

**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-0005380
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:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 January 2016 10:00 To: 13 January 2016 17:30

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 was the second inspection of this centre, the first of which was carried out on 10 December 2015. This was an 18-outcome inspection.

The centre is a newly renovated single-storey house and accommodates four residents. The premises was clean and pleasantly decorated and provided adequate personal and communal space.

Residents moved into this new centre in December 2015, having previously lived in a town 24kms away. This centre is located in a rural isolated location. Plans were in progress to move to a more accessible location in the very near future.

Residents told the inspector that they liked their house, they were still able to meet their friends and their lives had not been adversely affected by the move. Residents also said that they were happy and felt safe in the centre. Staff had been observed over the course of two inspections to interact with residents in a warm and appropriate manner.

A number of good practices were found in key areas. Medication management practices were found to be safe. Relationships with family and friends were supported. Residents participated in activities and pursued interests of their choice within the community.

However, three major non-compliances have been identified:

Under Outcome 7: Health Safety and Risk Management, measures in place to mitigate against specific fire safety failings associated with the fundamental design and layout of the centre that involved increased staffing at night-time were not adequate. Since the inspection, the provider has responded adequately to the identified failings.

Under Outcome 11: Healthcare Needs, it was found that a comprehensive assessment of residents' healthcare needs was not contained within residents' personal plans. Where residents' had identifiable healthcare needs, a healthcare plan had not been developed to direct the care given to residents.

Under Outcome 14: Governance and Management, the post of the person in charge was not full-time, as required by the Regulations. As a result, the person in charge only visited the centre at best weekly, but often fortnightly. In addition, gaps in auditing, assessment of residents' needs, healthcare planning and personal plans evidenced that this arrangement was not satisfactory. The provider nominee was required to provide an adequate response to address this failing by close of business on 15 January 2016 (two days after the inspection) but failed to do so. As a result, the provider nominee and chief executive officer (CEO) were invited to attend the Authority's head office and were afforded a further opportunity to address the unsatisfactory arrangements. A satisfactory proposal was received by the Authority following this meeting.

Other non-compliances were identified and included residents' personal plans, risk management, staff training and oversight of the centre by the provider. Findings are detailed in the body of the report and should be read in conjunction with the actions outlined in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were involved in the running of the centre. Residents' meetings were held weekly and included organisation of weekly chores, planning of activities and menu planning for the week ahead. Other issues arising were discussed, such as privacy and respect for each other, safeguarding principles, the importance of hand hygiene and looking after personal possessions.

Residents were supported to make complaints should they chose to do so. An inspector reviewed such a complaint and satisfaction with the outcome of the complaint was demonstrated. There was a complaints policy and procedure in place, which was displayed in a prominent location. There was a nominated person to deal with complaints on behalf of the provider. However, there was no independent person to ensure that all complaints were appropriately responded to and that all records were maintained, as required by the Regulations.

Residents moved into this new centre in December 2015, having previously lived in a town 24kms away. The inspector observed that this centre is in a very isolated location. However, there were a number of mitigating factors in relation to managing this challenge. Residents have a dedicated bus for transport purposes, meaning that residents have been able to continue attending their work and/or day service. Other arrangements have been modified to ensure that residents still participate in interests and activities of their choice, such as Special Olympics swimming training, attendance at a community group, going to the cinema or to matches at weekends in other towns. Overall, continuity of social relationships, activities, interests and attendance at work or day service was demonstrated. Residents told the inspector that they were still able to

meet their friends and their lives had not been adversely affected by the move. Of note, plans were in place to move to a more accessible location in April 2016.

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):

No actions were required from the previous inspection.

Findings:

Residents' communication needs were met by staff.

Residents' communication requirements were highlighted in personal plans. Staff were aware of individual resident's requirements and residents were facilitated to access, where required, assistive technology and aids and appliances to promote their capabilities. For example, residents had access to such as the use of a picture exchange communication system or an iPad with a communication app.

