

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Alder Services
Centre ID:	OSV-0004060
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Frances Murphy
Lead inspector:	Thelma O'Neill
Support inspector(s):	Grace Cunningham
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
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: 11 January 2017 08:00 To: 11 January 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 this centre by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

This was an unannounced inspection and inspectors reviewed the actions taken by the provider following the last inspection on the 03 February 2015. This designated centre is part of the service provided by Ability West Galway.

How we gathered our evidence:

As part of the inspection, inspectors met with the five residents living in the residential house, as well as the residents admitted for respite on the day of inspection. Inspectors observed residents being supported in a respectful and dignified manner. Inspectors spoke with staff members about the management and operation at the centre, as well as observing care practices. In addition, inspectors reviewed documentation such as personal care plans, medical records, risk assessments and policies and procedures. Furthermore, inspectors met with the

person in charge and discussed their role and responsibilities in relation to the needs of residents and management of the centre.

Description of the service:

The centre provided residential and respite services to 10 adults with intellectual disabilities. The centre comprised of two community houses located in Galway City. Five residents lived in one house, and five residents received respite services in the other house. The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided, and was reflective of the centre.

Overall Findings:

Inspectors reviewed actions taken by the provider following the previous inspection. Inspectors found that three of the four actions arising from the inspection in February 2015, were completed. However, on this inspection, further actions were identified to ensure compliance with regulations, these issues are outlined in the main body of this inspection report.

The centre was inspected against ten outcomes. Inspectors found compliance or substantial compliance in four of the ten outcomes inspected. These included; safeguarding and safety, healthcare needs, medication management, records and documentation. However, six outcomes were moderately non-compliant. The non-compliances related to: residents' rights, dignity and consultation; admissions and discharges; social care needs; health and safety and risk management, governance and management, and workforce.

Overall, inspectors found that there were adequate governance and management arrangements in this centre to ensure good oversight of the service. However, areas of improvement were required and these are identified under each outcome. The main 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.

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):

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

Findings:

Residents told inspectors they were very happy with the service provided. Residents said they were consulted about the management and running of the house, and their privacy and dignity were respected.

Residents' meetings were held monthly to provide residents with the opportunity to make choices, discuss their opinions and preferences regarding the day to day management of the centre.

Residents' financial affairs were managed with the support of staff and their families. There was appropriate support and supervision in place to safeguard residents' money. Each resident's financial records were checked regularly, and an up-to-date ledger maintained for all residents with receipts maintained for all purchases. This was to ensure that residents' money was used appropriately and stored securely.

Resident's activities were agreed at house meetings and at residents' individual personal planning meetings. An itinerary of activities was available to residents, based on their interests and choices. For example, activities such as sports, shopping and attending concerts and holidays. Residents had the opportunities to meet visitors in private, if they wished, and were facilitated to visit family and friends.

The inspector found that the management of complaints had not changed since the last inspection. The two previous actions relating to complaints were not complete. However, the person in charge completed the required actions before the end of the inspection. In

addition, the inspector found that one complaint, that was active for a number of months, was not addressed by the complaints officer in line with the organisational policies and procedures.

Furthermore, one complaint was outstanding relating to the lack of a continuous 7 day service at the centre, which the provider was currently reviewing.

Judgment:

Non Compliant - Moderate

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 centre provided a five day residential and respite service with weekend respite offered to some residents. All residents except one person had signed a written agreement pertaining to the residential placement. Four of five residents receiving full-time care had their service provision split between a 5 day service and respite services at the weekends. Residents had expressed concern about this service provision as it was not effectively meeting their needs.

There was one action issued following the last inspection. It was now complete. The admissions, including transfer and discharge and temporary absence of residents policy had been reviewed. Service level agreements were in place for most resident which outlined the services provided to residents and the measures in place to safeguard residents in respite. However, one service level agreement was subject to a review and was not yet complete.

One resident that was recently admitted to the respite service from another centre did not have an admissions assessment completed. The service level agreement which included their terms and conditions of their respite service had not been reviewed or updated.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident's social wellbeing and welfare was maintained in the centre. Residents' were provided opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, although there was an assessment of needs completed in the residents' personal plans, there were no actions identified to ensure that resident's wishes would be achieved. Details about who was responsible for achieving social goals was also not recorded in the person centred plans, particularly when the goals were shared between day and residential or respite services. Furthermore, some respite residents did not have personal planning meetings completed since 2013 and required review.

