

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cairdeas Services Waterford West
Centre ID:	OSV-0004139
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
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: 12 October 2016 09:00 To: 12 October 2016 19:30

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of this centre which forms part of an organisation which has a number of designated centres in the region. This was an unannounced monitoring inspection undertaken to ascertain the continued compliance with the regulations and standards.

The centre was granted registration in September 2014. The inspector also reviewed the actions from that inspection of 2014 and in all cases found the provider had made the agreed changes.

How we gathered the evidence:

The inspector met with all residents and spoke with three as they allowed the inspector to observe some of their daily life and routines. Residents told the inspector they were very happy living in the centre, it was their home they liked their bedrooms and their activities and meeting their families and they also liked their staff.

The inspector also met with staff members, the compliance officer, acting person in charge who was also the regional manager.

Description of the service:

The statement of purpose required some amendments to accurately describe the service provision including the specific care and support needs of residents. Care is provided to four persons, male and female with moderate intellectual disability and age related needs who require nursing interventions but not fulltime nursing support. To this end the inspector found that the care provided was congruent with the residents' needs.

The centre is detached bungalow located just outside the city and has easy access to all amenities. The premises are very homely, well equipped, spacious and suitable for the current and changing needs of the residents.

Overall judgment of our findings:

This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents,

Good practice was observed in the following areas;

- governance systems were effective and responsive which promoted the residents wellbeing and security of care (outcome 14)
- residents had good access to healthcare, multidisciplinary specialists and good personal planning systems were evident which resulted in a positive and supportive experience for them (outcome 5)
- residents activities were based on their own preferences which ensured they had interesting and varied experiences which suited their needs and ages (outcome 5)
- risk management systems were effective and proportionate which helped to keep residents safe (outcome 7)
- medicine management systems were safe (outcome 12)
- numbers and skill mix of staff were suitable which provided good levels of support and continuity for the residents (outcome 17)

Some improvements were required in the following areas to improve the overall outcomes for residents;

- More detailed safeguarding plans where behaviours impacted on other residents (outcome 8) which could result in potential risks to residents.
- Staff training in the administration of specific medicines (outcome12)

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

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 action from the previous inspection had been resolved. The outcome was not covered in its entirety but the inspector did review the complaint process as required by the previous inspection. This had been resolved to identify both the nominated complaints officer and the person responsible for oversight of the process. The nominated persons photographs were posted in the centre and residents also had an "I'm not happy card" with their names printed which they could use to alert staff to any issue of concern. The weekly meeting records also showed that residents were encouraged to let staff know in their own way how they felt about aspects of their lives including food or activities.

It was apparent that staff knew their means of communication and non verbal expressions and responded to this. Where staff noted residents not being content, for example in relation to the behaviours of other residents it was apparent that they raised this on their behalf. There were no complaints logged in the register.

There is an organisational advocacy group where some residents can represent others in the development of the service and raise issues. One resident from the centre attends this forum.

A review of a sample of records pertaining to residents finances showed that the systems were transparent, all transactions recorded and there was oversight and auditing of these. The policy dictated that the spending of monies over and above certain amounts had to be agreed with families and overseen by the person in charge.

An assessment for capacity was undertaken in regard to residents managing their own

monies. While no residents were deemed to have this capacity it was apparent that with staff support they had access to the own monies and could spend as they wished. Where restrictions were imposed on use of monies or any activities the inspector saw that these were reviewed by the rights committee following assessment by the multidisciplinary team and were undertaken in fair and supportive manner. The inspector was informed that no residents were subject to legal financial or personal protection orders at this time.

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:

A revised system for documentation of the assessment planning and implementation and review had been devised. From a full review of two resident's documentation and a review of specific matters in relation to two further residents, the inspector saw that residents had a range of multidisciplinary assessments and regular reviews of their assessed and identified needs. There was evidence of good multidisciplinary involvement and a range of evidenced based assessment tools used.

There was significant involvement of and access to allied and multidisciplinary services with residents' needs reviewed and plans updated as needs changed.

Each residents' personal plan outlined their individual wishes and preferences, healthcare and psychosocial needs. These were very detailed on a range of domains including health, nutrition, rights, safety and protection, activities and participation. The plans included timeframes and named persons responsible for implementation. It was possible to see that personal aspirations had been achieved including trips out, or going to concerts and that other identified needs were monitored and actions taken to address them.

There was evidence that the planning process was informed by multidisciplinary assessments and the outcome for the resident's was apparent. Circle of support meetings, attended by family members or representatives were held annually. The

records showed and staff confirmed that these meetings reviewed the progress and also made plans for the coming year.

In addition, there was evidence that each resident was reviewed via multidisciplinary team on a monthly or weekly basis if this was required based on changes in health, behaviour or mood. The inspector found that staff were very knowledgeable and informed of the outcome of any assessment undertaken and the interventions which were to be implemented.

The capacity and preferences of the residents for social activities informed the plans. Residents attended a local day service integral to the organisation where they undertook activities including art, music, swimming, bowling or had responsibility for specific task each day. If they were unwell or unable to attend they could stay at home and staffing arrangements were made to facilitate this.

