

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



| | |
|---|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002634 |
| Centre county: | Wexford |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Brigid Murphy |
| Lead inspector: | Noelene Dowling |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 8 |
| 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2016 10:00 To: 14 March 2016 16:30

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 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 11. Healthcare Needs |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |

Summary of findings from this inspection

This was the second inspection of this service which was granted registration on 6 January 2016.

This was a triggered inspection undertaken on foot of unsolicited information received by the Authority. The information was not directly related to this service but did indicate concerns as to the safeguarding measures at the organisational level.

The inspection took place over one day. The inspector met with some of the residents and staff members. The inspector observed practices and reviewed documentation related to risk management, residents' records, accident and incident reports, medication management, staff supervision records, policies and procedures and a sample of staff files.

The centre is registered to provide care for up to eight residents. The residents required a high level of assistance and monitoring due to the complexity of their individual needs. The centre consists of a large detached house in a remote location in the community. The residents are provided with access to day services in two locations one of which is managed by the provider and one is managed by a separate organization 17km away. The majority of residents had significant severe to profound intellectual disabilities.

One of the residents had moved temporarily relocated to this centre basis due to ongoing fire safety works in other centre's belonging to the organisation. In view of the safeguarding concerns the inspector also met with the persons in charge of the current and previous centre where the resident lived. Contact was also made with the Health Service Executive safeguarding team.

The inspector reviewed eight of the most pertinent outcomes in relation to safeguarding.

There was evidence that residents had access to members of a multidisciplinary healthcare team and it was obvious to inspectors during inspection that staff knew the residents and their individual preferences well.

Good practice in health care and access to allied health care services was evident. There were suitable and effective governance arrangements in a place. The person in charge was suitably qualified and experienced and demonstrated competence in her role. There were sufficient staff and skill mix to ensure the safe delivery of care. This has been increased since the registration inspection to ensure that the residents activities and recreational needs could be supported.

While the inspector found no grounds to substantiate the concerns regarding the centre's safeguarding practices and responses significant improvements were required to ensure robust arrangements for communication with other agencies. Improvement to inter-agency safeguarding measures where care is provided by other agencies and ensuring that all agencies providing support to residents adhere to their responsibilities and procedures as outlined under the Safeguarding Vulnerable Persons at Risk of Abuse policy was also required.

Improvements were also required in the following areas:

- documenting of support plans for residents;
- comprehensive multidisciplinary reviews which take all of the residents experiences into account
- adequate transfer information where residents move between centre's
- communication between other agencies who provide care to the residents
- systems for the management of resident's finances
- staff training in the protection of vulnerable adults
- adequate time for the person in charge to carry out her duties
- risk management policy

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:

The systems for supporting resident's rights and consultation required some improvements to take account of the dependency levels and vulnerabilities of the residents.

There were weekly meetings with individual residents. There were good opportunities to use visual aids and help the residents understand their weekly activities and plans. It was apparent from the personal records and from observation that the staff knew the residents preferences very well and also understood the residents means of expression and communication.

It was apparent that privacy was respected in the provision of personal care with thumb locks on bathroom doors. The shared rooms had suitable screening in place. Staff were observed to be respectful in all interactions with the residents including when supporting them with meals.

There were detailed and updated personal property lists maintained. Systems for the management of resident's finances within the centre and on a day to day basis were transparent and the inspector saw that detailed record were maintained. However, the systems for assessing and agreeing how residents' overall finances and spending were managed required review. The residents' monies were lodged into a Health Service Executive (HSE) perusal property account. It was assumed, without assessment, that residents did not have the capacity to manage their own money with supports.

However, it was the exception that family members continued to maintain control of residents' finances. The contract for services assumes the provider will act as agent and does not recognise the possibility of a suitable alternative/representative to do so. The policy on financial management states that a "best interest" approach would be taken by staff to decisions regarding spending of monies on residents behalf. There was no clarity as to how this process would be undertaken, overseen and in consultation with whom.

