

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Designated Centre 7
Centre ID:	OSV-0004130
Centre county:	Dublin 6w
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Cheeverstown House Limited
Provider Nominee:	Paula O'Reilly
Lead inspector:	Karina O'Sullivan
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 February 2017 10:30	07 February 2017 19:30
08 February 2017 09:00	08 February 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 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

An initial inspection in 2014, was completed as a result of the provider submitting an application to register this designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, at the time this designated centre was not found to be in sufficient compliance with the regulations in order for the chief inspector to grant registration. Following this, meetings were held between the provider and the health information and quality authority (HIQA) and subsequent action plans were agreed. An unannounced inspection took place in November 2015 and improvements were identified, however, a number of issues remained

outstanding. Poor managerial oversight and governance arrangements continued to be impacting upon the quality of lives of residents. The complex governance and management arrangements did not identify clear lines of authority and accountability. Subsequently in early 2016 HIQA issued the provider a timeline to implement appropriate arrangements in relation to assigning appropriate persons in charge.

The provider responded appropriately by putting persons in charge in each designated centre. The person in charge of this designated centre was subsequently interviewed in August 2016. The purpose of this inspection was to inform a registration decision and to ensure the revised governance arrangements were having a positive outcome for residents. Inspectors also follow up on the actions from the previous inspection to ensure agreed actions were being implemented. This inspection identified some improvements, however, some issues remained outstanding since the previous inspection.

How we gathered our evidence:

As part of the inspection inspectors visited four houses within the designated centre, met with seven residents and six staff members. Inspectors viewed documentation such as, care plans, person-centred support plans, recording logs, policies and procedures.

Description of the service:

This designated centre consisted of four houses based in Tallaght Dublin 24 operated by Cheeverstown House Residential Services. Three houses were currently occupied and the fourth house was awaiting occupancy. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The designated centre aimed to provide community residential support to male and female adults with intellectual disabilities. There was local access to public transport. One resident informed inspectors "I like this place" another resident stated "I would go to staff if I had something on my mind they help me here".

Overall judgment of findings:

Seventeen outcomes were inspected against. One outcome was found to be in major non-compliance with the regulations in relation to Outcome 7: Health safety and Risk Management. This mainly related to the area of fire containment and the use of an inner room as a bedroom for one resident. Six outcomes were found to be in full compliance and two outcomes were found to be substantially compliant. Eight outcomes were found to be moderately non-compliant. Areas of improvement included information contained within both healthcare and personal plans and also the management of medication.

The person in charge facilitated the inspection along with the clinical nurse manager three.

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 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:

Inspectors reviewed this outcome in relation to the non-compliances identified on the previous inspection and found three of the four actions had been addressed in relation to complaints and advocacy.

Inspectors found there was a complaints policy and procedure in place, however, the complaints procedure did not specify a nominated person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure all complaints were appropriately responded to and a record of all complaints maintained. This was also identified on the previous inspection.

Other non-compliances were identified in relation to the follow through and the timeframes of some complaints. For example, some complaints remained opened without any identification if residents were satisfied with the progress or the outcome.

Residents had access to and were made aware of both the national and internal advocacy services. One resident within this designated centre was involved within the internal advocacy service.

Inspectors found accessible versions of the complaints procedure available and on display within the designated centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors found resident's communications were met within the designated centre.

There was a policy available on communication with residents and inspectors found staff members understood the individual communication needs of each resident living in the designated centre.

Inspectors observed arrangements were in place to support and assist residents to communicate in accordance with their identified needs and preferences. For example, some residents required the use of pictures to support their communication needs. Throughout the designated centre a lot of the information was made available in this pictorial format.

Communication needs were identified in communication assessments. From a sample number viewed, inspectors found the assessments captured the individual communication requirements of each resident. Where required, the use of healthcare professionals, such as, a speech and language therapist was also sourced to support individuals with their communication requirements.

Inspectors also found residents had adequate access to the radio, television, newspapers and internet in the designated centre.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found family, personal relationships and links with the community were being actively supported and encouraged. There was also a policy in place outlining visitors were welcome in the designated centre.

The designated centre had a visitor's policy which was dated October 2016. The aim of the policy was to ensure visits by family and friends were always welcomed in the designated centre.

Inspectors noted the staff team had gone to significant effort to ensure regular contact with family members formed part of the personal planning process for each resident in accordance with their preferences.