They had opportunities to attend community events and go for a meal out, matches or go for a drink, do their own shopping and attend other age appropriate supportive groups. Annual holidays took place where they went with staff to hotels and had spa treatments if they wished. A number of volunteers who have known the residents for many years continue to meet with them and they do activities of their choice at these times. The residents told the inspector they enjoyed their various activities.

The unit is spacious and bedrooms are very comfortable with televisions, music systems and easy chairs where residents can sit quietly doing their own preferred activities as observed by the inspector.

Some residents liked to potter around the centre and they had their own preferred jobs in the house which helped to support their independence.

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):

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

Findings:

The actions from the previous inspection had been satisfactorily resolved. The risk management policy had been revised to comply with the regulations and included the process for learning from and review of untoward events. The inspector found that the policy was implemented in practice.

Systems for identifying and responding to risk were found to be proportionate and

balanced with some improvements in systems for review of incidents for learning required. While audits were undertaken the information was not analysed to ascertain precipitating factors and therefore remedies. These included incidents of challenging behaviours and medication errors .The inspector acknowledges that such events were not a significant feature of the service.

There were detailed individual risk assessments and management plans for pertinent issues including falls, smoking or choking risks and these were updated and reviewed following any incidents.

There was a signed and current health and safety statement available. Six monthly audits of the environment and work practices were undertaken and any issues identified were updated regularly.

There were policies in place including a detailed 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.

The policy on infection control and the disposal of sharps was detailed Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary.

The risk register was centre specific and relevant to the residents and the environment. Risks identified included both environmental and clinical in accordance with the residents needs and there were controls in place to mitigate against these.

Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. The provider had made a significant investment in installing these systems. Fire doors were installed.

The inspector reviewed the fire safety register and saw that fire drills had been carried out quarterly and included the residents. No issues were identified in evacuation for the residents who had personal evacuation plans available.

There were manual handling plans and speech and language plans available for the residents which were also updated.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The policy had been revised to ensure it was in accordance with the Health Service Executive (HSE) policy to ensure satisfactory screening, implementation of safeguarding plans and adequate review of incidents. However, while safeguarding and intimate care plans were in place they required improvements to ensure they were sufficiently detailed to guide staff and took residents' preferences into account. The safeguarding plan was generic and did not take account of the identified issues to ensure the residents' fears were allayed. The intimate care plans did not ensure that residents' preferences for the gender of staff that carried out such care in some instances very intrusive procedures, was considered.

The provider employed a dedicated social work service. There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse. The inspector was informed that no such allegations were currently being investigated in the centre.

There were also pictorial and easy read versions of safeguarding systems for residents. Residents who could communicate informed the inspector that they felt safe in the centre. Staff were able to articulate their understanding and responsibilities in relation to this and were very clear on what behaviours were not acceptable. They expressed their confidence in the management team to respond promptly to any incidents.

The inspector found that the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and undertaken with consistent multidisciplinary guidance and review.

Both mental health and psychology services were available internally and resident's psychosocial needs were very well assessed and supported. Behaviour support plans were detailed and staff spoken with demonstrated an understanding of the underlying causes of behaviour and were seen to implement the plans.

The policy on the use of restrictive practices included both physical and chemical restraint. It clearly defined the exceptional circumstances in which such procedures should be used and how they were to be monitored and overseen. With the exception of minimal and robustly reviewed medication no other restrictive practices were implemented. The records showed that the medication was only used occasionally.

However, a review of the challenging behaviour critical reports did not indicate that the protocol was followed as directed by the prescribing clinician on some occasions, for example, that the behavioural interventions were utilised prior to administration of the medication.

All staff had training in challenging behaviours including in MAPA (a specific system for the management of challenging behaviours) and no physical interventions were used in

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):

No actions were required from the previous inspection.

Findings:

The inspector found evidence that resident's healthcare needs were very well supported. There was good access to general practitioners and out of hours service was also used where necessary. The complexity of the residents healthcare was recognised and well monitored. Interviews and records indicated that there was frequent, prompt and timely access to the necessary services.

There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, dieticians and physiotherapy and psychiatry. The interventions of these clinicians informed the delivery of care on a daily basis.

The inspector found that evidenced based assessment tools were used for falls, dependency levels, nutrition and pressure area risk. These informed detailed care management plans which staff were familiar with.

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage specific healthcare needs.

The inspector saw from records and speaking with staff that families were kept fully informed and involved in regards to healthcare issues and appointments. Inspectors were informed and saw evidence that if a resident was admitted to acute services staff were made available to remain with them to ensure their needs were understood.

Residents' nutritional needs were addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. They were also aware of resident's preferences and residents helped staff to do the shopping. The meal times as observed were social occasions with staff joining residents.

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):

No actions were required from the previous inspection.

Findings:

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

Where medicine errors were noted remedial actions were taken but the systems for review of such incidents was not robust. This is actioned under outcome 7 health and safety. No controlled medication was being used at the time of the inspection but there was an appropriate system in place should this be required.