There was pictorial synopsis for the complaints policy available in pictorial format for the residents. From a review of the complaints the inspector was satisfied that there was a system in place and that complaints were being managed. However, one complaint in regard to decision making for medical care and management of residents' finances had not yet been resolved to the satisfaction of the complainant. This is primarily related to the details in the contract which does indicate that the HSE will take primary responsibility for these matters. There was evidence that meetings had taken place with the provider nominee in regard to this but the issue remained unresolved although it was being managed appropriately.

There were contact numbers and details of how to access advocacy services the available. However, given the current circumstances of one resident it was apparent that direct access to an independent advocate would be beneficial to ensure all agencies acted in accordance with the residents rights and wishes.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
A revised system for documenting and implementing residents' assessment and support plans was in progress at the time of this inspection. These cover areas such as health, communication, family and community, risk assessment and residents life and choices. They had not yet been fully implemented for all residents but if completed the inspector

was satisfied that that they will provide an effective tool to plan, monitor and review the residents care.

The plans demonstrated very good understanding of the residents' preferences and assessed needs. There was evidence of multidisciplinary assessment and interventions in the plans.

However, in two instances the inspector saw that the interventions of allied services including speech and language therapists had not been implemented or were not fully adhered to by staff. These included the use of signage and language supports for a vulnerable resident and adherence to the instructions for swallow care plans.

There were details given to the inspector of personal and family supports being provided. These were very practical interventions designed to provide support and ensure the role of the family was maintained as was the residents' wishes. These strategies were not detailed in the residents' personal support plans however. This was especially pertinent for a resident who had relocated to this centre on a temporary basis.

There were records of multidisciplinary reviews of residents having taken place and ongoing strategies agreed on. These were attended by the residents' representatives who were also involved in the personal planning process. Two of the three sample records reviewed were detailed and showed that the plans were reviewed and future goals, actions and time frames identified.

However, in one instance the record of a review meeting did not demonstrate that all issues identified in the resident's risk assessment or issues around effectiveness of family supports had been addressed at the meeting.

The inspector acknowledges that this was not entirely at the discretion of the person in charge of the centre as an external agency was involved. However, the purpose of the reviews and the expected participation of other services should be clearly defined by the provider and all interventions being made should be evaluated at the planning review.

There was a detailed hospital passport available should it be required and the inspector was informed that on a recent hospital admission, staff had remained with the resident to ensure their needs were understood.

The inspector saw from records that a temporary transfer had been undertaken to this centre for a resident from another centre within the organisation. The transfer had been planned, visits organised and families informed and consulted. However the information provided to the person in charge did not give sufficient detail regarding the status of the residents support plans or pertinent background information regarding family supports.

Residents social care needs were clearly defined in the plans.

The residents attended day care on different occasions. This meant that there were usually four residents who remained in the centre on various days. The inspector saw that the additional staffing provided scope for activities and ongoing interactions which

were not task focussed.

These included hand massage , use of the sensory and activities room, regular movement from seating to the waterbed which residents clearly enjoyed, and access to the garden and drives to the local seaside. There were toys and other sensory equipment including music available and used with the residents.

However, the inspector noted that there is no facility for residents to have, for instance a day away, or go on a short holiday as a resident indicated she would like. There was petty cash available for any of these activities. It is policy that resident's monies cannot be used to fund part or all of these activities if there is a cost incurred for staff support.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The policy on risk management had been revised to include the risks as specific in the regulations. However, the inspector found that it did not provide a framework for the identification and categorisation of risks and learning and review to guide the practice. There were risk assessments undertaken for individual residents for pertinent issues including pressure areas, self harm, falls and unauthorised absence and evacuation of the residents. As incidents occurred they were reviewed and they were also discussed at senior management meetings. Incidents were also audited.

However, some improvements were required in the documenting of control measures for risks identified. A falls risk for a resident had been updated following a number of falls. The risk was not rated and no controls were documented. However, from a review of other records and from speaking with the person in charge a number of actions had been put in train including referral to the GP and the optician. The inspector observed that a residents swallow care plans were not strictly adhered to. This was brought to the attention of the person in charge who addressed this promptly.

