropriate and current policies and procedures were in place providing directions to staff on the delivery of care in areas such as behavioural support and intimate care. A number of personal care plans (PCPs) were reviewed during the inspection. The centre used a personal outcome measure (POM) tool to ensure consistency in the delivery of support and service. The PCPs comprised two parts, a personal outcome file which contained a full profile of the resident and a separate daily file which included communication notes and current information relevant to the residents' day-to-day requirements. The inspectors noted that these plans were laid out in a way that was easy for residents to understand. Relatives of residents spoken with said they were aware of these plans and were routinely updated about changes and were informed when the plans were being reviewed.

The PCPs were working documents and narrative notes were updated on a daily basis. Where residents attended services off-site their PCPs travelled with them to the centres of their daily activity. Effective handover processes were in place to ensure that relevant information was communicated to the centre and/or day service accordingly.

Documentation was in place that reflected a regular review around the development of interests, activities and goals for residents, including input by multidisciplinary teams as

appropriate. Records indicated that key workers were identified and that there was collaboration around strategies to achieve goals that were agreed and seen to be meaningful and realistic. Evidence of achievements were also available such as certificates for courses completed on computing skills and performance art. The centre provided a day service facility on-site and access to activities in the community were also facilitated with appropriate transport arrangements in place and an adequate complement of staff suitably trained and equipped to ensure safe access.

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 designated centre comprised of three units at separate addresses within a radius of approximately a mile in a large county town. In total the centre provided accommodation for 13 residents.

The main unit of the centre was an old building that had originally served as a presbytery. This unit was accessible by driveway from the main road. The grounds to the rear could be secured by gates to a parking area where the fire assembly point was also located. The building provided a residential wing where five residents were accommodated in single rooms on the first floor as well as accommodation for a sleepover member of staff. All bedrooms were well laid out, appropriately furnished and provided adequate storage facilities including a lockable unit. All bedrooms were also equipped with a wash-hand basin. There was an external emergency escape stairs from the first floor which led across a flat roof and down to the rear of the premises. However, this stairwell was in poor condition with holes in places where rust had eroded the metal. The bathroom facilities on the first floor included a toilet and separate toilet and shower area with an assisted bath facility. However, these facilities were in poor condition and not of a standard in keeping with regulatory requirements.

Day services at the centre were provided on-site with one side of the ground floor of the building dedicated to this function. Externally there was a sensory garden accessible by all service users and a separate workshop building for activities. The ground floor of the residential wing of the premises provided a kitchen facility, including pantry storage and two dining areas, one for day service attendees and one for residents. Both dining areas

were bright, nicely decorated and laid out appropriately to accommodate the number and needs of residents. The residential wing also provided a communal room which had sufficient and comfortable seating, a TV and an open fire. There was a further multi-purpose room that could also be availed of to receive visitors in private. Overall the décor of this unit was dated and poorly maintained - paint was damaged and flaking, wall paper was lifting in places and there was rust on a number of fixtures such as radiators and hand rails.

The second unit was a detached, two storey, residential house set back off the main road with a parking area to the front and a secure, lawn garden area to the rear. The unit provided accommodation for three residents and one sleepover member of staff. The entrance led to a hall way off which was a communal sitting area which was adequately furnished and had an open fire place and TV. The hall led through to a kitchen and dining area which provided access through patio doors to the garden area. The bedroom of one resident was located on the ground floor and had direct access to an area that contained an assisted bath, beyond which was a toilet with a sliding door. In terms of layout and design neither the assisted bath nor the toilet facility were appropriate to the assessed needs and circumstances of the resident. This action, and other premises related risk issues, are recorded against Outcome 7 on Health and Safety.

The kitchen area was bright and well equipped and led into an open plan dining area with comfortable seating arrangements and space. This unit was well maintained and facilities such as lighting, heating and ventilation were in keeping with requirements. The bedrooms of the two other residents were located on the first floor; these were comfortable and appropriately furnished with adequate storage for belongings and included an en suite toilet. The rooms were also individualised with personal items and photographs. The staff bedroom and office was also located on the first floor.