Input from external professionals was provided where required and the person in charge said that a referral to a speech and language therapist would be sent in the event of a resident requiring review. However, it was not clear how the effectiveness of communication programmes were assessed at regular intervals. This will be further discussed under Outcome 5, Social Care Needs.

Residents had access to information about what was on in the local community or nearby town via the local newsletter or newspaper. Residents had access to the internet and communicated with their friends via phone or Skype.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that positive relationships between residents and their family members were supported.

Family links were supported in the centre by a variety of means. There was an open door visiting policy in the centre and family were welcome to visit. Family contact was supported as appropriate to each resident, including through the use of phone contact or via Skype. Residents were supported to go to the family home on weekends and holidays.

Personal friendships and relationships were supported. Residents were facilitated to visit and meet their friends or to have their friends visit them in their own house.

Special occasions were celebrated and marked. There was evidence of family involvement in personal plans and in relation to any proposed or planned changes. Families were invited to attend the annual review meeting of residents' personal plan.

Residents were supported to be part of their local community. This included the use of amenities such as cafes, attending concerts in the community hall or going to other towns to attend the cinema or go bowling. Residents chose where they wanted to go at weekends and what they would like to do.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of the contracts of care. The contracts of care clearly set out the services to be provided for the residents and the fees to be charged. Each contract of care reviewed had been signed by a resident, by a service provider representative and by a relative.

The inspector found that admissions were in line with the Statement of Purpose and there were written contracts for the provision of services in place.

There was an admissions policy in place. The admissions criteria as outlined in the policy was clear and transparent and considered the need to protect residents from abuse by their peers, as required by the Regulations.

There was evidence that moves were planned for in a safe manner with transfers overseen by an 'admissions team'. Where residents had recently moved into this centre, they and their families had had the opportunity to visit the centre first and to choose their bedrooms. Arrangements had been put in place in the event of such a move proving to be unsettling to any individual resident.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' social care needs were being met and that each resident had a personal plan that reflected their individual needs, interests and capacities. Overall, the personal plan was accessible and person-centred, although improvements were required to the setting and reviewing of personal goals.

Each resident had a written personal plan, in an accessible format. Personal plans were individual and person-centred and contained information such as the residents' family tree, special events, a record of family visits, likes and dislikes and activities the resident participates in and enjoys.

However, improvement was required to the development and review of personal plans. Where needs, supports or risks were identified, specific plans had not always been completed including health plans and risk assessments. Behaviour intervention plans,

communication plans and intimate care plans had been completed where required.

Improvement was required in relation to the setting of personal goals for each resident. Many goals were activity-based instead of outcome-focussed. Long-term goals had not been considered. The supports needed to meet personal goals were not outlined.

Not all personal plans or personal profiles had been reviewed within the previous 12 months (or more frequently if necessary), as required by the Regulations.

Good practices were identified in relation to ensuring maximum participation of the resident in developing their personal plans. Family members were given formal advance notification of the review meetings and invited to attend. Each resident had a named key-worker, who attended review meetings. However, the person in charge did not routinely attend personal plan review meetings. The review of the personal plan was not multi-disciplinary, as required by the Regulations.

It was not clearly demonstrated how review meetings evaluated the effectiveness of the personal plan. For example, the review process did not involve an assessment of how residents' health, communication, education, training and personal development needs were being met. There was insufficient evidence in relation to how plans were being implemented.

A number of these failings relating to the completion and implementation of personal plans were identified in a recent provider audit on the 5.1.2016.

The management team demonstrated that plans had been put in place in relation to managing the transition from the resident's previous house to this centre. Consultation with residents took place and residents had the opportunity to view their new home. Family involvement was demonstrated. Supports had been put in place in the event of a resident requiring support to manage change, including the services of a psychologist.

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):

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

Findings:

Overall, the premises was designed and laid out in a way that met residents' needs. There was adequate personal and communal space provided and the building was in a good state of repair and was adequately heated, lit and ventilated. The premises was clean and pleasantly decorated.

