

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maranatha
Centre ID:	OSV-0001704
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
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: 25 April 2017 10:00 To: 25 April 2017 20:30

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

Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
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

Summary of findings from this inspection

Background to the inspection:

This was the fourth inspection of this designated centre. The purpose of this inspection was to follow up on the actions identified from the previous inspection and to assess on going regulatory compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, met with four residents and spoke with the person in charge and three staff members. The inspector viewed documentation such as, care plans, support plans, recording logs, policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the designated centre. This included meal times and activities. One resident stated "I am happy living here, I get to go out shopping and go to places I want to go". Another resident showed the inspector renovations occurring to their bedroom to expand the space in the room for storage. This resident was in the process of decorating this room with the assistance of staff

members. Within areas of the house art work was displayed, a resident showed various pieces to the inspector which they had completed.

Description of the service:

This designated centre is operated by Sunbeam House Services Limited by Guarantee and is based in Shankhill in Co Dublin. Four residents resided in the designated centre at the time of this inspection three male and one female. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose.

Overall judgments of our findings:

Ten outcomes were inspected against and two outcomes were found in compliance and three outcomes were found to be substantially compliant. Five outcomes were found to be moderately non-compliant. Improvements required in areas such as; risk management systems, medication management and health and social care planning.

The person in charge facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

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 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector reviewed this outcome in relation to the non-compliances identified on the previous inspection and found the action had been achieved.

Residents' communication needs were outlined within their files.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The inspector found the action from the previous inspection remained outstanding. Written agreements were in place, however, the person in charge identified the fee specified was under review.

The information outlined in the tenancy agreement viewed specified the tenant was

responsible for all internal decoration and for any breakages of glass in the windows or any damage to fixtures and fitting. This document also stated the tenant was responsible for insuring the contents of their dwelling. The inspector was informed this document was not reflective of actual practice within the designated centre.

The inspector viewed service level agreements these identified the cost to residents should they wish to go on a holiday to include the cost of the holiday and the staffing hours. The inspector asked for clarity around this additional cost, the inspector was informed was the organisations policy for residents to pay the full cost of holidays. One resident stated they "felt it was unfair" on them that this cost would be imposed. However, the person in charge stated they did not impose this cost to residents, and covered the cost of staffing within the overall budget for the centre.

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:

The inspector found the social care needs of each resident was supported and facilitated in the centre. However, some resident's plans did not review the effectiveness of the plan.

The system of personal social plans within the centre involved personal outcome measures encompassing 23 quality-of-life indicators as an assessment. This plan was to be completed once every three years. The inspector was informed this system was currently under review. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months.

The inspector viewed three resident's social plans. The inspector found a wide variety of person-centred goals were identified including: Spanish lessons to enable communication with family members living in Spain, knitting and sewing classes, visits to

family members and short breaks with a family member living within another organisation. However, some plans required improvement as goals identified were not implemented into practice as discussed with the person in charge. Improvements were also required within some plans in relation to the level of progression and the effectiveness of the goals and interventions identified.

The inspector also found the review process required improvement, for example, a personal plan dated 2016 reviewed goals set in 2014. No evidence was available if goals were reviewed annually as required by regulations.

The inspector spoke with four residents in relation to their social plans and they were familiar with aspects of the plan in place.

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):

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

Findings:

The inspector found the designated centre was suitable for the number and needs of residents. Improvements were required in relation to the risk management system and fire containment measures.

The centre had a health and safety statement. The responsibilities of the various staff members within the organisation were outlined. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices.

The centre had an organisational risk management policy in place, which included the specific risks identified in regulation 26. The centre had a risk register, which recorded a number of risks within the house and the controls in place to address these. The inspector found this document required updating to ensure all location risks were identified such as, needle stick injury.

The inspector also viewed individual resident's risk assessments for areas such as, self harm, epilepsy, choking and vulnerability in the community. Improvements were required within assessments for residents who were able to stay in the house without staff supervision, some staff were unclear on the period of time residents may be left

alone.

The inspector viewed records a fire drill dated 31 January 2017, all four residents evacuated the designated centre. Residents had PEEP's (personal emergency evacuation plans) in place to assist staff to safely evacuate all residents. The inspector viewed training records for a sample of eleven staff members and found they had training in the areas of fire and people moving and handling. No evidence was available for residents who remained in the designated centre without staff supervision in relation to them safely evacuating the house without staff members present.

It was not clear if sufficient fire containment measures were in place, in line with the requirements of regulation 28.

Sharps were used within the centre, however, there was no label or tagging system used for the sharps container within the centre for identification purposes.

The designated centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding and power failure.

There was a system in place for recording accidents and incidents occurring in the centre. The person in charge outlined the process for dealing with these and ensuring learning from any adverse incidents or accidents occurred. The inspector viewed a number of incidents which occurred in the centre and the follow up of these incidents to mitigate future reoccurrence.

There was certification and documentation to show the fire alarm, emergency lighting and fire equipment were serviced by an external company this was dated December 2016.

