

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Aspire Residential Unit
<b>Centre ID:</b>	OSV-0001530
<b>Centre county:</b>	Dublin 16
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Asperger Syndrome Association of Ireland Limited
<b>Provider Nominee:</b>	Brendan O'Leary
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 08 December 2016 09:00 To: 08 December 2016 17:45

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

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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection.

This was the third inspection of the designated centre, the purpose of which was to monitor ongoing regulatory compliance. The centre was last inspected in September 2014. Eight outcomes were inspected against on this inspection.

How the inspector gathered evidence.

The inspection took place over one day and was facilitated by the person in charge. As part of the inspection the inspector spoke to the person in charge and to one member of staff. The inspector also briefly met the residents and reviewed documentation such as personal plans, staff rosters, staff training records, risk assessments, fire safety records and centre policies.

Description of the service.

The centre provided residential services to two residents. The centre had produced a statement of purpose which outlined the aims of the centre were to provide person centred care to residents with Asperger's Syndrome, supporting residents with their social, communication and living skills, enabling them to live a fulfilled and if possible, independent life. The inspector found the care and support provided to residents met the aims of the service as outlined in the statement of purpose. Residents were supported in line with their wishes to meet their assessed needs as

detailed in their personal plans and residents were supported to access their community. There was ongoing initiatives to support residents gain further skills and as such independence in their everyday life. The centre was located in a suburban area and was close to a range of community and transport facilities. The centre could accommodate both males and females.

Overall judgement of findings.

The inspector found residents were provided with a good standard of care and support and residents needs were met in line with their personal plans. The centre was in compliance or substantial compliance across six outcomes including social care needs, health and safety and risk management, healthcare needs, medication management, safeguarding and safety and records and documentation.

Moderate non compliances were identified in the following outcomes:

- Outcome 14 - Governance and Management - relating to inadequate management systems to oversee, monitor and improve if required, the service provided
- Outcome 17- Workforce - relating to staff training and staff records.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included 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 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:**

Overall the inspector found residents were provided with a good standard of care and support. The needs and support requirements of residents were set out in a personal plan. Most aspects of the personal plan were subject to regular review however, improvement was required in some areas of the personal plan.

The inspector reviewed two personal plans as part of this inspection. Each resident's needs had been assessed and residents' social care, healthcare and personal care needs were identified. Residents accessed relevant healthcare and educational professionals in the community in accordance with their needs, and assessments by these professionals contributed to the overall assessment of need. Residents were actively involved in the assessment process and in the subsequent development of personal plans.

Personal plans were developed outlining the actions and supports required to meet identified needs. Plans developed were comprehensive and guided practice. Residents attended regular reviews with relevant professionals and recommendations arising from reviews formed part of personal plans. Documentation was maintained in personal plans in relation to multidisciplinary team appointments. Residents' representatives attended reviews of the residents' personal plans should the resident wish. In addition, a keyworker completed a monthly report on residents' needs and the implementation of personal plans. Each resident had a structured timetable, agreed with the resident, which set out activities and schedules in order to support the resident in achieving their personal plan. Personal plans were fully accessible for residents.

Residents accessed a range of facilities in the community in accordance with their

wishes and needs, for example, colleges, libraries, local restaurants, shopping centres and local parks. Residents were also supported to maintain and further develop independence skills such as using public transport, money management and preparing meals. Individual goals were developed for residents and most goals were implemented and regularly reviewed with the resident. However, documentary evidence was not available to confirm one goal, had been implemented or reviewed. Goals incorporated areas such as developing food preparation skills, further educational opportunities and developing computer skills.

**Judgment:**

Substantially 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:**

Overall, the inspector found the health and safety of residents, visitors and staff was promoted however, improvement was required in fire safety systems.

Suitable fire equipment such as a fire alarm, fire extinguishers, emergency lighting and smoke alarms were provided in the centre and records were available to confirm all fire equipment had been serviced in the past year. Daily and weekly fire checks were completed including exits, emergency lighting, fire alarm, and fire doors. There were adequate means of escape and all exits were unobstructed on the day of inspection. A fire evacuation plan was displayed in the kitchen however, the inspector found a plan had not been developed for the centre which detailed the specific requirements of this centre in the event of a fire. In addition the needs of residents requiring support had not been considered as part of an evacuation plan. The inspector spoke to one staff member on the day of inspection, who was clear on the actions to take to safely evacuate residents in the event of a fire.

Fire drills were completed at regular intervals and the inspector reviewed records pertaining to these. However, the inspector found fire drills records were not specific and did not record the time of day or night, the names of staff and residents participating and any issues which may have arose during a fire drill. In addition, the records indicated drills had taken between 10 - 15 minutes to complete an evacuation however, on discussion the person in charge outlined the actual evacuation generally took 2 minutes approximately and the drills records included a post drill reflective discussion, hence the 10 - 15 minute timeframe. The inspector requested a drill be trialled on the day of inspection and this was completed within a two minute timeframe.