There were four bedrooms in the centre and a 'sensory room' was also being used as a bedroom for the four residents and one staff sleepover/office.

The person in charge told inspectors that no resident required adaptive mobility aids or appliances. There was one accessible shower in the centre in the event of any resident requiring such a facility.

There was no thermostatic control on the hot water taps but a risk assessment had been completed which confirmed that it would not pose a hazard to the residents in this centre.

While bedroom doors did not have locks fitted, signs to indicate which rooms were bedrooms were displayed. Bedroom doors were observed to be closed and privacy to be respected. Bathroom doors had locks fitted.

There was also an absence of storage identified, due to the building being designed for the purpose of providing short-term holiday accommodation. However, the provider had identified this and temporary storage for seldom used and bulky articles had been provided in two other locations, such as some clothing, personal items (such as pictures) and furniture.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place in relation to health, safety and risk management.

The policy relating to emergency planning was visibly displayed, centre-specific and contained directions for the emergency services, which was necessary given the isolated

location of the centre.

The risk management policy did not meet the requirements of the Regulations as it did not address all of the areas mentioned in the Regulations.

The safety statement was up to date and contained the risk register. The person in charge was currently reviewing and revising risk assessments in the centre and further work was required in this area. For example, where a resident's personal plan identified that they were unsteady on their feet, a risk assessment was not in place. In addition, not all control measures contained in the risk assessments were being implemented. For example, the risk assessment to prevent food poisoning outlined that food safety training would be provided for all staff and one staff member required this training. One trip hazard was observed in the main open-plan living/dining room on the day of inspection.

The provider had completed a health and safety audit of the centre. The building was in good condition and well-maintained.

Incidents were recorded in individual resident's files. However, incident data was not collated in the centre meaning that it was not possible to review the number, type or seriousness of incidents occurring in the centre. There was no data analysis or trending of incidents. As a result, learning from incidents was not demonstrated. The provider was aware of this gap and was actively pursuing a system to facilitate the collation and analysis of such data.

There was evidence that individual incidents were reviewed and followed up on. For example, where there had been an incident, this was discussed at a subsequent review meeting.

With respect to fire safety, a specialist fire inspection had been completed by the Authority's fire and estates inspector on 10 December 2015.

At that inspection, failings were found in relation to: an absence of first aid fire fighting equipment; doors that could not be easily opened from the inside without the use of a key; the fundamental layout of the building meaning that all bedrooms were entered through the main living/kitchen/dining space and finally; while a fire alarm provided although it was not of a specification typically acceptable within a dwelling in which residential care is provided for people with a disability and the absence of emergency lighting.

At this inspection, some of the aforementioned failings had either been addressed or mitigated against. Personal emergency evacuation plans had been developed. The opening of doors in the event of an emergency was being managed through responsible use of keys.

Residents were familiar with how to evacuate in the event of a fire. Fire drill records demonstrated that all likely scenarios had been considered and practices.

However, some actions were outstanding or had not been fully implemented. Following the previous inspection, it was agreed that an additional staff member would be

rostered at night-time to mitigate against the failings relating to the fire alarm, emergency lighting and fundamental layout of the building. However, the inspector found that this arrangement was not being implemented in a way that fully mitigated against the identified risks. This failing was found to be at the level of major non-compliance and the provider was required to take action to adequately mitigate the risk. In addition, fire drill records indicated that not all possible scenarios had been considered as no drill had taken place that simulated night-time conditions. Also, two staff still required training in relation to fire safety. Finally, a scheduled visit by a fire officer to the centre in December 2015 had not gone ahead. The CEO confirmed in writing that this visit had been re-scheduled and would go ahead by the end of that week (on Friday 15 January 2016). As a result, while first aid fire fighting equipment was available in the centre, it had not been installed by a competent person.

