

**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 Peter Bradley Foundation Limited
Centre ID:	OSV-0001523
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Stevan Orme
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
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 compliance with National Standards. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 August 2015 12:30	04 August 2015 20:00
05 August 2015 09:30	05 August 2015 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority (the Authority). The service is run by Acquired Brain Injury Ireland and is funded by the Health Service Executive. This service provides a neuro-rehabilitation unit, the goal of which is to enable people to live as independent a life as possible according to their wishes and aspirations. The service is client driven to ensure a meaningful service is delivered with the resident at the core of the service.

Overall, the centre provided a good service to residents; however improvements were required to the living environment. The provider representative informed the inspector that purpose built new premises were almost complete. The inspector informed the provider representative to submit an application to register this centre as soon as possible as the residents would be unable to move into these premises until this centre was registered as a designated centre by the Authority.

The inspector found that the needs of residents were generally met and residents had access to specialist rehabilitative services from the community acquired brain injury team to include functional independence and emotional, behavioural, social

and vocational adjustment post injury. At the time of this inspection four male residents were accommodated, one of whom was in an acute general hospital at the time of the inspection. The inspector observed practice and reviewed documentation such as personal plans, accident and incident records, rehabilitation plans, medical records, policies and procedures. Staff confirmed that the residents were informed of the inspection and this was confirmed by some of the service users who were able to communicate their views to the inspector. Residents were happy for the inspector to enter their home and the inspector viewed the bedrooms in the company of the resident or with the consent of the residents accompanied by a staff member.

While the house was clean, it was poorly maintained and did not provide a suitable comfortable dwelling for residents. Communication between staff and residents was open and on a first name basis. Staff actively engaged residents in discussion and encouraged residents to express their views to the inspector. Residents who were able to express their opinion to the inspector stated that they were happy with the service provided and were complimentary of staff. There were a number of areas that required some improvement in order to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 including fire safety, ensuring the privacy and dignity of residents is promoted, staff training, documentation with regard to person centred plans, provision of a premises that was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. An annual review of the quality and safety of care respected. These matters are discussed further in the report and in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector observed a practice that was not sensitive to residents' needs and did not promote privacy and dignity, for example, discussing personal care in the presence of others. This was brought to the attention of the provider who stated he would address this as a matter of priority.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

All residents had a person centred plan to include physical psychological social and rehabilitative needs. Most were comprehensive. However, a number were not reviewed in line with the changing needs of resident and the care plans did not provide direction to staff as to how the current care was to be delivered to meet the assessed needs of the residents. For example a resident had been reviewed by an occupational therapist but their manual handling assessment had not been reviewed in light of the specialist advice. Rehabilitative community programmes were in place for residents with residents frequently accessing community services.

Residents who were able to communicate informed the inspector that they were involved in the way they lived their lives and staff helped them to achieve any goals they identified, however it was difficult to see when goals were achieved from the records reviewed. Daily records were also maintained outlining how service users spent their day, however, these were medical in nature and did not give a picture of the overall psychological and social care provided to residents.

There was a range of activities available to the service users both in the centre and in the local community. Transport was available specifically for the centre and staff supported service users to partake in local activities. A weekly plan was drawn up and activities included trips to the shops, attendance at day services out for tea, attendance at the cinema or music events. Staff confirmed that this changed depending on the wishes of the service user.

Residents and relative involvement was evidenced with a family member invited to attend review meetings according to the wishes of the resident.

Judgment:

Substantially 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 location, design and layout of the centre was not suitable for its stated purpose and

did not meet the residents' individual and collective needs in a comfortable and homely way. This was recognised by the provider organisation and a new purpose built premises was near completion. While the centre was clean and tidy, it was not well maintained. As discussed under Outcome 7 improvements, relating to fire safety namely emergency lighting and a permanent wired fire detection and alarm system were required.

Four resident bedrooms and a staff sleep over room/ office were available. A lounge, conservatory kitchen cum dining area .bathroom, utility room and separate toilet completed the structural layout. There was suitable heating, and lighting. Some of the residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. Bedrooms viewed contained sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space. A large garden was located to the back of the house which contained a large polytunnel, with a small garden area to the front.

Judgment:
Non Compliant - Major

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:

The health and safety of residents, visitors and staff was not adequately promoted and protected. Fire safety arrangements were inadequate. There was no permanent wired fire detection and alarm in place or emergency lighting to facilitate safe swift evacuation should this be required. There were no fire doors in high risk areas, for example, the kitchen. Staff told the inspector that they ensured these doors are closed at night.