The third unit was a single storey, modern build premises providing accommodation for four residents. All bedrooms were well presented providing adequate storage facilities and individualised with personal belongings. The communal sitting area was nicely furnished and had a TV and open fire place. There was also a lounge area with comfy chairs and the whole unit was bright, well decorated and well maintained. Bathroom facilities were appropriate to the number of residents and of a good standard. There was a well equipped kitchen and dining area which was bright, clean and well maintained. Each unit had adequate laundry facilities and residents were supported in retaining control over their own clothing and belongings.

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):

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

Findings:

A risk management policy was in place dated April 2014 which identified the specific risks as required by the Regulations; controls and measures in relation to these risks were detailed in the risk register. A comprehensive health and safety statement was in place dated September 2015.

Floor plans, evacuation procedures and emergency contact details were displayed in each unit of the centre. However, there was no centre specific policy on planning for emergencies as required by the Regulations. Residents participated in regular fire drills, records of which were documented. However, in one unit some of these drills were incorrectly recorded as alarm events. Action in respect of these findings is recorded at Outcome 18 on Documentation and Records.

Records indicated that escape routes, including an external fire escape from the first floor of one unit, and fire panels, where in place, were checked daily. However, there was no fire alarm panel in two units. Documentation was available to verify that the centre was appropriately insured and also that fire equipment was regularly serviced. Records reviewed indicated fire training had last been delivered in November 2014. However, some members of staff had yet to receive updated training. Also, there were instances where trainee staff had not received the required training in manual handling. The inspector saw that data was maintained in relation to incidents and accidents and that systems were in place for this information to be relayed and reviewed at senior management level with a mechanism in place to feedback related learning through the person in charge via staff meetings at centre level. However, risk assessment protocols to support this system were inconsistent and only partially implemented and staff spoken with did not have a practical understanding of how these protocols were applied. For example, a member of staff did not fully understand how information that was relevant to the review of a risk would be recorded or reported. Also, risk assessments required development as controls were incomplete around some risks, such as fire doors to rooms where open fires were in use for example. Where risk assessments were in place there were examples where due dates for review had lapsed with no indication that review or related action had taken place. In some instances controls were referenced which were not appropriate to the risk, for example funding allocation was cited as a control in relation to risk of fire. Additionally, where effective controls had been identified, such as fire doors, there was no evidence of a plan to implement these controls or information about related timeframes for completion.

Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste. Policies in relation to infection control were also in place and staff had received training in this regard. However, there was unrestricted access between the day service area and the residential wing of one unit via the kitchen. This presented a significant risk in terms of infection control and also environmental risks that required assessing such as access to cooking equipment and a boiling water dispenser. Additionally this access presented a fire hazard as neither access point to the kitchen was protected by an effective fire door.

In respect of these concerns an immediate action was issued to the service provider requiring the production of a plan to confirm that effective fire safety management systems were in place throughout the centre.

As outlined at Outcome 6 the bedroom of one resident was located on the ground floor

and had direct access to an area that contained an assisted bath, beyond which was a toilet with a sliding door. This resident had mobility issues and the assisted bath presented a potential hazard both in relation to the resident's circumstances and also the health and welfare of staff providing assistance. Similarly the toilet was fitted with a large, secure locker at head height which presented a hazard to both staff and the resident when providing assistance in a confined space. Both these issues required effective assessing in relation to potential risk.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