From six residents files viewed, inspectors observed family members were being encouraged and supported to keep in regular contact with each resident. Families had been invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

Inspectors observed some residents were being supported to keep in regular contact with family members and where required, staff members would accompany residents on visits to family homes. Family members could also visit the designated centre without any restrictions.

Within the new house links had been made with neighbours to establish a relationship and both individuals had met for coffee.

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:

Inspectors found improvements were required in relation to the admission policy and

the details contained within residents agreements along with the fees charged to residents as identified in the previous inspection. Inspectors found two of the four actions had been achieved.

Inspectors found the admission process did not reflect actual practice in relation to transitioning residents. Inspectors were informed this policy was currently under review and would be published in the first quarter of 2017. This was also identified within the previous inspection.

Inspectors viewed written agreements in place for residents, however, the fees charged to residents within the same house varied considerably for example, there was over €300 of a difference between two residents. The documents did not clearly specify the difference in the level of care provision to warrant a difference in fees paid. Inspectors also viewed evidence of residents paying for taxis on a regular basis, for example, €43 was paid in one month. It was unclear from the written agreements viewed what transport was provided by the organisation.

Inspectors viewed one transition plan in relation to the proposed new house within the designated centre. The resident discussed aspects of this plan with inspectors. The document provided clear evidence of what had been achieved in relation to the process of visiting the house, shopping for items including pictures, ornaments and discussing staff requirements with the person in charge. The resident identified they wished to change the rota's of staff members to facilitate a later time to retire to bed. This request will be taken into consideration when recruitment staff members.

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):

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

Findings:

Inspectors found the social care needs of each resident were being supported and

facilitated in the designated centre. Three of the four actions from the previous inspection had been achieved, however, some residents' plans were not reflective of practice and one resident did not have a social plan completed for 2017.

The system of personal social plans within the designated 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 information gained during the process contributed to the development of a personal plan. This plan required completion annually and review every three months.

Inspectors viewed six residents' social plans. The social plans viewed were dated within 2016. Goals were identified within these plans, however, inspectors found the review process was not effective in some cases. For example, some goals set were not reviewed within the review process and the dates documented in which the review was completed were not reflective of residents' plans. The person in charge identified some documented review dates related to an external member of a staff reviewing the process within the designated centre. Inspectors found this practice was not beneficial to residents' as goals or interventions were not reviewed during this process. From the information reviewed this process was an audit of documents in place rather than a review of residents' personal social plan.

Inspectors found one resident had no goals set on the day of inspection, as staff members were awaiting blank forms to complete the residents plan for 2017.

Some personal plans contained very clear progress of goals set, while other did not and no level of review of the effectiveness of the goals set were evident for some residents. For example, clear progression of a resident's goal in relation to increasing their independence within their home. Through learning and implementing the steps in making a cup of tea for themselves without the assistance of staff members.

Residents spoken with were familiar with some of the information contained within their plans and some of the goals they were working towards achieving. Residents' family members were consulted in relation to the personal plans in line with residents and family members' preferences. There was evidence of this maintained within some resident's files.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

Inspectors found the designated centre will be suitable and safe for the number and needs of residents. Once the changes outlined by the person in charge are implemented.

The designated centre comprised of three houses occupied by residents' and one house unoccupied awaiting occupancy, all of which were visited by inspectors.

The unoccupied house was currently being decorated by the proposed resident, inspectors spoke with this resident whom identified they were involved in the process of choosing furniture and other items for the house. This was a three bedroom bungalow with a kitchen cum dining area and a separate sitting room with an accessible bathroom to meet the needs of the proposed residents. Inspectors found the proposed house will meet the requirements of Schedule 6 in the regulations. For example, the proposed designated centre was appropriately heated, had suitable kitchen and laundry facilities while adequate private and communal accommodation will be available.

Inspectors viewed the other houses, in some instances residents' brought the inspectors around their home and identified various rooms and their purpose within the house. Inspectors found two residents were sharing a bedroom in one house, however, staff confirmed once the new bungalow is opened the bedroom would no longer be shared.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found parts of the designated centre was not suitable and safe for the number and needs of residents. Areas requiring improvements included personal safety plans, risk assessments and fire containment.