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):

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

Findings:

The inspector found there were appropriate measures in place to protect residents from being harmed and to keep people safe. However, some improvements were required in relation to the information contained within behavioural support plans.

The inspector viewed training records for eleven members of staff and found they had received training in the area of adult protection and safeguarding training. However, one member of staff had not received any refresher training since 2013.

The inspector viewed resident's behavioural support plans, two of these required updating to ensure the document was effectively and consistently guiding staff. Sections of the plans viewed were blank and therefore, could not guide staff members effectively. For example, the section in relation to 'interventions for staff members to implement' contained no information. The inspector also viewed the section in relation to the effects of administering chemical restraint, this also contained no information nor did the section for additional supports to ensure maximum comfort and safety for the resident. The inspector also found some pages from one of the behavioural support plan was missing. Some therapeutic interventions were inaccurately recorded, this was discussed with the person in charge. The inspector also identified some plans did not clearly identify when chemical restraint should be administered to alter displays of behaviours.

The inspector found staff members spoken with were clear in relation to the reporting structure in place should an allegation of abuse arise. Residents spoken with were also clear should they observe or experience aspects of service delivery in an inappropriate manner that they would report this to.

There was a policy in place on the prevention, detection and response to abuse.

There was a policy in place for providing intimate care and plans were in place for residents whom required support in this area.

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:

Each resident was supported to achieve their best possible health. However, improvements were required in the information and implementation of interventions contained in some resident's healthcare plans.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed. The inspector viewed three residents' healthcare plans.

The inspector found some healthcare conditions were not identified within the assessment despite a support plan in place for the condition for example, gastrointestinal issues. The inspector also identified some conditions were identified within the assessment, however, no support plan was present in relation to the specific healthcare need. The details contained within some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions. This was identified and discussed with the person in charge on the day of inspection.

The inspector found some of the interventions specified within residents care plans were documented inconsistently. For example, the blood glucose range and when ranges were to be checked. Some documents viewed identified levels were to be obtained twice a day, however, the recording viewed demonstrated levels were obtained ones a day on some occasions.

The inspector found healthcare plans contained generic information not relevant to residents. For example, the document stated staff support my personal care, eating well, being more active and plans in relation to smoking, alcohol use and drug intake. Some of these documents were signed by residents; however many of these issues were not relevant to residents in the centre.

Residents had access to a G.P. (general practitioner), three residents had received an annual review within the last 12 months, including phlebotomy tests as required for some residents due to medication prescribed.

Regarding food and nutrition inspectors found residents participating in mealtimes within the centre in accordance to the residents' preferences in relation to food choices. The inspector viewed one resident had their diet modified, however, this was not based on any assessed need. Instead this was completed by staff members following an incident without any swallow assessment completed or referral to any members of the disciplinary team.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

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

No actions were required from the previous inspection.

Findings:

The inspector found the medication management system within the designated centre required some improvement in relation to the management and administration of medication.

No guidance was available in relation to the administration of some PRN medicine (a medicine only taken as the need arises). The inspector found staff members were not always guided effectively and consistently in the administration of medication. For example, residents were prescribed two medications for pain without guidance for staff on which to administer.

The inspector found some PRN medicine was not available within the centre and some PRN medicine did not contain a date of opening.

The inspector found accurate records were not maintained in relation to stock balances for some medications stored within the centre.

Administration recording documents were in place for each resident and a number of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, administration recording sheets did not match the administration records for example, the times administered did not match the times the medication was prescribed.

The centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a week.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the centre and found preventative measures were put in place to mitigate the risk of future reoccurrences.

The inspector found the signature bank within the centre was completed.

Judgment:

Non Compliant - Moderate

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 updating to reflect the actual whole time equivalent staff members required to operate the designated 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):

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

Findings:

The inspector found the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The inspector found there was an auditing system in place of areas within the designated centre, this included medication, accidents and incidents, monthly finances. The person in charge outlined plans to develop more audits relevant to the centre.

The inspector viewed minutes of staff meetings within the centre areas relating to residents along with organisation issues and relevant policies were discussed with staff members.

The person in charge met with their senior service manager to review service provision. The inspector viewed minutes of the previous two meetings.

The inspector viewed minutes of the senior management team meeting. Areas discussed related to the whole organisation including training, budgets, safeguarding

and protection. These were available for the person in charge to read within the computerised system.

The person in charge facilitated this inspection. From speaking with the person in charge at length over the course of the inspection it was evident they had knowledge of the individual needs and support requirements of each resident. Each staff members spoken with was complementary of the support provided to them from the person in charge. The person in charge was supported in their role by a senior service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection the inspector observed residents knew the person in charge and were very comfortable in their communication with this member of staff. The person in charge worked on a full time basis between two designated centres.

There was annual review of the quality and care completed in this designated centre dated 2016.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six-monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 08 February 2016 and another one dated 07 and 08 March 2017 the action plan for this report was currently under development.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

The inspector found the actual and planned rota was maintained within the designated centre; however the rota maintained did not clearly identify the times staff members

were on duty at any time during the day and night.

The inspector viewed a sample of four staff members' supervision records.