The centre appeared visibly clean on the day of inspection. The person in charge had commenced developing a cleaning schedule for the centre. The person in charge told inspectors that staff had received training in relation to hand hygiene and that there were trained hand hygiene auditors within the service. The inspector viewed competency assessments relating to staff hand hygiene practice.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were policies and procedures in place in relation to the protection of vulnerable adults, the management of behaviour that challenges, restrictive practices and intimate care. The inspector found that the policy relating to the protection of vulnerable adults was neither service nor centre-specific and this was discussed with the provider nominee on the day of inspection.

Residents told inspectors that they were happy and felt safe in the centre. Staff members were observed to interact with residents in a kind, supportive and appropriate

manner.

Where residents required support to manage behaviours that may challenge, a behaviour support plan was in place. The inspector reviewed a behaviour support plan and found that it demonstrated a proactive approach to the management of behaviour that challenges. The CEO, acting director of services and person in charge described the supports in place from a clinical psychologist in relation to the development of behaviour support plans and the review of any such plans where required.

All staff had received training in relation to the protection of vulnerable adults.

However, five of eight staff required training in relation to the management of behaviours that challenge, as required by the Regulations. The person in charge confirmed a date for this training was scheduled by the end of this month (January 2016). This gap will be addressed under Outcome 17, Workforce.

The inspector reviewed how residents' finances were protected. Records were audited every three months by the organisation's administration manager. The person in charge completed random checks sample of receipts and any cash on visiting the centre either weekly or fortnightly. All bank accounts were in individual resident's names. A sample of receipts demonstrated that day-to-day checks and balances were in order.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Incidents that occurred in the centre were recorded and documented in individual resident's files. There had not been any notifiable incidents since the previous inspection in December 2015. The person in charge was aware of the requirements in relation to notifiable incidents and any quarterly reports to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was no policy available in the centre pertaining to access to education, training and development.

Each resident had access to a day service. Residents told the inspector that they enjoyed their day service. Where residents chose to work, this was facilitated and supported. A resident told the inspector that the work he engaged in was important to him and allowed for him to be an active part of the community. In the event of a resident choosing not to go to work, this decision was respected and reasons behind such choices were explored in a supportive way.

The inspector viewed a training plan for a resident that developed life and personal skills including programmes related to safe travel, safety at home and in the workplace and food safety.

Educational achievement was valued and celebrated and a resident had completed courses on topics such as computers, manual handling and personal development.

While the person in charge said that information relating to residents' training, development and educational wishes was available in the day service, there was no information in the centre to demonstrate how residents' educational, employment and training goals were assessed and evaluated.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

While there was evidence that residents' had access to medical, nursing and allied healthcare professionals, failings relating to care planning meant that it was not fully demonstrated how residents' healthcare needs were being met in the centre.

There was evidence that residents' had timely access to a general practitioner (GP) and access to allied health including psychology, dietetics, physiotherapy and orthotics. For example, where residents had mobility needs, access to physiotherapy and orthotics was demonstrated. Where residents had neurological needs, access to a consultant neurologist was arranged.

An assessment of residents' capabilities relating to activities of daily living had been completed where required. There was a document entitled "plan of care" in each resident's file. This document was a synopsis that contained general information, family contact information, a summary of vaccinations received and brief summary information relating to each resident's medical condition(s), their hearing, vision, sight, weight, ability eating and drinking independently, diet, sleep pattern and any areas a resident needed assistance with. The inspector found that this was not a comprehensive assessment. In particular, not all healthcare needs or risks were captured in this form. In addition, there was no link between the assessment process and the development of healthcare plans or risk assessments. For example, where a resident had communication needs, there was no care plan in place. Where a resident had mental health needs, there was no care plan in place. Where a resident had an unsteady gait, there was no risk assessment in place and it was unclear as to whether a care plan was required. Where a resident had epilepsy, while a protocol was in place, there was no care plan in place to direct the care to be given to that resident.

While records of recommendations made by medical and allied health professionals were on file, it was not demonstrated how all recommendations were being implemented in practice. For example, where a consultant had recommended monitoring of blood pressure, bloods to be taken and a follow-up review, the person in charge was unable to confirm whether or how these recommendations were being implemented. In addition, there was no care plan in place in relation to this healthcare need.