There was certification and documentation to show fire alarms, emergency lighting and

fire equipment were serviced by an external company as required by regulations. Inspectors found fire containment in relation to one house was not adequate as an inner room was used as a bedroom. Inspectors also viewed fire doors wedged open on the day of inspections with various items including a vegetable stand used to keep fire doors open.

Fire drills had taken place and documents recorded the time taken to evacuate. Any issues were identified along with the identification of residents, who had participated in the drill within the designated centre. Inspectors viewed a fire drill dated 15 September 2016, inspectors found the follow up to this was not timely.

The designated centre had an organizational risk management policy in place this included, the specific risks identified in regulation 26. The designated centre had a risk register and this recorded a number of risks within the houses and the controls in place to address these.

There were individual risk assessments for residents in place these included displays of behaviours, unexplained absence, trips and falls. Inspectors found this system required improvement as information contained in some individual risk assessments were inconsistently documented. Inspectors viewed documents identifying risks with different levels of risks identified for the same resident in relation to the same risk. Inspectors also identified some areas of risk were not risk assessed such as; choking as this was identified as a risk. Risk management was also identified on the previous inspection and despite an updated action plan submitted to HIQA by the provider, identified this would be completed by January 2016, this remained outstanding.

The designated centre had a health and safety statement dated March 2016 was present. This outlined the responsibilities of the various staff members within the organisation. The statement referenced a wide range of policies and procedures which supported the statement and guided staff in their work practices. 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. The plan identified specific alternative accommodation to be provided in the event residents could not return to the designated centre. This document did not make any reference to the new house proposed to be added to this designated centre.

Inspectors viewed draft guidelines in place for lone working within the designated centre.

There was a system in place for recording accidents and incidents occurring in the designated centre. Staff outlined the process for dealing with these and ensuring learning from any adverse incidents or accidents occurred.

Judgment:
Non Compliant - Major

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:

Inspectors found appropriate measures to protect residents from being harmed were in place within the designated centre. Some improvement was required in order to ensure behavioural support plans met the requirements of the regulations.

Inspectors were informed residents did not have behavioural support plan in place within the designated centre. However, when inspectors were viewing residents' files, inspector viewed an intervention in place within one resident's plan. This identified staff members were to follow the resident's behavioural support plan. The person in charge identified this resident did not have one in place. Inspectors found the interventions in place contained incorrect information and was also not detailed enough to support staff members in the implementation of consistent approaches to this aspect of care delivery.

From viewing staff training records one permanent staff member required training and five relief staff members required training in the area of behavioural support.

Inspectors viewed safeguarding plans in place, however, some of these documents included information relating to other residents.

There was a policy in place on the prevention, detection and response to abuse this was dated August 2014.

Inspectors viewed plans in place for providing intimate care to residents whom required support in this area.

Staff members had received training in the area of prevention, detection and response to abuse. However, some staff spoken were unclear of the reporting structure.

Inspectors found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Inspectors viewed the incidents log maintained in the designated centre and found incidents were appropriately notified to HIQA.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors found the general welfare and development needs of resident's were promoted. Residents were afforded opportunities for new experiences, social participation, education and training in accordance with the needs and preferences of residents.

Inspectors spoke with and observed residents, staff and viewed documentation and found residents were provided with suitable activities. This was in line with resident's goals, preferences and relevant to their needs. The staff members outlined how support was provided to residents to pursue a variety of interests including cinema, walks and meals out.

Inspectors found residents attended day services and plans were underway for two residents to be facilitated to have a day off from day services if they wished.

Inspectors viewed residents' profiles and these contained relevant information in relation to activities residents participated in. Some residents discussed their hobbies in relation to music and responsibilities within their home, for example, completing aspects of fire precautions. Another resident was involved within the community delivering news papers.

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:
Inspectors found each resident was supported to achieve the best possible health. Improvements were required within the details of the interventions specified for some healthcare needs and also the review of the effectiveness of the interventions in place.

The healthcare needs of residents' were completed via a plan incorporating nine areas of assessments. These included areas such as, communication, breathing and circulation, nutrition and hydration, continence and elimination, personal care, meaningful activities and sleep and rest. This was a new system implemented since the previous inspection.