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:

Karina O'Sullivan
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 Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001704
Date of Inspection:	25 April 2017
Date of response:	14 June 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreement for the provision of services was not reflective of practice.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All service level agreements will be amended to record the changed fee, this will be complete on or before 23/06/17.

All residents are now registered as tenants with the RTB 'Residential Tenancy Board as of April 2017. A full review of all tenancy agreements issued by the service housing department is now underway. All residents will be issued with updated tenancy agreements reflective of practice and provision on the ground by 31/09/17.

Proposed Timescale: Action 1- 23/06/17 Action 2- 31/09/17

Proposed Timescale: 30/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some goals identified were not implemented into practice.

2. 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:

The PIC will schedule review meetings with all residents and their keyworker to assess goals as current, past or completed. Where goals have changed or require focus the plan will be updated.

Proposed Timescale: 21/07/2017

Theme: Effective Services

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

Some personal plans reviews did not assess the effectiveness of each plan and take into account changes in circumstances and or new developments.

3. 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:

An effectiveness log will be formulated which will accompany all plans or recorded goals, the aim of this log is to record progress or record completion.

Proposed Timescale: 22/06/2017

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:

The system in place within the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies required improvements in relation to the location and individual risk registers and assessments.

4. 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:

The risk register was updated on 26/04/17 to include risk of needle prick.

A specific fire safety care plan is now in place for a resident who is able to stay in the house without staff supervision, this plan now operational, the plan guide's actions required in the event of a required evacuation the plan also specifies monthly training and drills specific to lone occupation for one client. The first training session and drill was completed on 09/06/17.

Proposed Timescale: Complete 26/04/17 and 09/06/17

Proposed Timescale: 09/06/2017

Theme: Effective Services

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

There was no label or tagging system used for the sharps container within the designated centre for identification purposes.

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with

the standards for the prevention and control of healthcare associated infections published by the Authority.

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

An alternative sharps bin with appropriate labelling/ tagging has been supplied as of 11/06/17.

Proposed Timescale: 11/06/2017

Theme: Effective Services

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

It was unclear if adequate arrangements were in place for the containment of fire within the designated centre.

6. Action Required:

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

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

A review will be carried out by the Housing and maintenance department of the company of the fire containment measures within the designated centre to establish if upgrade or replacement measures are required.

Proposed Timescale: 30/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some plans did not clearly identify when chemical restraint should be administered to alter displays of behaviours that challenge.

7. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Since the inspection of the designated centre the provision for the administration of chemical restraint has changed due to its usage in one case not being required for a considerable amount of time therefore provision for usage in this instance has been discontinued after appropriate consultation with medical practitioners. There remains provision for administration of chemical restraint for one resident and in this instance an

administration protocol is in place.

Proposed Timescale: 23/05/2017

Theme: Safe Services

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

Staff members were not guided effectively or consistently in the management of resident's behaviours that challenge, elements of plans were blank and some pages were not present. Some therapeutic interventions were inaccurately recorded.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The PIC will conduct update and accuracy review meetings with residents and relevant keyworkers. Reviews and required amendments will be completed by 21/07/17.

Proposed Timescale: 30/06/2017

Theme: Safe Services

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

One staff required refresher training in the area of safeguarding.

9. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The staff member has since inspection completed refresher safeguarding training.

Proposed Timescale: 17/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Evidence of some interventions were not completed as described within care plans

viewed.

Some of the interventions specified within residents care plans were documented differently in different areas of the plans for example, diabetic management.

10. Action Required:

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

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

The relevant diabetic management plan has been accuracy reviewed and updated since time of inspection.

Proposed Timescale: 09/06/2017

Theme: Health and Development

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

Some conditions were identified within the assessment, however, no support plan was present in relation to the specific healthcare need.

Some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions.

11. Action Required:

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

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

The PIC will conduct a review meeting of each health & wellbeing plans also a referral will be made to a speech and language therapist.

Proposed Timescale: 31/07/2017

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:

No guidance was available in relation to the administration of some PRN medicine.

Some PRN medicine was not available within the designated centre and some PRN medicine did not contain a date of opening.

Accurate records were not maintained in relation to stock balances for some

medications stored within the designated centre.

Administration recording sheets did not match the administration records for example, the times administered did not match the times the medication was prescribed.

12. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Since inspection PRN medications that were rarely required have been discontinued in consultation with the general practitioner.

Since inspection stock balance records for all medications are now in place.

Since inspection 'date of opening' labelling is on all PRN medication.

Alternative administration record sheets are being sourced from pharmacy that will match the times the medication is prescribed for.

Proposed Timescale: 19/06/2017

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 required updating to reflect the actual whole time equivalent staff members required to operate the designated centre.

13. 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:

Statement of purpose will be updated by PIC reflecting actual whole time equivalent staff members required to operate the designated centre.

Proposed Timescale: 23/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The rota maintained did not clearly identify the times staff members were on duty at any time during the day and night.

14. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Since inspection the rota has been amended to identify the start and finish times of shifts on each day, full names and positions have also been added to the rota.

Proposed Timescale: 01/06/2017