Other records were maintained as required in relation to healthcare episodes, for example, in relation to seizures.

Residents were supported in preparing their own snacks and in meal planning. Food was observed to be appetizing and a choice was offered for the main meal. Advice of specialists, including dieticians, was being implemented by staff. Residents accessed snacks when they wished to do so. On the day of inspection, residents participated in mealtimes in accordance with their wishes and abilities and this included setting the table and assisting with meal preparation.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a policy in place in relation to the ordering, receipt, prescribing, storage, disposal and administration of medication.

An inspector found that medications were stored safely and a dedicated fridge was available for use in the event of a resident being prescribed a medication that required refrigeration.

No resident was prescribed controlled drugs at the time of the inspection.

Since the previous inspection, care staff members who required up-to-date training in relation to the administration of emergency epilepsy medication had received updated medication management training.

An audit was completed by the pharmacist on an annual basis and the inspector viewed the most recent audit, which had been completed on 21 October 2015.

Each resident had a medication administration record, completed by the general practitioner (GP). There was no transcribing of medications in the centre. The person in charge was able to describe how medications prescribed by facsimile were managed in accordance with the centre's policy.

PRN ("as required") medications were administered as prescribed, carefully recorded and its use was monitored. Emergency medication was securely locked and arrangements were in place to ensure ready access to same in the event of an emergency.

The person in charge described how any used or out-of-date medications were stored on a separate shelf in the medications cupboard. The storage arrangements as described were not sufficiently robust as the arrangements did not allow for used or out-of-date medications to be clearly identifiable as such. In addition, there was no record available in the centre to allow for the recording of any returns to the pharmacy. Issues relating to the segregation and recording of used or out-of-date medications were addressed by the close of inspection and no further action was required.

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):

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

Findings:

The Statement of Purpose consisted of a statement of the aims of the centre and the facilities and services to be provided for residents. The Statement of Purpose was kept under review and was available to the residents.

Improvements were required to ensure that the Statement of Purpose included all of the information specified under Schedule 1 of the Regulations. For example, the details of the provider nominee were not contained within the Statement of Purpose and the contact details for the person in charge were incorrect. These gaps were rectified by the close of inspection and no further action was required.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge reports to the provider nominee. The social care workers all report to the person in charge.

The person in charge told the inspector that she formally meets with the provider nominee on an annual basis. The person in charge described supports available to her if required, including contact with the acting assistant director of services and the community nurse.

At service level, there were monthly meetings in place between all persons in charge. These were attended by the acting assistant director of services, who in turn meets regularly with the provider nominee. In addition, there were monthly management meetings that included the chief executive officer, provider nominee, acting assistant director of services and psychologist.

The person in charge was qualified in social care work and had worked within the service for the previous 18 months. The person in charge had five years previous experience working with persons with an intellectual disability and had previously worked in supervisory roles with other service providers supporting persons with an intellectual disability.

At the previous inspection, it was brought to the attention of the provider that there neither an annual review nor an unannounced bi-annual visit had been completed in the centre, as required by the Regulations to provide assurance in relation to the quality and safety of care being provided to residents in the centre.

At this inspection, the inspector found that a person nominated by the registered provider had carried out an unannounced visit to the centre the previous week (on 5 January 2016) to report on the safety and quality of care and support provided in the centre. The inspector reviewed the report of the visit. While a number of gaps identified in the inspection had also been identified such as audits and gaps in fire safety training by the reviewer, some key aspects of safety and quality of care had not been considered. For example, the arrangements in place to review the effectiveness of personal plans was not assessed. Aspects relating to end of life care or deputising arrangements had either been left blank or said to be 'not applicable' without considering whether the centre had adequate arrangements in place in relation to sudden death or deputising in the absence of the person in charge. The effectiveness of systems in place to ensure protection of residents from abuse were not considered. The report did not identify that the post of the person in charge was not full-time, as required by the Regulations.