There were policies and procedures relating to risk management and emergency planning. The emergency plan outlined actions to take in the event of incidents such as fire, gas leak and serious injury, and arrangements for alternative accommodation were developed as part of this plan. There was a policy relating to incidents where a resident goes missing.

A risk management policy was developed and included the risks as specified in Regulation 26. Comprehensive risk management plans were developed which identified potential risks in the environment, such as falls, fire, security issues, chemical ingestion, lone working and injury. These risk management plans detailed the control measures to mitigate the risk of these hazards. Individual risk assessments had also been completed and related to specific potential risks to residents' safety and the actions to reduce the impact and likelihood of these risks.

An incident management policy was developed and included the arrangements for the responding to, reporting and recording adverse incidents, and for analysing incidents to identify trends and developing action plans where required. There were no adverse incidents reported since the last inspection.

The centre had policies and procedures relating to health and safety including a food safety policy, guidelines on safe food handling and an infection control policy. The inspector observed food safety measures were implemented such as checking and recording of food, fridge and freezer temperatures. Colour coded mops and buckets and colour coded chopping boards were also available. Information was available on chemicals in use in the centre.

Satisfactory procedures were in place for the prevention and control of infection and the inspector observed suitable handwashing facilities and personal protective equipment were available in the centre.

**Judgment:**

Substantially Compliant

**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:**

Overall the inspector found measures were in place to protect residents and residents were provided with therapeutic interventions to support their emotional wellbeing.

There was a policy in place on the prevention, detection and response to abuse and staff had received training on safeguarding. The inspector spoke to two staff on the day of inspection and staff were knowledgeable on what constitutes abuse and the action to take in the event of an allegation, suspicion or disclosure of abuse. The staff were observed to interact with residents in a caring and sensitive manner. There was an appointed designated liaison officer. There were no safeguarding concerns on the day of inspection.

There was a policy in place on intimate care and where required intimate care plans were developed. These plans outlined residents' intimate care support requirements while ensuring residents personal preferences and privacy was maintained.

There was a policy in place on behavioural support and a policy on the use of restrictive procedures. A restraint free environment was promoted in the centre. Plans were developed outlining interventions to support residents with their emotional and behavioural wellbeing and these plans had been subject review within the last year. Plans were comprehensive and guided practice.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found residents' healthcare needs were met.

Residents were supported to access relevant healthcare professionals and where interventions and follow up tests were recommended by professionals, these were implemented. For example, the inspector observed nutritional interventions were in place and monitoring observations were recorded and reported back to the relevant professional as part of a review process. Residents were supported to attend a dentist in the community.



The inspector reviewed records of meals served to residents and found choices offered were varied and nutritious. Residents were encouraged to make healthy food choices and visual aids were available to support this process. Residents were also supported to prepare their own food, and plans were developed in personal plans to support this skill development initiative.

**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):**

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

**Findings:**

The inspector found residents were protected by the centre's policies and procedures for medication management. Some improvement was required in the details on PRN (as required) prescription records.

There was a policy on medication management including ordering, prescribing, storing and administration of medication. Individual medication management plans had been developed as part of residents' personal plans. The inspector reviewed prescription and administrations records. Most prescription records were complete however, the maximum dosage was not consistently documented for PRN (as required) medication. Administration records confirmed the medication had been administered as prescribed to the resident for whom they had been prescribed.

Suitable storage was available for medication and medications were securely held. Medications received were checked in by two staff and a record was maintained. Appropriate arrangements were in place for the disposal of medication and storage was available separate from regular medication. Out of date or unused medications were returned to the pharmacy and a recording system was developed for this process.

The person in charge completed a monthly medication management audit which included prescriptions and administration records, administration practices, storage and medication packaging. The centre availed of the services of a community pharmacy. The person in charge informed the inspector the pharmacist had attended the centre and given information and advice to staff on prescribed medications and monitored dosage systems in use in the centre.

**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):**

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

**Findings:**

Overall the inspector found that while the service provided met the needs of the residents, and the management structure was defined, the system for reporting service issues and developments from the centre level to the nominated council was not clear. Documentary evidence was not available to confirm any issues in the centre were discussed with the provider nominee. Improvements were also required in the annual review of the quality and safety of care and support and in the six monthly unannounced visits by the provider. There was no formal staff appraisal system in place and the inspector found the arrangements for the person in charge to provide an on call service while on unexpected leave and some planned leave was not appropriate.

There was a management structure in the centre. A full time person in charge was employed in the centre. The person in charge reported to a provider nominee, who was also a member of the service' elected council. The provider nominee met with the person in charge on a two monthly basis however, there were no documented minutes of these meetings. There was some evidence that the provider monitored some systems in the centre, for example, the provider nominee had signed quarterly reviews of incidents in the centre. An out of hours on call system was also provided by the person in charge 7 days a week, with the exception of some planned leave. However, the inspector found on review of rosters, the arrangement for the person in charge to provide this cover when on unexpected leave and some planned leave was not safe and appropriate.