Inspectors viewed six healthcare plans and found some of these required improvement in the following areas:

- the review and implementation of the interventions identified. For example, chiropodist visits were identified every six to eight weeks however, inspectors found this only occurred three times within 2016 with no identification why this provision of care was not provided for the resident. Inspectors also viewed a residents requiring monthly weight monitoring, this intervention was completed for four months out of 12.
- inspectors found some pressure sore assessments were blank and some were completed. However, no interventions were specified for some resident's identified with an at risk score from the assessment completed
- inspectors viewed some malnutrition assessments, however, while these were completed no follow up or interventions were implemented for some residents assessed

as at risk. Inspectors discussed some of these with staff members and established one resident's level of risk was calculated incorrectly since 02 February 2016. Staff confirmed this plan was reviewed and audited however, this aspect of care provision was not rectified. Inspectors identified concerns in relation to the review process of all plans. Inspectors were informed reviewed documented within the plans were in relation to the process rather than the actual content. Inspectors identified within one plan the name of another resident was present despite the plan having a review date. The person in charge confirmed the incorrect name of the resident was inserted within some of the interventions within the plan

- inspectors viewed evidence of one resident's weight as 26 kilograms on the 08 August 2016. No interventions were evident until the 12 January 2017 for this resident

- inspectors viewed assessments to establish the level of pain residents were experiencing at specific periods. Inspectors viewed some of these within resident files. However, some of these residents spoke directly with inspectors in relation to this provision of care. Residents were able to articulate to inspectors how they would inform staff members of the type of pain and the level of pain. Inspectors discussed this with staff members whom conformed some residents did not require this assessment as residents were able to articulate their needs directly to staff. Inspectors found this system of recording required review

- some interventions identified were not detailed for staff to implement effectively and did not reflect current practice with the designated centre. For example, a plan in place to support gastrointestinal issues was not reflective of current practice within the designated centre. This was discussed with the person in charge on the day of inspection

- inspectors viewed duplication of information in some files for example, epilepsy plans were present in multiple formats. Inspectors found this could miss-lead staff particularly when aspects of care provision were not included in all documents such as, the provision of a second administration of rescue medication.

Residents had access to allied health professionals, inspectors viewed evidence of this including physiotherapy and dentist.

Residents had access to a general practitioner (G.P) inspectors viewed phlebotomy results as required for some residents due to their diagnosis or their medication prescribed.

Residents requiring modification to the texture of their food was clearly outlined in the residents file. Staff members were knowledgeable in relation to the implementation of resident's food requirements. Inspectors viewed feeding, eating, drinking and swallowing (F.E.D.S) assessments in place for some residents.

Regarding food and nutrition inspectors found residents participating in mealtimes within the designated centre in accordance with residents' preferences in relation to food choices. Residents participated in cooking in accordance with their own preferences.

Inspectors viewed user-friendly menu selection of refreshments and snacks were available for residents outside mealtimes within the designated centre.

Judgment:

Non Compliant - Moderate

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:

Inspectors 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). Inspectors found staff members were not guided effectively and consistently in the administration of medication for example, when a resident was experiencing pain.

Inspectors found the stock balances for some medication was incorrect.

The designated 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. Inspectors viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences.

Inspectors found the signature bank within the designated 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):

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

Findings:

Inspectors found the statement of purpose did not fully meet the requirement of the regulations.

Information contained within the appendixes of the statement of purpose contained some incorrect information as two different versions of the organisational structure was present within the documents.

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:

Inspectors found the three actions from the previous inspections were achieved. Inspectors did identify some improvements in the governance and management of the designated centre. This included the appointment of a person in charge. However, improvements were required in the area of service monitoring to ensure safe, consistent and effective delivery of care in accordance with residents needs were provided. This was evident through the findings of this inspection within the outcomes inspected and the level of non-compliances identified.

Inspectors observed very limited auditing of areas within the designated centre.

Inspectors viewed audits and reviews conducted however, some of these focused on the actual documents instead of the outcome for residents.

Inspectors viewed minutes of regular staff meetings within the designated centre. There were standard agenda items, including review of medication errors and complaints audit was discussed. Policies were also discussed in relation to safeguarding and fire precautions.

The person in charge met with a clinical nurse manager three to discuss areas in relation to the designated centre. Inspectors viewed minutes of these meetings, however the follow up of some items were not evident. This was discussed with the person in charge on the day of inspection.

Inspectors also viewed minutes of meeting involving the person in charge and the provider, these meetings discussed organisational issues including staffing and policies.