An annual review had been completed, although the inspector discussed with the provider nominee that this had been completed by the person in charge and not by the provider, as required. While the annual review considered a number of relevant matters to the centre, it had not been developed in consultation with residents and their representatives nor was it a full review of whether the quality and safety of care and support was in accordance with standards. For example, the need to review the management structure in the centre was not referenced.

The inspector reviewed audits from the centre in which the residents currently reside.

Audits completed included a competency assessment in relation to the safe administration of medication, a quality audit of mealtimes, a health and safety audit and a medication audit by the pharmacist. Inspectors found that learning from audits was not demonstrated as there were no action plans arising from the audits. In addition, auditing required development as a number of key areas of quality and safety of care had not been audited, for example adverse events.

The person in charge was in charge of two designated centres comprising three houses in total. The post of the person in charge was not full-time, as required by the Regulations. The person in charge told the inspector that she tried to visit the centre on a weekly basis but that often this was fortnightly, for approximately half a day. Given the gaps in auditing identified above, gaps in assessment of residents' needs, healthcare planning and personal plans as discussed under Outcomes 5 and 11, it was not demonstrated that this arrangement was satisfactory. The person in charge told the inspector that she worked approximately 15 hours per week as person in charge and the remainder of the week was rostered to work a social care worker. The inspector found that this failing was at the level of major non-compliance. The provider nominee was contacted following the inspection in relation to this failing. The provider nominee was required to provide an adequate response to address this failing by close of business on 15 January 2016 (two days after the inspection).

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):

No actions were required from the previous inspection.

Findings:

There had not been any instance where the person in charge had been absent for 28 days or more. The provider was aware of the requirement to notify the Authority of any expected absence or absence as the result of an emergency as outlined in the Regulations. There were suitable deputising arrangements in place in the absence of the person in charge and the Acting Assistant Director of Services would deputise in such a situation.

Judgment:

Compliant

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Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>

Theme: Use of Resources

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre. The centre was well maintained and in good condition. Actions that had been identified at the previous inspection that required resources had been rectified, including increased staffing levels at night-time. However, as mentioned under Outcome 14: Governance and Management, the post of the person in charge was not full-time and the provider nominee told the inspector that this was a resourcing issue. This has previously been discussed and addressed in the action associated with Outcome 14.

Judgment: Compliant

Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i>

Theme: Responsive Workforce

Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings: The inspector reviewed a sample of staff files and found that they met the requirements

of Schedule 2 of the Regulations.

Regular staff meetings took place and an inspector reviewed minutes of such meetings. Topics discussed included cleanliness of the centre, inspection findings and any issues concerning residents.

As mentioned under Outcome 7; one staff member required training in relation to food safety, as required under food safety legislation and as specified as a control measure to prevent food-borne illness in the relevant risk assessment in the centre. In addition, two staff members still required fire safety training.

As mentioned under Outcome 8; half of the staff group (four of eight) required training in relation to the management of behaviours that challenge, as required by the Regulations. The person in charge confirmed the date that this training was scheduled later this month (January 2016).

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):

No actions were required from the previous inspection.

Findings:

Residents' records were maintained in the centre. A directory of residents was maintained and this contained all of the items required by the Regulations. The centre was adequately insured against accidents to residents, staff and visitors.

However, not all records required under Schedule 3 of the Regulations were available. As outlined under Outcome 11, a record of all nursing or medical care provided to the resident, including a record of any treatment or other intervention, was not kept in respect of each resident.

Records relating to money or valuables, other personal possessions, notifications and

staff rotas were maintained, stored securely and were easily retrievable.

The majority of policies required under Schedule 5 of the Regulations were in place. However, one policy was outstanding and other policies required development. Policies relating to the protection of vulnerable adults and infection prevention and control were neither service nor centre-specific. The policy relating to access to education, training and development for residents was outstanding. As outlined under Outcomes 1 and 7, the complaints policy and the risk management policy did not meet the requirements of the Regulations.