Also in the respite house, there was no evidence that residents' healthcare needs were reviewed annually. Some residents' files did not have details of residents' health conditions such as epilepsy, diabetes or the management of the risks associated with these conditions. Consequently, there were no evidence that appropriate measures were in place to ensure staff were equipped to meet the residents healthcare needs in the event of an emergency.

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):

No actions were required from the previous inspection.

Findings:

Fire safety equipment in the centre had been serviced annually. There was a fire safety policy in place and an emergency plan in place on the day of inspection. The fire detection and alarm service records were on display and up to date. There was emergency evacuation lighting in operation and suitable fire containment measures in place. For example, there was an up-to-date record of fire drills. This showed that regular fire drills had been carried out in the past six months. Residents with specific needs had an individualised fire evacuation plan completed, which documented the type of assistance they would need during an evacuation of the centre. The fire alarm system had been serviced and no faults were detected.

Individual risk assessments were completed for all residents in the centre. However, some risk assessments required review following an increase in risks for some residents. For example, one resident with poor eyesight had two falls recently, in addition, there were risks identified that other residents could also fall in the centre, particularly on the stairs and these risks required review.

The inspector also found that one respite resident with complex medical needs did not have a risk assessment completed, to assess the level of risk associated with their medical condition. Furthermore, additional appropriate measures were required to ensure that staff were appropriately qualified and knowledgeable of the residents conditions to effectively support the residents care when admitted on respite.

Furthermore, the upstairs bedrooms were used as respite rooms and the windows opened out fully. Residents that used these bedrooms had not been risk assessed to ensure there was no risk of residents falling from the windows upstairs.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that the provider had systems in place to

safeguard residents against abuse. There were no safeguarding issues being investigated at the time of this inspection. Staff were aware of what constituted abuse and the actions to take if they witnessed abuse or if abuse was reported to them. However, five staff did not have up-to-date training in safeguarding and safety.

There was no behaviour management issues in this centre and residents did not require the use of a behaviour support plan. However, the protocols around the use of environmental restraints required review. The use of environmental restrictive practices was in place in some residents bedrooms in the form of a listening monitor at night. A referral had been made to the human rights committee in 2014 in relation to this restrictive practice, but the restriction was not reviewed by the committee and the use of the restriction was still in place.

Judgment:

Substantially 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):

Findings:

On the day of inspection, inspectors found that residents were supported to achieve the best possible health.

Residents were supported to attend appointments with allied health professionals such as speech and language therapists and occupational therapists. Residents were also being reviewed by medicals professionals such general practitioners, psychiatrists and specialised medical professionals.

Residents receiving the residential service had their healthcare needs met by the organisation, and residents receiving respite services had their healthcare needs attended to by their family members. The inspectors found that the recommendations from both allied health professions and medical professionals had been implemented.

Food prepared for residents appeared nutritious and appetising. Inspectors observed residents being offered snacks and refreshments. Residents who required modified diets had been assessed by the speech and language therapist and information to support the dietary needs of these residents was readily available.

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:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the practices around the administration of medications to residents required review.

Although the management of medications was found to be compliant on the last inspection, There were 18 medication errors identified in 2016. On review, most of these errors related to incorrect medications being sent into the centre for respite admissions, as often residents' medications had changed since the last admission. The actions taken to prevent medication errors were not adequate, and additional procedures were required to ensure that the correct procedures were followed, when administering medications to residents.

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 registered provider had systems in place for the governance and management of the designated centre. However, improvements were required in a number of areas in the centre.

The person in charge was found to be full time and suitably qualified for the role. She had extensive experience in the area of intellectual disabilities care services. It was clear that the person in charge had a thorough knowledge of the legal requirements of her role.

Management systems were in place that supported the delivery of effective care and support to the residents, through on call arrangements and a clearly defined management structure. In the absence of the person in charge, staff working in the centre had the responsibility of the day to day management of the centre.

The managers of the designated centre had demonstrated accountability and responsibilities in most areas of service provision. The person in charge of the centre had responsibilities for ensuring safe and effective services were provided and, in general, this was evident. The person in charge ensured that the organisations' quality system was maintained by organising regular resident and staff meetings in the centre.

An on call support system was available to staff outside normal working hours. The person in charge received supervision from her line manager.

The inspectors reviewed the six monthly unannounced audits were completed and available in the centre at the time of inspection. There was also an annual quality and safety report completed as required by the regulations, by the provider. However, they did not adequately identify and manage a number of ongoing issues in the centre, such as: the residents' right to choose where they received their respite, the management of health and safety and risk management, record keeping and reviewing residents' personal plans and staff training.

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):

No actions were required from the previous inspection.