A number of safety audits of the premises and work practices had been undertaken by the person in charge on a regular basis. There were relevant policies in place including an emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff. Emergency alarms were

placed in a strategic location should they be required. There were also relevant policies available for risk including residents absconding.

The HSE fire service had identified upgrading works which were required in the centre. The provider had engaged the services of an external consultant to review the premises. A number of remedial actions were identified in this centre. These included items such as additional fire doors, smoke alarms in the attic, a revised alarm system and more effective compartmentalising of the premises including the ground floor where the residents live. These are viewed as upgrades as opposed to urgent works and are part of an organisation wide upgrade.

The work will be undertaken in this centre incrementally and this had been agreed with the Authority previously.

Fire training had been undertaken for staff with the exception of one very new staff member. Fire procedures had been included as part of the induction. Fire drills had been held on three occasions in recent months, some of which simulated night time conditions with reduced staff, use of the compartments and ski sheets. There were relevant pictorial and written evacuation plans for the individual residents.

Each staff on duty carried a door key and there were also break glass units at each entrance.

Equipment including the fire alarm, emergency lighting and extinguishers had been serviced annually and quarterly as required.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Findings:

The inspector was satisfied that resident's safety and welfare was being prioritised but some improvements were required. Systems for inter agency communication and effective reviews to safeguard residents required improvement. The Health Service Executive policy on the protection of vulnerable adults was in place. There was a designated person assigned to manage any allegation should they arise. The staff and

person in charge had attended a brief information day on the content of the policy and staff were due to undertake training in the revised policy.

The person in charge was scheduled to undertake the full training in this procedure. The inspector found that staff were familiar with their responsibilities in terms of acting to protect residents should they become aware of any abusive situation. They also expressed their confidence in the person in charge to act on any such issues.

The person in charge was adhering correctly to the requirements of a legal order for one resident. However, there were some discrepancies found in core features to protect residents such as the appropriate and timely sharing of information.

Reports of potential abuse had been made to the HSE by an external agency. The concern related to residents' care when outside of the residential centre. This had resulted in a significant and very serious intervention. The concerns were reviewed in accordance with the protocol for the protection of vulnerable adults.

Following this review, the interventions were revised on a trial basis. Alterations to the resident's plan and routines had been made to provide the necessary additional support as deemed necessary and reduce any perceived risks. These remain under review for a period.

The inspector reviewed a significant number of processes and documentation in relation to this and there was no evidence that these concerns had been in any way highlighted to the centre as being of significance. The communication records regarding the resident's welfare and activities from this external agency, seen by the inspector, showed only the meals or basic activities which the resident had participated in.

As detailed and actioned under outcome 5 Social Care Needs the recent multidisciplinary review for the resident did not include the support arrangements for the residents when residing outside the centre which mitigated any perceived risks. This review was attended by all personal and agencies working with the resident. There was no information detailed at this review in relation to the issues raised subsequently. Earlier and more timely sharing of information, if it was known, may have resulted in the required initial screening being undertaken as per the HSE policy on such situations.

The person in charge had not received pertinent information regarding the safeguarding of the resident. There had been interventions made to support the external arrangements and manage any perceived risks but this was not passed on to the person in charge.

There was no agreement as to what should be reported or highlighted to the residential service who ultimately had responsibility for the residents welfare. As the external service is contracted to the Health Service Executive such arrangements and adherence to the process of the safeguarding policy should be agreed. The purpose of the multidisciplinary reviews in safeguarding also needs revision in order to ensure risks are clearly identified, strategies if needed are speedily implemented and all contracted agencies act accordingly. Such processes support both timely and considered interventions.

There were detailed personal care plans available. However, these did not contain any guidance on maintaining resident's privacy and dignity in this area. There was also a detailed lone working policy available and the inspector found that body charts were used appropriately to ensure any unusual marks or bruising were noted and clarified by the person in charge.

There was a policy on the management of management of behaviours that challenge and the use of restrictive practices. Challenging behaviours were not a significant feature of this service. One resident did present with some self harming behaviours. The inspector saw that the services of a behaviour support specialist had recently been sourced and a plan was in the process of development for this resident.