The inspector was informed that only staff who had undergone medication management training were administering medication and competency was assessed following the training. Medication was dispensed in controlled systems to support the non nursing staff.

The inspector saw evidence that medication was reviewed regularly by both the residents GPs and the prescribing psychiatric service. No resident was assessed as having the capacity to self-administer medication.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose required some amendments in order to accurately reflect the service provided and the nature of the service provided to residents. The person in charge agreed to remedy this.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the governance arrangements were effective to ensure the safe delivery of care. The person in charge had resigned post in September 2016. The arrangements for the absence while awaiting the outcome of the recruitment process was satisfactory. The regional service manager took on the responsibilities for the post in the interim with the support of the team leader. HIQA were notified of the absence as required.

The newly appointed person in charge was available during this inspection and very familiar with the centre and the residents' needs by virtue of long service in the organisation. She was suitably qualified for the post. There was clear governance and reporting structures in place.

The provider nominee was the chief executive of the organisation and was the director of services for the region.

The local management team included the regional services manager, acting person in charge, human resources, social work and psychology department, human resources and training/ quality manager. The provider nominee had commissioned one six monthly unannounced visit with another scheduled to take place. The report covered pertinent issues such as complaints, behaviour supports and multidisciplinary reviews for the residents. Any issues identified were noted for action.

In addition, there was a schedule of person in charge visits which were unannounced and dealt with protection systems, observations of interactions between staff and residents and safety issues. Again any issues noted were responded to.

The inspector reviewed the annual report for 2015 and found that this covered a range of issues including data on accident or incidents, complaints, and finances and included the views of relatives and residents which were very positive. However, this the information was not analysed to provide detailed review of the quality and safety of care. This finding was discussed with the regional manager at feedback who agreed that they were reviewing the process. Information from audits and accidents was used by the quality review team to monitor practises.

They were in the process of having the annual report compiled in a format which was accessible to the residents.

However overall the inspector was satisfied that coupled with the level of review and other quality assurance systems these were part of an ongoing process in development.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The action from the previous inspection had been addressed. There was a centre-specific policy on recruitment and selection of staff, a lone working policy had been developed and an annual staff support/ appraisal system had been implemented. While mandatory training was up-to-date staff did not have training in the use of oxygen which was a prescribed requirement in this instance.

A number of staff had been with the service for some time. There was an induction programme in place. Staff were supervised on a day-to-day basis by the team leader who monitored residents plans. There were detailed day-to-day communication systems

used to ensure consistency. Team performance meetings were held circa twice yearly according to the records and these addressed issues such as reviewing residents personal plans.

The residents were assessed as not requiring fulltime nursing care but the team leader is a qualified intellectual disability nurse who oversees the clinical care needs of residents. The inspector was satisfied that the numbers and skill mix of staff were suitable to the needs of the residents. Staff spoken with had a good understanding of the residents' needs and preferences.

There was an actual and planned roster available and the inspector saw that apart from some specific periods staff primarily worked alone. At weekends where the residents did not attend day service, two staff were available for periods to facilitate the residents' chosen activities.

Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified by the person in charge prior to taking up appointments. A small number of volunteers some of whom had previously worked in the service provided additional activities and outings for the residents. The inspector was informed that the required vetting and recruitment information was available with the human resources department. Staff had either social care qualifications or FETAC level five as the minimum requirement.

A review of files and the training matrix showed that there was a commitment to mandatory training with all of the staff allocated to the centre having undertaken fire safety, manual handling, medication management and challenging behaviour training within either a one year or two year time frame as dictated by the policy.

All non nursing staff had first aid training including the management of choking which had they had utilised successfully on one occasion.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The actions from the previous inspection had been addressed with documentation including the required policies on safeguarding, nutrition and the provision of information to residents were in place and had been revised.

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:

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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004139
Date of Inspection:	12 October 2016
Date of response:	18 November 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 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:

Systems for analysis of data on accidents and incidents did not provide for review and learning from untoward event.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

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:

Review of incidents/accidents will take place at Multidisciplinary Team meetings and at regular Team meetings.

Proposed Timescale: 30th December & ongoing.

Proposed Timescale: 30/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Safeguarding plans were not sufficiently detailed to guide staff where specific risks were identified from peers.

2. 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:

Safeguarding plans are being reviewed and will take into account specific risks.

Proposed Timescale: 30/11/2016

Theme: Safe Services

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

The provision of intimate care to residents did not take account of the residents preferences in order to preserve their dignity.

3. 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:

Intimate care plans are currently being reviewed and will take into account preferences of individuals.

Proposed Timescale: 15/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not provide details of the specify care and support needs the centre is intended to meet.

4. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 Statement of Purpose has been revised and submitted.

Proposed Timescale: 11/11/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff did not have training in some procedures required for residents healthcare.

5. 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:

The use of oxygen has been reviewed by the General Practitioner, these individuals are no longer prescribed oxygen, and therefore training is no longer a requirement.

Proposed Timescale: 25/10/2016