Inspectors found there was a clearly defined management structure with lines of authority in place. However, the lines of accountability were unclear among the layers of management within the designated centre. Inspectors found incidences of this during the inspection when clarity was sought in relation the areas concerning the designated centre or individual residents. Various other departments or professionals were identified as accountable for these areas including the quality department and risk manager. Inspectors found this system was impacting on outcomes for residents at times.

Inspectors found an annual review of the quality and care was completed in this designated centre for 2016, however, the consultation with residents and their representatives was not evident.

The provider had carried out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. Inspectors viewed the previous one completed.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

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):

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

Findings:

Inspectors found the designated centre did not have sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents. Inspectors found improvements were required in relation to the provision of consistent staff members and information contained in staff files.

Inspectors viewed the proposed and actual staff rota and found them to be accurately maintained. Each of the houses were reliant on relief staff members. On the day of inspection there was 5.75 staff vacancies within the designated centre.

The staffing level in one house was unclear on Tuesdays and Thursdays as this was not based on any assessed needs of residents.

Inspectors found three appointments with members of the multi disciplinary were cancelled due to lack of familiar staff to assist the residents attend their review.

Inspectors found the action in relation to staff training was achieved with the exception on one staff member requiring training in people moving and handling.

Four staff files were reviewed as part of this inspection one of these files did not contain all the information as identified in Schedule 2.

Inspectors viewed a sample number of staff performance development reviews, and found these were maintained.

There was one volunteer within the designated 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:

Inspectors reviewed this outcome in respect of the action identified from the previous inspection. Inspectors found the action was ongoing in relation to implementing and reviewing schedule 5 policies.

- provision of behavioural support was dated April 2017 however this document was updated and dated February 2017. This version of the policy was not available within the designated centre

- resident's personal property, personal finances and possessions was in draft format

- the creation of, access to, retention of maintenance of and destruction of records was in draft format.

Over the course of the inspection, inspectors found the retrieval of schedule 3 documents difficult. Some documents were present in duplicate versions for example, healthcare plans and individual risk assessments. Other aspects of residents' assessments were left blank and undated. Inspectors found these documents did not guide staff effectively in the areas of care delivery. Inspectors requested to see information pertaining to behavioural support for one resident, this was not available within the designated centre.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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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 Cheeverstown House Limited
Centre ID:	OSV-0004130
Date of Inspection:	07 and 08 February 2017
Date of response:	03 April 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:

The follow through and the timeframe of some complaints required improvement to ensure all complaints are investigated promptly and residents are aware of the progress and outcomes.

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:

New complaints log sheet in local complaints folder to indicate if residents are aware of progress and satisfied with same.

All complaints will be reviewed and signed off by PIC monthly

Feedback to resident from staff who received complaints will be documented on complaints recording form.

Audit completed by person nominated under Reg 34 (3) and all findings and recommendations have been actioned with a final completion date of May 5th 2017.

For discussion at staff meetings with PIC as an agenda item.

Proposed Timescale: 05/05/2017

Theme: Individualised Supports and Care

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

The policy in place did not nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

2. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Nominated person identified within organisation and currently auditing complaints folders.

Policy is updated and includes person nominated in Regulation 34 (2) (a). Policy for circulation by 31st March 2017

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:

The admission policy did not reflect the admission practices within the designated centre.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Admission Policy will be updated so policy reflects practice, i.e. transition plan completed with resident, family and resident involved, resident involved in decorating and purchasing of household items similar to Statement Purpose and Function. Current policy to be reviewed, consultation with stakeholders and sign off by Board of Directors.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Some written agreements in place did not clearly outline the services to be provided and the fees to be charged.

4. 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:

One written agreement noted by inspectors was found post the inspection to be an administrative error and the finance department have confirmed that the LSC amount on the agreement was not the amount charged. Long Stay Charge assessments as per the RSSMAC regulation have commenced and are to be completed by end of 20th June 2017 as directed by HSE. Contract of Care to be reviewed to include utilities and items resident pays for and what is not included under the Contract of Care i.e. bin charges, medical costs, t.v. packages, taxis, access to MDT and allied health professionals

Proposed Timescale: 20/06/2017

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:

One resident had no social plan in place for 2017.

5. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All residents will have a personal plan including a social plan in place and current for 2017

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

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

6. 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:

Quality dept. and PIC are providing educating and upskilling for staff and keyworkers in relation to assessment of effectiveness of plans.

PIC will sign off on all goals to ensure goals are unique to person on an annual basis.

PIC will support keyworkers to review healthcare and social goals on a 3 monthly basis.

The review and evaluation will take into account changing circumstances and new developments and will be in accordance with the wishes of the person.

PIC will complete full review of each Person centred plan at a minimum of annually.

Proposed Timescale: 31/07/2017

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 systems in place in the designated centre for the assessment, management and ongoing review of risk required improvement.

7. Action Required:

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

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

Each person will have a risk assessment review completed by keyworkers and PIC. Risk review will occur at a minimum annually or more often if required.

Risk manager will be consulted regarding duplication of assessments.

Individual safety plans are for review and updating and will commence in April 2017

Proposed Timescale: 31/07/2017

Theme: Effective Services

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

Adequate arrangements for containing fires was not evident as some fire doors were wedged open on the day of inspection.

8. 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:

As part of their training and induction staff are made aware of which doors within the premises are designated fire doors. Staff are responsible for ensuring that all fire doors are kept shut and not wedged open.

In the location where it is necessary for accessibility, for to hold open 2 fire doors, we are planning to do so with an electro-magnetic device linked to an automatic alarm system and such doors will be closed at night.

An accessible and appropriate door opening system has been sourced and the person has been assessed by OT.

The full quote for the conversion of the 2 doors including electrical works is pending and will commence once the total amount is agreed.

Proposed Timescale: 01/05/2017

Theme: Effective Services

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

Adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations was not evident for example, an inner room was used as a bedroom and follow up from fire drill was not timely.

9. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Michael Slattery & Associates Fire Consultancy Company have completed a review of

the location. Recommendations will be implemented in relation to an alternative exit from the bedroom as it is an inner room.
The bedroom window will be replaced with a door opening outwards into the rear garden.

Proposed Timescale: 04/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

From viewing staff training records one permanent staff member required training and five relief staff members required training in the area of behavioural support.

10. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Permanent staff will attend at the next training date.

All resource (relief) staff within this centre have received correspondence requesting they attend next available date for MAPA training on the 25th May 2017

Manager/PIC will continue to highlight with staff the need to keep training up to date

Proposed Timescale: 25/05/2017

Theme: Safe Services

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

Information in relation to the management of resident's displays of behaviour that challenge was inconsistent within one residents plan. This did not ensure staff had up to date knowledge and skills, appropriate to their role, to respond to displays of behaviour that challenge and to support residents to manage their behaviour in a consistent approach.

11. 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 reference to a positive support plan error on the individuals residents plan has been rectified. This now ensures staff receive correct and current information in relation to

this resident.

Proposed Timescale: 04/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some pressure sore, malnutrition and pain assessments were not implemented for residents appropriately

The incorrect name of a resident identified within a resident's plan

Some healthcare interventions were not detailed enough for staff to provide appropriate healthcare to residents

Implementation and review of healthcare interventions were not reflective of actual practice within the designated centre

12. 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:

Pressure sore, malnutrition and pains assessments will be reviewed and actioned upon in a timely manner. If access to community dietician be not available due to waiting list, applications will be made for the person for private consult.

All plans will be reviewed by keyworkers to ensure correct and current information is documented as per guidance on good record keeping.

Healthcare interventions (Plans of Care) will be updated and contain enough information to guide staff practice.

Review of plans will be carried out by PIC at a minimum of annually and more frequently for those with changing circumstances

Proposed Timescale: 30/06/2017

Theme: Health and Development

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

Duplication of information in some files for example, epilepsy plans were present in multiple formats. Inspectors found this could miss-lead staff particularly when aspects of care provision were not included in all documents such as the provision of a second administration of rescue medication.

Follow up on medical of interventions was not timely for example, in relation to weight management.

13. 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:

If access to community dietician is not available due to waiting list, applications will be made for the person for private consult which has been sourced.

Duplicated information will be reviewed by keyworkers and PIC and removed from care plans so as not to mislead staff.

Organisational review of documentation in relation to epilepsy plans has commenced with outreach neurology clinic with the goal to ensure the information is current, up to date guide staff practice and that documents are not duplicated.

Proposed Timescale: 30/06/2017

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.