There were a number of strategies used in the interim, including the identification of possible triggers, the use of the sensory room and waterbed, and adhering to the residents preferences for the minutia of their daily lives to reduce anxiety. A number of restrictive practices were used. These included bed rails and lap belts.

The inspector saw risk assessments undertaken in relation to these and there were documented periods of release which the inspector observed being adhered to. These procedures were implemented in consultation with the resident's representative and also in consultation with the clinicians. Consideration had been given to the use of low beds but given the residents dependency levels and underlying physical conditions these had been deemed to be of greater risk.

A review of a number of residents' records indicated that PRN medication was not used except in rare circumstances to manage behaviours. There was a protocol for its usage. Such medication was regularly reviewed by the psychiatric service. The person in charge discussed the plans to set up a rights /consultation committee to overview such strategies in the future.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had not forwarded the required notification to the Authority of the alleged abuse/neglect of a resident. It was stated that this was due to a

misunderstanding as to the requirement to notify issues which were not directly related to the centre.

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):

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

Findings:

The inspector was satisfied that the healthcare needs of the residents were identified and supported. The daily records maintained by staff were comprehensive and demonstrated a timely response to any changes in healthcare status. There were regular reviews of residents' healthcare undertaken and good access to psychiatric support annually or more frequently as required. Evidenced based tools were used to determine risk and needs.

There were support plans in place for all identified healthcare needs including nutrition, skin integrity and epilepsy. Although access to dietetic services was limited there was evidence that the GP monitored dietary requirements and as necessary prescribed accordingly. There were no pressures sores and the inspector saw very good documented preventative regimes in place, access to tissue viability specialists and equipment including pressure relieving mattresses and cushions, repositioning and moving records.

Fluids were monitored. Dieticians had recently been made available to the service and referrals had been made for residents.

There was access to a range of allied health services including speech and language, dieticians, and neurology where necessary. Vaccinations were administered as deemed necessary and agreed. The inspector saw that medical interventions were undertaken in consultation with the residents representative and agreed or not in conjunction with the residents' GP.

The person in charge was found to be very familiar with the residents' healthcare needs. Meals were prepared off site and delivered in thermally insulated food trolleys. There were pictorial menus used which helped to give the residents choice on a daily basis. Assistive cutlery and crockery was used to help residents maintain their independence.

A number of the residents had been assessed by the speech and language therapist for modified diets and fluid and instructions were given as to the safest way in which to support residents with meals.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

From a review of the rosters the inspector found that the person in charge was regularly the second nurse on duty. The centre has a significant number of residents with complex clinical care needs. The action under outcome 17 workforce in relation to the supervision of staff can be seen to be linked directly to the ability of the person in charge to undertake these tasks while also carrying out day to day nursing duties. This should be reviewed when recruitment is completed.

Judgment:
Substantially Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The inspector was satisfied that there were sufficient staff and skill mix to ensure residents care was delivered. All of the residents were assessed as requiring fulltime nursing care and this was provided.

The provider had also increased the numbers of staff available to allow for greater access to internal and external activities to the residents in the evening and at weekends. A total of 11 staff provided care to the residents with six fulltime nursing staff and four multi-task attendants.

All staff had mandatory fire safety training but there were deficits noted in updated training for the protection of vulnerable adults. Manual handling training was also up to date for all staff. There were deficits noted in the training on changing behaviours and MAPA training although this is not a crucial training need for this service.

While the inspector could not access the recruitment files assurances were given that all of the necessary documentation and procedures for the safe recruitment of staff were obtained. Some agency staff had been used. The inspector was informed that a declaration was provided by the Agency that all of the recruitment requirements were met but this was not verified by the provider.

Although a staff supervision procedure was in place which is scheduled for six monthly intervals this had not been maintained by the person in charge. A number of new staff had commenced just prior to the inspection. While a detailed induction programme was in place there was no supernumery time to ensure they were familiar with the residents and their duties. Staff were observed spending constructive time with the residents either on a one to one basis or in small groups.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Health Service Executive |
| Centre ID: | OSV-0002634 |
| Date of Inspection: | 14 March 2016 |
| Date of response: | 20 April 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:

Systems for the management of residents' finances did not take account of the rights of residents to have persons other than the provider support them with decision making.