The elected council met every second month and as part of the action plan response from the previous inspection, the provider had identified the governance of the residential service would be discussed and documented at these meetings. However, no records were available on the day of inspection to confirm this action had been implemented. The person in charge assured the inspector she would request the

provider, forward these records to HIQA however, these records were not received at the time of this report.

An annual review of the quality and safety of care and support had not been completed. An unannounced visit by the provider had not been completed to date.

The person in charge worked full time in the centre and was knowledgeable on the residents' needs and support plans. The person in charge was responsible for the day to day management of the centre which included supervising care and support provided to residents, managing staff, identifying staff training needs and arranging training. There was an allocated budget for the centre, and the person in charge managed a defined budget for costs such as food and some household costs. The person in charge facilitated staff meeting at approximately three monthly intervals and residents' needs, policies and procedures, training and health and safety were discussed at these meetings.

**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):**

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

**Findings:**

Overall the inspector found sufficient staff were available in the centre to meet the needs of the residents. However, improvements were required in refresher training and in staff records.

There were sufficient staff with the right skills, qualifications and experience to meet the needs of the residents. A social care worker was on duty at all times and the person in charge also worked during the day, five days a week. There was an actual and planned roster available. Informal supervision was provided by the person in charge on a day to day basis, and while a formal supervision or appraisal system was not in place, this is discussed under Outcome 14.

The inspector reviewed records of training provided to staff in the centre and while staff

had received all mandatory training, refresher training had not been provided in medication management. Additional training had been provided in areas such as Autism and Asperger's Syndrome, infection control, risk management and first aid.

Policies and procedures were in place for the recruitment and vetting of staff. The inspector reviewed a sample of four staff records and found most of the required information as specified in Schedule 2 of the Regulations was available. One staff did not have a second reference on file.

There were no volunteers employed in the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Since the previous inspection most outstanding policies had been developed with the exception of a policy on the monitoring and documentation of nutritional intake.

The inspector reviewed the residents' guide and the guide contained all the information as required by the Regulations.

Records were maintained of any items which residents had purchased for their rooms.

**Judgment:**

Substantially 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:***

Caroline Vahey  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Asperger Syndrome Association of Ireland Limited
<b>Centre ID:</b>	OSV-0001530
<b>Date of Inspection:</b>	08 December 2016
<b>Date of response:</b>	09 January 2017

### 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 05: Social Care Needs

**Theme:** Effective Services

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

Documentary evidence was not available to confirm the implementation or review of a resident's personal goal.

#### 1. Action Required:

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

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

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

The resident's care plan to be reviewed with key-worker pertaining to personal goal section. Specific goal to be reviewed based on identified needs and updated

**Proposed Timescale:** 31/01/2017

**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:**

A fire evacuation plan specific to the designated centre had not been developed. The specific supports required to assist a resident in the event of a fire were not been clearly set out in a plan.

Records maintained in respect of fire drills required improvement.

**2. Action Required:**

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

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

Records of Fire Drills have been updated to be more specific and incorporate a realistic timeframe for which evacuation occurs.

Personal Emergency Evacuation Plans to be developed that detail correct procedure for vacating the premises in the event of a fire.

**Proposed Timescale:** 28/02/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

PRN (as required) prescriptions did not consistently have the maximum dosage in 24 hours stated.

**3. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

General Practitioner to update maximum dosage amounts of PRN medicines on resident's individual Kardex for guidance.

**Proposed Timescale:** 16/01/2017

**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 the quality and safety of care and support had not been completed to date.

**4. 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:**

Provider nominee made aware of annual review to comply with standards. This is to be completed and available for residents and staff.

**Proposed Timescale:** 28/02/2017

**Theme:** Leadership, Governance and Management

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

The provider had not carried out an unannounced visit to the centre to date.

**5. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Report of unannounced visit made by the provider to be made available for two unannounced inspections per year



**Proposed Timescale:** 28/02/2017

**Theme:** Leadership, Governance and Management

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

Performance appraisals were not completed for staff members.

**6. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Social Care Manager to conduct performance appraisals of staff members

**Proposed Timescale:** 20/02/2017

**Theme:** Leadership, Governance and Management

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

The arrangement for the person in charge to provide an on call service while on unexpected leave and some planned leave was not safe and appropriate.

Documentary evidence was not available to confirm issues pertaining to the centre were discussed with the provider nominee and also with the elected council, both of whom formed part of the management structure in the centre.

**7. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Team Meeting arranged to discuss on-call changes. Full time staff to share on call duties.

Meetings of council minutes available. Meetings of minutes between Social Care Manager and Provider Nominee available.

**Proposed Timescale:** 19/01/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A second reference for one staff member was not available in their records.

**8. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Second reference for staff member available in personnel file

**Proposed Timescale:** 09/01/2017

**Theme:** Responsive Workforce

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

Staff were not provided with refresher training in medication management.

**9. 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:**

Refresher training made available for staff in medication management

**Proposed Timescale:** 28/02/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There was no policy available on the monitoring and documenting of nutritional intake.

**10. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Nutrition Policy to be completed and made available specific to the service

<b>Proposed Timescale:</b> 31/01/2017