A written risk assessment completed by an external consultant was available which had recommended regular night time drills be completed monthly. However, the inspector found there was poor evidence of regular fire drills at night. The previous one to the commencement of this inspection was February 2015. One was completed on the night of the first day of the inspection. Additionally fire drill records were not comprehensively completed to ensure any impediments to safe evacuation, for example length of time to evacuate or behaviour of residents deficits were addressed in subsequent drills.

Fire exits were noted to be unobstructed. Personal evacuation plans (PEEP's) were available for each resident. These detailed actions to be taken should evacuation be necessary. The inspector spoke with residents and found those who could communicate were clear that they would immediately evacuate night or day if they were requested to

do so.

All permanent staff had completed fire safety and evacuation training. Some regular relief staff had not completed training, however, staff spoken with (including relief staff) were able to tell the inspector what they would do if a fire occurred and how they would evacuate residents and described the sequence of steps to follow in an emergency. Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, and the battery operated smoke alarms had all been maintained.

There were some systems in place to manage risk. A risk management policy was in place. A health and safety statement was in place and a policy was available on the prevention and control of infection. All staff had completed hand hygiene training. A system was in place to manage adverse events. An accident/incident report was completed for all incidents and these were reported to senior personnel. An emergency plan was in place that specified responses for staff to adapt for certain emergencies. A portable profile was available for each resident and this was comprehensively completed.

The manager of the service had ensured that the house vehicle used was taxed, insured and road worthy.

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:

The inspector found there were systems in place to protect residents from the risk of abuse. Staff spoken with were knowledgeable with regard to what constituted abuse and stated they would report any suspicion or allegation of abuse immediately to their manager or senior staff on duty. While not all staff had received training in safeguarding vulnerable adults, staff spoken with were clear that the welfare of the resident was paramount and they would immediately report any concerns to their manager or senior

staff.

There was currently one resident with behaviours that challenge accommodated in the centre. Staff described good access to specialist staff and confirmed they had been trained in dealing with challenging behaviour. A behaviour support plan was in place. Staff informed inspectors that they had been trained in dealing with challenging behaviour, and guidelines were in place.

Detailed intimate care plans were in place for all residents.

Prior to this inspection an allegation of abuse had been notified to the Authority. This provider had arranged an investigation into this incident and measures were put in place to protect the residents. An overall report was completed detailing findings and making recommendations. The recommendations were enacted. The incident and its management was discussed with the team leader and the regional manager.

Staff confirmed that there were no restrictive practices in operation at the time of inspection.

Judgment:

Non Compliant - Moderate

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 Inspector was satisfied that residents' health care needs were met. Residents received input from a specialist multidisciplinary team to include psychology, behaviour therapy, psychiatry, occupational therapy and physiotherapy and the local acute general hospital is located in close proximity to the centre. Other allied health professional services to include speech and language therapy and dietetics were also available. However, in one health care file reviewed the person centred manual handling care plan had not been reviewed to reflect the specialist advice of the occupational therapy review. The team leader stated she would review this immediately.

Support for residents to access community health services and hospital appointments as/when required were provided by staff. Residents' nutritional needs were met. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Staff cooked residents' their meals. One resident had a PEG (percutaneous endoscopic gastrostomy) PEG feed in place. Staff had received training with regard to the care of

this resident. Snacks and drinks were freely available.

One resident was in hospital at the time of the inspection, this was a planned admission. Staff maintained good communication with the hospital to ensure the resident felt supported by their primary service provider.

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:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents; however this was not centre specific and did not include information re local procedures, for example, that medication was available via blister packs, or local procedures regarding the ordering and receipt of medication.

All staff had completed training in medication management and refresher training was completed annually. The inspector observed administration of medication to one resident. The staff member displayed a working knowledge of the rationale for the requirement of the medication. Prescription records and medication administration record were also reviewed. These were clear and the maximum dose prescribed for as required (PRN) medications was included. There were some absences in the administration records with no explanation. Staff on duty stated that this may have been because residents took their medication off site or were at home.

Medications were stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Staff spoken with knew what process they had to follow if they made an error. The staff member stated that she was not aware of any medication errors to date. Medicines were supplied by the local community pharmacy in a monitored dosage system - blister packs.

At the time of inspection none of the residents were self-administering medications but assessments were available to assess individual resident's competency if 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):

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. The team leader reports directly to the person in charge, who in turn reports to the regional manager.

An annual review of quality and safety, and quality of life of residents had not been completed. The provider representative had completed unannounced inspections of the centre to monitor service provision and resident satisfaction and informed the inspector that this was in the process of review to ensure it complied with regulation 23. No overall annual report has been completed to date.