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 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

1. A tool to assist in establishing capacity in relation to financial management being developed and all residents will be reviewed. 30/04/2016
2. An agent to act by supporting the residents in relation to finances is being sought independent to the centre. Completed
3. Financial policy to be reviewed in relation to individual accounts and the progression of same. 31/05/2016
4. Request for independent Advocacy support for one resident has been requested. Completed

Proposed Timescale: 31/05/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Where necessary direct access to an external advocate was not sourced on behalf of the residents.

2. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

1. Information to the National Advocacy Service has been given to all family members, the service has been explained to all residents. Completed
2. Advocacy support request has been sent to the National office for a number of residents. Completed
3. Rights committee being established who's membership includes an Independent lay person from the local community, parental representation, residents and staff representatives. 31/05/2016

Proposed Timescale: 31/05/2016

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:

Personal plans did not detail all of support necessary or being provided for the residents care and welfare.

3. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Newly established Care Plans being completed by the keyworkers, ongoing training and support for residents and staff in relation to person centred, holistic approached to effective completion of same over the coming weeks

Proposed Timescale: 15/06/2016

Theme: Effective Services

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

Interventions recommended by assessment were not consistently implemented.

4. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

PIC will ensure that all relevant assessments are followed and implemented and followed correctly

Proposed Timescale: 20/04/2016

Theme: Effective Services

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

Multidisciplinary review of personal plans did not robustly review the effectiveness of the plans or provide sufficient information on the residents circumstances to ensure the care required was delivered.

5. 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:

1. Provider to review communication systems and supports agreed with External Service provider and enhance review schedule and weekly communication methods. Completed
2. Structure and format of Annual Multi Disciplinary review meetings to be evaluated and enhanced for yearend. 30/06/2016

Proposed Timescale: 30/06/2016

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 provide a frame work for identification of risk and learning and review of accidents and incidents.

6. 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:

Risk Management Policy has been reviewed by the Risk Manager and will include a framework for the identification and categorisation of risk as well as stating the review process as carried out

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

All risks identified did not have documented control measured in place.
Some risk management plans were not adhered to.

7. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The PIC to ensure that all staff have fully completed all documentation to include control measure identification
2. PIC to ensure Risk Management plans are adhered to

Proposed Timescale: 20/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Communication between services did not provide effective protective mechanisms for residents.

8. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Provider has reviewed communication system between centre and External Service Provider to ensure all concerns are communicated in a timely and appropriate manner

Proposed Timescale: 20/04/2016

Theme: Safe Services

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

Plans for personal care did not detail the measures to protect residents privacy and dignity.

9. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The PIC will include a section in the intimate care plan in relation to privacy and dignity

Proposed Timescale: 30/04/2016

Theme: Safe Services

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

Ensure that all agencies providing support to residents adhere to their responsibilities and procedures as outlined under the Safeguarding Vulnerable Person at Risk of Abuse policy.

10. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The provider has discussed the importance of adherence to the Safeguarding Policy and communication of concerns with the External Service Provider

Proposed Timescale: 20/04/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Authority was not notified of an allegation of abuse of a resident.

11. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The PIC will ensure all notifications are submitted in a timely manner

Proposed Timescale: 20/04/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The person in charges role was compromised due to undertaking regular clinical duties.

12. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. Recruitment initiative are ongoing. Completed
2. Review of skill mix ongoing. 31/05/2016
3. Developing dependency tool to support future planning and decongregation taking cognisance to staff availability. 31/05/2016

Proposed Timescale: 31/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff did not have updated training in the support of resident with challenging behaviours.

13. 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:

1. PIC has just completed train the trainer in MAPA. Completed
2. Enhanced training schedule for MAPA planned to ensure all staff trained. 30/06/2016

Proposed Timescale: 30/06/2016

Theme: Responsive Workforce

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

Supervision systems and induction procedures were not robust.

14. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

PIC will ensure that all staff support schedules are up to date

Proposed Timescale: 20/04/2016