A policy dated May 2015 was in place on the use of restrictive procedures such as physical, chemical and environmental restraint which also referenced relevant national guidelines. A policy on the provision of behavioural support was also in place, dated April 2014. However, these policies required review to reflect a centre specific approach and action in this regard is recorded against Outcome 18 on Records and Documentation. Staff had received appropriate training in the use of restraint and managing challenging behaviour. However, in some instances refresher training was overdue. There was also a regular programme of training on safeguarding and safety. However again, there were some instances where refresher training was overdue. The inspector observed that staff demonstrated a good understanding of the needs of residents and that interactions were attentive and responsive. For example staff had identified the impact and potential consequences for a resident in one unit where behavioural issues were developing in two co-residents. In this instance staff also demonstrated an effective understanding of de-escalation strategies to manage the behaviour. Efforts were made to diffuse the situation or to identify and alleviate the cause of the behaviour. In this way staff demonstrated a commitment to promoting a restraint free environment. Recording and reporting of restrictive interventions were in keeping with statutory requirements. Where restrictive interventions were in use a multi-disciplinary restrictive practices review committee was in place to provide additional oversight.

A policy providing direction on the provision of intimate care was in place dated

February 2014. Staff with whom the inspectors spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. There had been no recorded instances of any such allegations at the centre.

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):

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

Findings:

An effective record of all incidents occurring at the centre was maintained and incidents required to be formally notified in keeping with the Regulations were submitted in a timely manner to the Authority. Quarterly returns were also submitted within required timeframes. However, in some instances information that should have been the subject of an individual notification, such as a serious injury, had been submitted as part of the quarterly return to the Authority.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The general welfare of residents was well maintained with effective resources in place to meet the needs of residents in relation to both healthcare and social development. There was a policy in place on education, training and development and it was evident from a review of personal care plans that good practice was in place and that residents were supported in accessing training and activities appropriate to their assessed needs.

However, the policy document required review as it did not adequately describe how the relevant provisions applied to residents. Action in this regard is recorded against Outcome 18 on Documentation and Records.

Residents had access to day care services on-site that included music and activation, multi-sensory stimulation, keep-fit activities (including access to a tread mill) and creative activities such as arts and crafts. A transport service was available to access recreational activities in the community and there was evidence of regular and frequent access to local community groups and clubs. The centre provided facilities and activities in keeping with individual preferences. No residents were in full-time education. Some residents had participated in training programmes to improve life skills in areas such as computer skills and related certificates were to be seen in residents' bedrooms.

Residents who could were encouraged to undertake supported activities such as a walk or some personal shopping and, at time of inspection, one resident was undergoing assessment for independent access to a nearby shop. Overall the inspectors were satisfied that residents were provided with opportunities for new experiences and social participation appropriate to their needs and abilities.

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:

The inspectors reviewed a number of residents' personal care plans (PCP's) and found them to be individualised, comprehensive and kept under regular review. Health needs were appropriately assessed and met by the care provided by the centre. Residents were encouraged and facilitated to engage in activity programmes appropriate to their abilities and interests. Recreational activities routinely incorporated physical exercise and independence was promoted in the management of day-to-day needs and practices in relation to health, hygiene and nutrition. Healthy living choices were encouraged and residents were often involved in choice around the ingredients for meals and meal options. The inspectors spoke with the chef who was appropriately qualified and trained in food preparation and food safety and was familiar with the individual requirements of the residents. There was evidence of multi-disciplinary input on several PCP's reviewed with records of referrals to allied healthcare professionals such as physiotherapy, chiropody and dietician services. Appropriate charts were maintained to monitor features of particular conditions such as seizures and management plans were in place for conditions such as diabetes. Daily support plans were in place around oral hygiene and other personal hygiene activities. Residents were encouraged to take ownership of their

own welfare to the extent of their abilities. A review of medical notes showed that a general practitioner (GP) was in regular attendance at the centre. Overall the welfare and well-being of residents was maintained through both evidence based nursing care and appropriate medical care.