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:

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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-0005380
Date of Inspection:	13 January 2016
Date of response:	23 February 2016

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:

There was no nominated independent person to ensure that all complaints were appropriately responded to and that all records were maintained.

1. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person

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

nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The complaints policy will be amended to include a nominated person as set out in the regulations above.

Proposed Timescale: 28/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

As detailed in the findings and under Outcome 11, a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had not been carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Where needs, supports or risks were identified, specific plans had not always been completed including health plans and risk assessments. Behaviour intervention plans, communication plans and intimate care plans had been completed where required.

2. Action Required:

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

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

A comprehensive review is being conducted on the health plans and risks are being identified and assessments are in progress.

Proposed Timescale: 16/03/2016

Theme: Effective Services

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

Improvement was required in relation to the setting of personal goals for each resident. Many goals were activity-based instead of outcome-focussed. Long-term goals had not been considered. The supports needed to meet personal goals were not outlined.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the

resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All plans are currently being reviewed and updated to ensure that they meet each person's identified assessed needs. The plans will include long term goals and be outcome focussed.

Proposed Timescale: 16/03/2016

Theme: Effective Services

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

Not all personal plans or personal profiles had been reviewed within the previous 12 months (or more frequently if necessary), as required by the Regulations.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All Personal plans have been reviewed. The regulations with regard to the timescales for the reviews will be adhered to going forward.

Proposed Timescale: 19/02/2016

Theme: Effective Services

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

The review of the personal plan was not multi-disciplinary, as required by the Regulations.

5. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

All future personal plan reviews will have a multidisciplinary input as required by the regulations.

Proposed Timescale: 22/02/2016

Theme: Effective Services

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

It was not clearly demonstrated how review meetings evaluated the effectiveness of the personal plan. For example, the review process did not involve an assessment of how residents' health, communication, education, training and personal development needs were being met. There was insufficient evidence in relation to how plans were being implemented.

6. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The review meetings will involve an assessment of the resident's health, communication, education, training and personal development needs. To date plans have been drawn up to support individuals health needs, communication passports have been updated and a log of each individuals training , education and personal achievements are included in their personal plans

Proposed Timescale: 19/02/2016

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:

The risk management policy did not outline the measures and actions in place to control the unexpected absence of any resident

7. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The policy will be reviewed and will outline the measures and actions in place to control the unexpected absence of any resident.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control

the accidental injury to residents, visitors or staff

8. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The policy will be reviewed and will include the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control aggression and violence

9. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The policy will be reviewed and will include the measures and actions in place to control aggression and violence.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control self-harm

10. 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:

The risk management policy will be reviewed to outline the measures and actions in place to control self-harm.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The risk management policy did not sufficiently outline the arrangements in place for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Also and as detailed within the findings, evidence of learning from incidents was not demonstrated.

11. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The policy will be reviewed and will outline the arrangements in place for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. The review will also ensure to document in the policy how the learning from incidents is achieved.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

As detailed within the findings, further improvements were required to ensure that there were effective systems in place for the assessment, management and ongoing review of risk.

12. 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:

We are currently engaging with a software consultant to provide a system to manage, assess and review ongoing risk. A project team is in place and staff training is beginning on the 15th February, with a start date for the system to go live on 1st March.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

The means of escape were inadequate as the fundamental layout of the building did not provide an adequate means of escape from the bedrooms and there was no emergency lighting provided. Measures in place to mitigate against this risk that involved increased staffing at night-time were not adequate.

13. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The night time staff hours were increased to mitigate against the fire safety risk re adequate means of escape.

Proposed Timescale: 19/01/2016

Theme: Effective Services

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

While first aid fire fighting equipment was available in the centre, it had not been installed by a competent person.

14. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

An fire engineer will install the equipment in the centre.

Proposed Timescale: 26/02/2016

Theme: Effective Services

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

Fire drill records indicated that not all possible scenarios had been considered as no drill had taken place that simulated night-time conditions.

15. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire drills have taken place at night on the 16th and 19th January.

Proposed Timescale: 19/01/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was no policy available in the centre pertaining to access to education, training and development. It was not demonstrated how each resident's educational, employment or training goals were assessed.

16. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The policy on access to education, training and development is now in place.

Proposed Timescale: 31/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

While there was information pertaining to healthcare within residents' files and protocols were in place to support certain aspects of care, failings were identified relating to the assessment of residents' healthcare needs and the development of healthcare plans to meet those needs. As detailed in the findings, a comprehensive assessment of residents' healthcare needs was not contained within residents' personal plans. Where residents' had identifiable healthcare needs, a healthcare plan had not been developed to direct the care given to residents.

17. Action Required:

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

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

Healthcare plans are now in place to support and direct care for individuals with identified healthcare needs

Proposed Timescale: 31/01/2016

Theme: Health and Development

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

While records of recommendations made by medical and allied health professionals were on file, it was not demonstrated how all recommendations were being implemented in practice. For example, where a consultant had recommended monitoring of blood pressure, bloods to be taken and a follow up review, the person in charge was unable to confirm whether or how these recommendations were being implemented. In addition, there was no care plan in place in relation to this healthcare need.

18. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Plans are now in place for all assessed healthcare needs.

Proposed Timescale: 31/01/2016

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 post of the person in charge was not full-time, as required by the Regulations

19. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

This situation has been addressed and correspondence has been sent to the Authority to confirm compliance.

Proposed Timescale: 01/02/2016

Theme: Leadership, Governance and Management

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

Learning from audits was not demonstrated and a number of key areas of quality and

safety of care had not been audited, for example adverse events.

20. 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:

A schedule of audits for the centre has been drawn up and including the areas of quality and safety of care. The learning from the audits will be discussed and documented at staff meetings

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

An annual review had been completed, although the inspector discussed with the provider nominee that this had been completed by the person in charge and by the provider, as required. While the annual review considered a number of relevant matters to the centre, it had not been developed in consultation with residents and their representatives nor was it a full review of whether the quality and safety of care and support was in accordance with standards.

21. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

A process of consultation has begun and the annual review will be revised to include the input of the people we support and their families.

Proposed Timescale: 08/04/2016

Theme: Leadership, Governance and Management

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

An unannounced visit had been completed in the centre to report on the safety and quality of care and support provided in the centre. As discussed within the findings, some key aspects of safety and quality of care had not been considered.

22. 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:

A further unannounced inspection will be completed to ensure an action plan is developed to address the issues highlighted of safety and quality of care.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had received up to date training, as required either by the Regulations or to meet residents' needs:

Two staff members still required fire safety training, as required by the Regulations.

Half of the staff group (four of eight) required training in relation to the management of behaviours that challenge, as required by the Regulations.

A staff member required training in relation to food safety, as required under food safety legislation and as specified as a control measure to prevent food-borne illness in the relevant risk assessment in the centre.

23. 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:

Training in fire safety is complete, food safety training is complete, one person who has yet to complete the training in relation to the management of, and response to, behaviours that challenge, this is scheduled for 29/02/2016

Proposed Timescale: 29/02/2016

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 relating to the protection of vulnerable adults and infection prevention and

control were neither service nor centre-specific. The policy relating to access to education, training and development for residents was outstanding. The complaints policy and the risk management policy did not meet the requirements of the Regulations.

24. 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 Vulnerable Adults policy and the infection control policy will be revised and will be service and centre specific. The policy relating to access to education, training, and development for residents has been completed. As outlined in previous outcomes the risk management and complaints policy are being revised to meet the regulations.

Proposed Timescale: 30/04/2016

Theme: Use of Information

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

Not all records required under Schedule 3 of the Regulations were available. As outlined under Outcome 11, a record of all nursing or medical care provided to the resident, including a record of any treatment or other intervention, was not kept in respect of each resident.

25. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

This record is now in place.

Proposed Timescale: 31/01/2016