Findings:

The staffing levels and skill mix of staff was sufficient to meet the needs of the residents in the centre, and was reflective of the statement of purpose.

Since the last inspection the person in charge had completed a programme of supervision for all staff. This included job performance and service user engagement.

Staff had completed the providers' mandatory training which included manual handling, health and safety training and safe administration of medication. However, five staff had not completed safeguarding of vulnerable adults training.

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):

No actions were required from the previous inspection.

Findings:

The records listed in Part 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy. However, residents 2016 medical notes were not maintained in the residents current medical file and were archived. Therefore, it was not easy to identify the diagnosis or medical conditions for some residents who were using the respite service.

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:

Thelma O'Neill
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 Ability West
Centre ID:	OSV-0004060
Date of Inspection:	11 January 2017
Date of response:	10 March 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

1. Complaints were not investigated promptly.
2. Actions agreed at a management meeting to address one serious complaint were not implemented as required.

1. Action Required:

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

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The complaints identified have been addressed and closed.

The Complaint Pathway Process has been addressed with the Team. A monthly audit and review of complaints is in place. Complaint Officer Training in the organisation is scheduled for the first quarter.

Proposed Timescale: 31/03/2017

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:

There was an absence of a written agreement for one resident recently admitted to the centre. It did not state the terms and conditions on which the resident shall reside.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A contract of care for respite provision has been issued to the resident who was recently admitted to the centre stating the terms on which that resident shall reside.

Complete

Proposed Timescale: 03/02/2017

Theme: Effective Services

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

Some residents' service level agreements and terms and conditions of their respite service was not reviewed or updated to reflect the changes in the service provision.

3. Action Required:

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

A contract of care is in place for the resident reflecting the change in the service provision. Furthermore the contract states the support, care and welfare of the resident and details of the services to be provided and the fees to be charged.

Completed

Proposed Timescale: 03/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Appropriate measures were not in place to ensure staff were equipped to meet the residents health care conditions in the event of an emergency.

4. Action Required:

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

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

A process was introduced with the day services to complete Person Centred plans for all residents availing of respite breaks.

An audit was completed of the assessed needs of each resident in the event of a health care emergency. This was addressed with the Staff team and emergency protocols regarding health needs were introduced as required and now in place. Also a review of training needs analysis has been completed.

Proposed Timescale: 15/03/2017

Theme: Effective Services

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

Residents did not have a comprehensive health and social care assessment completed annually.

5. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A Comprehensive Assessment of needs is carried out for all residents annually.

Health care assessments are carried out for all residents availing of a residential placement. A system is in place for residents availing of respite whereby staff contact families for updates on any change in their health care needs on a monthly basis.

Completed.

Proposed Timescale: 17/01/2017

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:

1. Individual risk assessments required review following an increase in risks for some residents. For example, falls safety management.
2. The bedrooms upstairs were used as respite rooms and the windows opened out fully. Residents had not been risk assessed to ensure there was no risk of residents falling from the windows.

6. 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:

Individual risk assessments have been reviewed and updated.

The service risk register and individual residents risk assessments have been reviewed and updated as required to reflect any risk associated with the upstairs windows.

Completed

Proposed Timescale: 14/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Protocols were not in place to ensure environmental restriction were in line with best practice and national guidelines.

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:

A referral was submitted to the Positive Intervention Committee and was addressed in line with best practice and national guidelines. A record of this is now in the centre. The restriction continues to be under review.

Completed.

Proposed Timescale: 17/01/2017

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:

Procedures to ensure that appropriate medications were received for residents while in respite care were not in place.

8. 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:

A system is in place for residents in respite in adherence to the organisation's policy and procedure. A letter is being circulated to all families of residents availing of respite reiterating the organisation's policy and procedure on medication management.

Proposed Timescale: 28/02/2017

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:

The provider did not ensure that there was sufficient oversight of the managements systems in place in the centre and that action was taken to ensure that the service being delivered was safe, and in line with residents needs.

9. 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:

A number of audit tools have been implemented to monitor service delivery on an ongoing basis. A schedule of increased support and supervision will be instigated for the Person in Charge.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Five members of staff did not have up to date training on safeguarding and safety.

10. 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:

All staff are up to date on Client Protection/Safeguarding training and any training deficit has been addressed following an audit of Training Needs Analysis. Completed.

Proposed Timescale: 03/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Residents medical condition were not documented in their working files.

11. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

A system is in place for residents availing of respite whereby staff contact families for updated on any change in their health care needs and documentation is in place in the centre to reflect this.

Completed

Proposed Timescale: 17/01/2017