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:

There was a written policy in place for medication management dated October 2013 which included directions around the prescribing, administration, storage, safekeeping and disposal of medicines. Prescription sheets were maintained in accordance with requirements and contained the necessary biographical information. Medication administration sheets were maintained in accordance with requirements and contained the medications identified on the prescription sheet along with the signatures of administering staff. Staff administering medication were appropriately trained and seen to demonstrate good practice in relation to hand hygiene and the safe securing of medication at all times. An audit system was in place in relation to the safe administration of medications. There were no instances where residents were responsible for their own medication. Systems for reviewing and monitoring safe medication management practices were in place and an audit of safe administration of medication had been completed in two units of the centre on 16 and 17 September 2015 with findings collated by the person in charge for follow up action. A medication management sub-committee met regularly to identify and progress related issues. Medication errors were recorded and a system was in place to learn from these via the medication management sub-committee and staff meetings. The centre had a well established working partnership with their pharmacist and systems for communication and review were in place. A programme of training on safe administration of medication was in place with records of training last delivered in July 2015.

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):

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

Findings:

There was a written statement of purpose that accurately described the service provided at the centre. However, it referenced the provision of a respite service which was no longer provided, this entry was corrected at time of inspection. The services and facilities outlined in the statement of purpose as provided at the centre adequately met the assessed needs of the resident profile. The statement of purpose was comprehensive and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. However, the organisational structure was incomplete and this issue was also amended by the person in charge at time of inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. Accountability in the service operated through a Board of Directors with direction through the CEO and senior management team. The organisational structure was in keeping with that outlined in the statement of purpose. A review of the organisation's five year strategic plan from 2015 to 2020 indicated that consultation processes were in place with stakeholders.

There was a full-time person in charge who was a registered nurse with the relevant clinical knowledge and appropriate experience to ensure the effective care and welfare

of residents in the centre. Care was directed through the person in charge and deputising arrangements were in place for absences of the person in charge with a suitably qualified and experienced member of staff fulfilling this role. However, there had been instances where designated senior support personnel were absent for sustained periods of time. Where these absences had occurred across more than one tier of support management the contingency arrangements to ensure continuity of management and oversight were not robust. Additionally, where systems for staff supervision were in place such as performance management and a rota of appraisal, these were not fully embedded and implementation was inconsistent. Action on this finding is recorded against Outcome 17 on workforce.

The provider nominee confirmed that quality management systems were subject to review and audit processes were in place. However, as identified for immediate action at Outcome 7, the systems in relation to risk management, and particularly fire safety management, were deficient. The provider nominee was in regular attendance on-site and maintained ongoing contact with the person in charge. In accordance with statutory requirements the provider nominee undertook unannounced visits to the centre. However, where a written report was available in relation to one of these visits it required review as dates for completed activities were inconsistent and not meaningful. An overall quality review at an organisational level had been completed. However, the annual quality review for the centre itself, as required by the Regulations, was not available.

Staff spoken with were found to have a good knowledge and understanding of their residents' circumstances, likes and dislikes and were observed in the conduct of their daily practice of care to demonstrate a person-centred approach to their residents. Staff spoken with were aware of the requirements in relation to the Regulations and a copy of the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre.

Judgment:

Non Compliant - Major

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:

Appropriate deputising arrangements were in place for absences of the person in charge and a suitably qualified and experienced member of staff was in place to substitute as required. Management were aware of the statutory requirements around notifications to the Authority in instances where absences exceeded 28 days and where such

circumstances occurred they had been notified accordingly.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The facilities and services in the centre were in keeping with the assessed needs of the resident profile and reflected those outlined as available in the statement of purpose. The provider nominee stated that adequate resources were available to deliver the necessary care and support for residents and that appropriate management systems were in place to plan and utilise resources effectively and ensure financial accountability.

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:

Inspectors reviewed recruitment and training records and staff files, and also spoke with staff and management in relations to these.

A policy for staff recruitment and selection was reviewed and included provisions for

security vetting as required by the regulations. A review of staff files found that they contained the relevant information required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This included appropriate references and documentation in relation to qualifications and proof of identity.