Inspectors found the stock balances for some medication was incorrect.

14. 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:

Procedures regarding auditing of stock balances have been clarified with staff and included in the refresher medication management training. Stock audits count the dosage of the drug and not the amount of tablets.

Refresher training for staff on medication management has commenced. Three staff from DC7 are outstanding for attendance at the refresher training and they are booked to attend for the next scheduled training on April 19th 2017

New printed kardexes from community pharmacy are in process for all residents in DC7 and 8 people remain outstanding. The new printed Kardex will allow for GP's to make an indication/guidance entry for PRN medication.

Proposed Timescale: 19/04/2017

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:

Some information contained within the appendixes was incorrect as two different versions of the organisational structure was present within the documents.

15. 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 Purpose and Function will be reviewed and amended to ensure the correct information is present.

Proposed Timescale: 30/04/2017

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 annual review of the quality and safety of care and support in the designated centre did not provide for consultation with residents and their representatives.

16. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Audit tools will be reviewed and updated based on best practice to include both qualitative and quantitative information

A questionnaire for residents and their representatives will be designed to capture feedback on an annual basis and information collated will be reported through the end of year report on quality and safety of care and support.

Proposed Timescale: 30/11/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Effective follow up of some areas for example, the actions identified within the previous inspection were not achieved within the time frame specified.

Areas requiring improvement included risk management, fire containment, residents plans and staff training required improvement. All of which impact on the provision of safe appropriate and consistent service delivery to residents.

17. 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:

All staff will have access to training and this will be monitored by training department in collaboration with PIC/CNM3 and Support Team/Relief Coordinator

Support staff (relief) will receive correspondence regarding attendance at all mandatory training during the week 27th March.

Fire containment issue will be resolved. Currently awaiting fire consultant report.

Risk assessments and risk registers to be reviewed in consultation with Risk manager.

Training module will be reviewed to ensure it guides staff practice.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing level in one house was unclear on Tuesdays and Thursdays as this was not based on any assessed needs of residents.

On the day of inspection there was 5.75 staff vacancies within the designated centre.

18. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Staff member commencing work on Thursdays on 23rd March 2017 for one year with plan to review.

Assessment of need being reviewed across organisation. The purpose is to ensure staff are available when required based on individual need.

Rosters will be reviewed with assessment of need findings regarding appropriate number and skill mix of staff.

On the day of inspection staff vacancies related to proposal to open new location.

Vacancies will be filled upon authorisation from HIQA to open new location.

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

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

The reliance on relief staff impacted on the provision of continuity of care and support to residents for example, three appointments with members of the multi disciplinary were cancelled due to lack of familiar staff to assist the residents attend their review.

19. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

Consultation has commenced review with registered provider, PIC, Support Team/Relief Coordinator and HR with a view of offering specific purpose contracts to improve continuity of care and support to residents. Gaps in roster have been identified and recruitment request has been completed.

Regular resource staff are utilised to provide continuity of care.

MDT will be requested to arrange appointments suitable for ensuring continuity of care.

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

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

One if the four file viewed did not contain all the information as set out in schedule 2.

20. 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:

The staff file held in Human Resources will contain all the information as set out in Schedule 2.

Proposed Timescale: 03/04/2017

Theme: Responsive Workforce

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

One staff member required training in the area of people moving handling.

21. 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:

Staff member will attend next available training and all staff will have access to appropriate training.

Proposed Timescale: 14/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the schedule 5 policies remained in draft format.

The updated version of the provision of behavioural support policy was not available within the designated centre.

22. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

Promoting Positive Supports: Meeting Needs & Reducing Stress (behavioural support policy) has been approved by Board of Directors on March 10th and implementation plan including briefings for managers and staff has commenced.

Records Retention and Disposal Policy and Records Management Policy have been approved by Board of Directors on March 10th and implementation plan including briefings for managers and staff will commence.

Financial Policy has been circulated for consultation by Finance Dept.

To be forwarded for Board approval May 2017 and implementation plan will follow.

Proposed Timescale: 30/06/2017

Theme: Use of Information

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

The retrieval of schedule 3 documents difficult. Some documents were present in

duplicate versions others were blank and some information was not present in relation to behavioural support.

23. 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:

All files and folders will be reviewed in relation to duplications and incomplete documentation.

Proposed Timescale: 31/07/2017