The regional manager is the provider representative. He is the provider representative for the organisations 14 centres. He was available throughout the inspection. He holds a BA social policy and administration degree and has completed a qualification in management. The person in charge had recently left the service to continue further education and a new person in charge had been appointed. At the time of inspection the team leader was deputising into the role of person in charge and facilitated the inspection. She had worked in the service for five years and displayed good knowledge with regard to the needs of residents.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce

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

recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Arrangements were in place to provide staff supervision. Regular staff meetings were held. Staff interviewed by the inspector confirmed that they felt supported by the management team and were satisfied with the current arrangements and training provided which enabled them to provide a resident led service.

There were appropriate numbers of staff with adequate skill mix to meet the needs of all residents. An actual and planned staff rota was available. One staff member was rostered on a sleepover (non-waking) night cover. All staff had undertaken specialist training in neurological rehabilitation. Regular agency staff were available to cover for unanticipated leave. All residents had 1:1 staff time planned into the roster to facilitate person centred activities. Staffing needs were aligned to residents' needs according to activities and outings planned; each resident had a weekly timetable.

The inspector reviewed staff training records and found that while a variety of training had been undertaken by staff not all staff had completed safeguarding training, This is actioned under Outcome 8.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
Centre ID:	OSV-0001523
Date of Inspection:	04 August 2015
Date of response:	01 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 inspector observed a practice that was not sensitive to residents' needs and did not promote privacy and dignity, for example, discussing personal care in the presence of others.

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

1. Action Required:

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

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

1. Issue addressed with staff on duty
2. All staff instructed to read ABI Ireland's policies on confidentiality, abuse & complaints
3. Confidentiality, abuse & complaints policies discussed with all staff in team meeting
4. On going issues relating to above to be addressed in team meetings and where appropriate individual staff supervision.

Proposed Timescale:

1. 04/08/15
2. 05/08/15
3. 25/08/15
4. 25/08/15

Proposed Timescale: 25/08/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Individual assessment and care plans were not reviewed in line with the changing needs of residents. The care plans did not provide direction to staff as to how the current care was to be delivered to meet the assessed needs of the residents.

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:

1. Review of Health Care Plans for all residents on an annual basis with General Practitioner or more frequently if required
2. Referrals to other health care professionals as required dependent on residents' needs, and review of associated health plans/protocols

Proposed Timescale:

1. 31/01/16
2. 01/12/15 (Ongoing)

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

It was difficult to see when goals were achieved from the records reviewed.

3. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

1. All Individual Rehabilitation Plans to be reviewed in line with client goals and transition to new service in 2016 (Loughnagin)
2. All Individual Rehabilitation Plans to be reviewed in line with client medical & health guidance and transition to new service in 2016 (Loughnagin)

Proposed Timescale: 31/01/2016

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 location, design and layout of the centre was not suitable for its stated purpose and did not meet the residents' individual and collective needs in a comfortable and homely way. While the centre was clean and tidy, it was not well maintained.

4. 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 service at Rough Park will close in 2016, and relocate to Loughnagin (OSV-005309) subject to HIQA registration

1. Submission of NF35
2. Registration of Loughnagin
3. Transition to Loughnagin service

Proposed Timescale:

1. 31/08/15

2. 01/11/15
3. 28/02/16

Proposed Timescale: 28/02/2016

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:

Fire safety arrangements were inadequate. There was no permanent wired fire detection and alarm in place or emergency lighting to facilitate safe swift evacuation should this be required.

There was poor evidence of regular fire drills at night.

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

Some regular relief staff had not completed fire safety training.

5. 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:

The service at Rough Park will close in 2016, and relocated to Loughnagin (OSV-005309) subject to HIQA registration

1. Submission of NF35
2. Registration of Loughnagin
3. Transition to Loughnagin service
4. Monthly Fire drills scheduled, at different times of the day

Proposed Timescale:

1. 31/08/15
2. 01/11/15
3. 28/02/16
4. 05/08/15

Proposed Timescale: 28/02/2016

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:

Not all staff had received training in safeguarding vulnerable adults.

6. 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:

1. All staff instructed to read ABI Ireland's policies on confidentiality, abuse & complaints
2. Confidentiality, abuse & complaints policies discussed with all staff in team meeting
3. On going issues relating to above to be addressed in team meetings and where appropriate individual staff supervision.
4. ABI Ireland Safeguarding training scheduled for 7/12/15, 29/02 -07/03/16

Proposed Timescale:

1. 05/08/15
2. 25/08/15
3. 25/08/15
4. 07/03/16

Proposed Timescale: 07/03/2016

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:

An annual review of quality and safety, and quality of life of residents had not been completed.

7. 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:

1. Provider Nominee to complete 2015 Annual Quality Report
2. Client views facilitated through regular resident meetings
3. Client views facilitated through annual satisfaction survey (Uspeq)

Proposed Timescale:

1. 31/01/16
2. 05/08/15 on going

3. 11/11/15

Proposed Timescale: 31/01/2016