Staff met with were knowledgeable about their roles and responsibilities and the individual needs of residents. Training records indicated a commitment to a range of training to support a competency based standard of care including diet and nutrition, occupational first aid and safe administration of medication. Staff spoken with were aware of regulatory standards and understood their professional responsibilities in this regard. There was a planned and actual staff roster which indicated an adequate number and skill mix of staff on duty at all times. The person in charge had implemented a system of appraisal to support staff supervision. However, this was not fully embedded and a number of staff had not had an opportunity to engage in the process. Adequate arrangements were in place for the supervision of volunteers including evidence of security vetting and a written summary of their duties as required by the Regulations.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

Written policies and procedures, as listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013, were maintained and also readily accessible for reference. However, a number of these required update or review to reflect a centre specific approach including policies on communication, personal property and finance, and access to education, training and development for residents. There was an up-to-date safety statement and an emergency evacuation procedure was clearly displayed in all units of

the centre. However, there was no centre specific policy on planning for emergencies as required by the Regulations.

Records kept to meet the requirements of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 included, a current statement of purpose, service charges for residents, menu records, complaints, notifications submitted to the Office of the Chief Inspector, rosters, fire drills and training records. However, in one instance fire drills were being recorded as alarm events.

Records kept to meet the requirements of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 included, personal care plans for residents, recent photographs, a residents' directory, records of medication errors, records of residents' valuables and records of correspondence between the centre and the residents.

As described in Outcome 17, staff files met the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013.

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:

Mairead Harrington
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 Kerry Parents and Friends Association
Centre ID:	OSV-0003426
Date of Inspection:	29 September 2015
Date of response:	22 December 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 impact of changing behaviour profiles on the welfare and quality of life of a resident in one unit required assessment and review.

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

A referral has been made to the Admissions, Discharge and Transfer Committee for the resident and a meeting took place on the 30th November to discuss his placement. The decision of the meeting was to begin a consultation process with the person we support and his family to determine if a transfer to another house would be appropriate should a suitable vacancy

A meeting was scheduled to review the impact of the challenging behaviour on the welfare and quality of life for the resident. The meeting took place on Thursday 17th December at which an assessment process was agreed and will be undertaken immediately to assess the impact of the challenging behaviour on the person we support. An action plan will be developed following this assessment.

Proposed Timescale: 31/01/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions policy required further development to outline the measures in place to protect existing and potential residents from abuse by their peers.

2. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Admission, Discharge and Transfer Committee met on November 30th and reviewed the admissions policy in relation to protecting existing and potential residents from abuse by peers and the policy was amended to comply with regulation 24(1)(b).

Proposed Timescale: 31/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The décor in one unit was dated and poorly maintained with paint damaged and flaking, wall paper lifting and fixtures such as radiators and hand rails rusting.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

construction and kept in a good state of repair externally and internally.

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

Painting and decorating work has begun to update the decor in this house. Work completed to date: Rust on the handrail and radiators have been painted. The front sitting room has been plastered and painted and fitted with a wooden floor and lighting. The remaining plastering, paint work and decorating in the bathrooms, the hallways and the second sitting room will be completed by 31/01/2016.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The bathroom facilities in one unit were in poor condition and not of a standard in keeping with regulatory requirements as per item 8 of Schedule 6.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Upstairs Bathrooms facilities will be assessed for replacement equipment, will be acid cleaned, regouted and painted.

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

The external fire escape stairwell was in poor condition with holes in places where rust had eroded the metal.

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The external fire escape walkway and handrail from first floor exit door has been repaired and painted.

Proposed Timescale: 13/11/2015

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:

An assisted bath presented a potential hazard both in relation to both the resident's circumstances and also the health and welfare of staff providing assistance.

6. 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:

A risk assessment was undertaken and a procedure has been put in place for two staff to provide assistance when a person we support is entering and exiting this bath.

Proposed Timescale: 13/11/2015

Theme: Effective Services

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

A toilet fitted with a large, secure locker at head height presented a hazard to both staff and the resident when providing assistance in a confined space.

7. 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:

Locked cabinet incorrectly positioned will be relocated.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

In one unit, unrestricted access between the day service area and the residential wing was via the kitchen which presented a risk in relation to effective infection control.

8. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections

published by the Authority.

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

A plan has been drawn up and has been put in place to minimise the risk in relation to effective infection control by reducing access through the kitchen during the day.

A plan has been put in place following on from the risk assessments to restrict access through the kitchen and minimise the risk of infection which includes:

- Food Hygiene Policy guidelines on infection prevention and control are being adhered to.
- Personal protective clothing worn by all people working in the Kitchen.
- People we support are supervised one at a time to get their meal.
- Staff bring the trolley with tea and desert to the table and clears off the dishes when the meal is finished.
- Front doors are used to access between house and workshop when weather permits.
- Therapists bring individuals one at a time to and from treatments.
- Residents are using the workshop facilities between 9.30- 5.00 and they bring their coats and other belongings to the workshop in the morning to minimise access through the kitchen.
- Afternoon tea is served in the workshop.
- Meetings were held and the process explained to all.
- New system is bedding down and becoming part of everyday life.
- A review of these procedures and their effectiveness will be undertaken in three months.

Proposed Timescale: 18/12/2015

Theme: Effective Services

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

A requirement for immediate action was issued in relation to ensuring that effective fire safety management systems were in place throughout the centre.

9. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

All houses in the designated Centre now have a comprehensive fire safety system including fire prevention procedures in place. Immediate improvement works for fire safety have been completed as outlined below. Stage 2 works as described in the Fire Safety Survey Report which has been submitted to the Inspector are scheduled for completion in September 2016. We are consulting with the HSE regarding funding for these works and will engage in a tendering process.

House1

Immediate Fire Safety Plan –

The following immediate fire safety upgrading works have been carried out on the

property. These works aim to ensure against the spread of fire and aid safe evacuation of the building.

- The Installation of additional emergency lights ensuring wiring for emergency lights have been upgraded in accordance with regulations.
- Repairs to and painting of fire escape walkway and handrail from first floor exit door.
- The louver doors in sitting room were removed and blocked up and the room has been dry lined with fire resistant plaster board
- Doors with asbestos paneling have been removed by a suitably qualified company and replaced with certified FD30S fire door sets with self closures in place.
- All walls of original building have been fire-lined where required to ensure that they are suitably constructed to achieve 30 min fire resistance.

The following fire safety work to be completed by 15/9/2016 for all three houses:

House 1

- o Upgrade wiring and alarm system to an L2 Alarm System.
- o Replace existing external sliding doors on exit routes from front and rear of recreation area with fire exit doors.
- o Upgrade ground floor ceiling so that there is 60min fire resistance on ceiling below first floor habitable rooms.
- o Replace all doors from escape corridor with certified FD30S fire doors with self-closures in place.
- o Replace doors to toilets, beauty room, bathrooms, main office, reception, lobbies, storerooms, linen cupboard and hot-press with FD30S fire doors with self-closures in place.
- o Install fire slabs to walls and ceilings of hot-press, linen cupboard, storerooms and boiler house to achieve 60min fire resistance.
- o Replace glazing on walls of office and reception to certified glazing with 30min fire resistance.
- o Replace external windows to rear of kitchen and bedroom 1 and bedroom 2 with 30 min certified fire rated windows due to location being close to escape stairs from first floor for protection of escape route.
- o Specialized company to remove ceiling boards under flat roof of extension for gym/ recreational area/office/toilets under flat roof and dispose of suitably.
- o Install fire slabs on ceiling of gym/ recreational area /offices/ toilets under flat roof to achieving 30 min fire rated ceiling.
- o Ensure 30min fire protection is in place on first floor ceiling and all walls surrounding the escape corridors.
- o Install 12.5mm Bitumen Bedding Stone chippings covering the whole surface to a depth of not less than 12.5mm as per table A5 of T.G.D.B. for fire protection on the flat roofs.
- o Remove storeroom from underside of stairs and fire slab underside of stairs to 60-minute fire resistance.
- o Obtain certificates of inspection / testing to confirm Emergency Lighting System is operational and has been checked and tested in accordance with IS 3217.
- o Obtain certificates of inspection / testing that the fire detection and alarm system is

operational and has been checked and tested in accordance with IS 3218.

House 2

- o Install L2 Alarm System.
- o Install emergency light and recommended smoke detectors.
- o Replace front sliding door with a clear 800mm wide exit door.
- o Obtain certificates of inspection / testing to confirm Emergency Lighting System is operational and has been checked and tested in accordance with IS 3217.
- o Obtain certificates of inspection / testing that the fire detection and alarm system is operational and has been checked and tested in accordance with IS 3218.

House 3

- o Upgrade alarm system to an L2 Alarm System.
- o Install emergency light.
- o Replace two gable windows with fire exit doors from bedroom 1 and 2.
- o Upgrade ground floor ceiling so that there is 60min fire resistance on ceiling below first floor storage room above bedroom 1 and 2.
- o Replace all doors from escape corridor with certified FD30S fire doors with self-closures in place.
- o Replace doors to sitting room, kitchen, lobby, hot-press with FD30S fire doors with self-closures in place.
- o Fire slab ceiling and walls of boiler house and hot-press, with 60min fire resistance.
- o Ensure 30min fire protection is in place on ceiling.
- o Replace door from lobby so that there is a minimum 750mm clear opening at the doorway for escape.
- o Ensure window from sitting room is suitable for escape.
- o Obtain certificates of inspection / testing to confirm Emergency Lighting System is operational and has been checked and tested in accordance with IS 3217.
- o Obtain certificates of inspection / testing that the fire detection and alarm system is operational and has been checked and tested in accordance with IS 3218.

Proposed Timescale: 15/09/2016

Theme: Effective Services

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

There were staff training gaps in relation to both fire safety and manual handling.

10. 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:
Fire Safety Training for staff not previously trained is scheduled for 30/11/2015

Proposed Timescale: 30/11/2015

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:

There were some instances where updated training in managing challenging behaviour was overdue.

11. 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:
MAPA Training for staff who require refresher is scheduled for 26/11/2015

Proposed Timescale: 30/11/2015

Theme: Safe Services

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

There were some instances where updated training in safeguarding and safety was overdue.

12. 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:
Safeguarding Vulnerable Adults Training for staff requiring is scheduled for 23/11/2015

Proposed Timescale: 30/11/2015

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:

Serious injuries requiring immediate or medical treatment should be notified to the Authority within three working days.

13. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

In future all Serious Injury notifications will be submitted within 3 working days.

Proposed Timescale: 17/09/2015

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:

Where absences had occurred across more than one tier of support management the contingency arrangements to ensure continuity of management and oversight were not robust.

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:

The appointment of an Acting Assistant Director of Services to replace a long term sick leave situation. The person appointed is a registered Nurse in Intellectual Disabilities with over 20 years experience working in the area most recently as a community nurse. She has a Post Graduate Diploma in Nursing, she provides training in safe administration in medication and safeguarding vulnerable adults for the Association. She will provide management supervision and support to the person in charge of this centre to ensure that safe quality services are being delivered to the people we support.

Proposed Timescale: 02/11/2015

Theme: Leadership, Governance and Management

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

Written reports in relation to unannounced visits by the provider nominee required review.

15. 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:

Review to be undertaken.

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:

The annual quality review for the centre had not been completed.

16. 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:

The annual quality review is being finalised and the report will be completed and submitted to the Authority by 15/1/2016.

Proposed Timescale: 15/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

A system for supervision and appraisal of all staff had not yet been fully implemented.

17. 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:

A schedule of supervision has been drawn up and, to date, all staff (with the exception of one) has begun the supervision process.

Proposed Timescale: 31/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies required review reflect a centre specific approach in order to meet the requirements of Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 such as emergency planning, communication, personal property and finances and access to education and training for residents.

18. 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:

An appendix to the above policies will be developed to reflect centre specific approaches and will be attached to the organisation's policies.

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

In one instance fire drills were being recorded as alarm events.

19. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

This has been rectified so that fire drills are recorded properly.

Proposed Timescale: 05/10/2015

