Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Dara Residential Services
Centre ID:	ORG-0011102
Centre county:	Kildare
Email address:	bob.mccormack@dararesidential.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dara Residential Services
Provider Nominee:	Bob McCormack
Person in charge:	Bob McCormack
Lead inspector:	Conor Brady
Support inspector(s):	Linda Moore
Type of inspection	Announced
Number of residents on the date of inspection:	15
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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 January 2014 14:10	21 January 2014 18:30
22 January 2014 10:00	22 January 2014 15:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

The intended provider is Dara Community Living which is part of Dara Residential Services, a company registered as a charity. Dara Community Living (hereafter called the provider) is governed by a Board of Directors to whom the CEO reports. The nominated person to represent the provider and the nominated person in charge is Dr Bob McCormack (CEO).

This was an announced inspection of Dara Community Living to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013.

Inspectors met with management, residents and staff members over the two day inspection. Inspectors observed practice and reviewed documentation such as personal care plans, health plans, medical records, accident and incident records, meeting minutes, policies and procedures, governance and management documentation, staff training records and staff files.

Inspectors found that while there was some evidence of good practice in the designated centre, improvements were required in order to be compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. In particular inspectors found a disparity between the corporate organisational ethos and the actual practices evidenced at community house level.

Inspectors reviewed policies, procedures and documentation in the provider's main office in Celbridge, Co. Kildare. The inspectors then visited a community house that was adjoined by an apartment, which accommodated five residents, three of which were there at the time of the inspection.

Some of the areas requiring improvement identified by this inspection included:

- Insufficient staffing levels.
- A lack of appropriate personal care planning.
- A lack of multi-disciplinary assessment to inform personal care planning.
- Inadequate access for residents to necessary allied health professionals.
- A lack of a robust system to effectively monitor and review residents' needs and goals.
- The recording of residents' information and documentation was not sufficient.
- Risk management policies and procedures did not fully guide practice.

These areas for improvement are discussed in more detail later in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall, inspectors found that some elements of residents social care needs were met and that staff had a good knowledge of the residents they provided care for, however, substantial improvements were required in the areas of individualised assessment and personal planning.

Inspectors found that staff provided adequate social supports to residents and found examples of good practice regarding the meeting of some residents social care needs. For example, inspectors found that some residents' goals were supported through their personal plans. Inspectors also found that independent advocacy services were used in supporting residents to purchase a vehicle for their residence.

Each resident had a personal plan and inspectors reviewed a number of these plans. The personal plans contained some relevant information about the residents' backgrounds, profile, interests, goals and aspirations. However inspectors found that personal plans were not comprehensive and plans did not meet regulatory requirements. For example, inspectors found a lack of; updated resident information, reviewed plans, assessments, health plans/information and referral information. Furthermore, there was a lack of evidence to demonstrate that residents had been actively involved in the planning process. For example, residents personal plans had no evidence of involvement by residents and the personal planning meeting information (minutes/attendee's/dates) was not available in the residents' files.

Inspectors found that multi-disciplinary assessment and review was not apparent in the resident plans that were reviewed.

There was evidence that resident's opportunities to participate in meaningful community activities were being impeded by a lack of choice and/or inadequate supports. For example, on one evening of inspection three residents were due to go swimming. However, this activity did not take place as one resident did not wish to go and there was a lack of available staff to accompany the other residents. Inspectors were also concerned that the emphasis was on providing activities in the home as opposed to availing of such activities in the community. For example, art classes and music therapy was organised to come into the house every week as opposed to happening in a community setting. There was no evidence that this decision was choice based. Inspectors found that there were inconsistencies regarding some residents' opportunities to participate in activities in the community. Staff interviewed stated this is primarily a staffing issue. Management stated that where such patterns emerge additional targeted staffing can be put in place. This issue will be discussed further under Outcome 16: Use of Resources and Outcome 17: Workforce.

While inspectors were informed that annual planning meetings occurred and a number of goals for each resident were identified, there was no evidence of a robust system to ensure residents were actually meeting their goals. In addition, this process was not adequately reviewed and updated at regular intervals. As a result of this, it was not possible to use residents' personal plans to evaluate whether the activities enhanced the quality of life and improved outcomes for residents.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that while the provider had taken precautions to promote the health and safety of residents, visitors and staff, these need to be improved.

There was a safety statement in place. Inspectors read the risk management policies and found that they required updating to comply with the requirements of the regulations. For example, policies did not contain specific reference to learning from incidents and was not sufficiently detailed by which to guide staff. This was evident on review of residents' files, where risk assessments and ongoing monitoring had not been developed for a particular resident based on assessed need.

Inspectors found that the provider had recently implemented a risk register, however this had yet to be fully implemented into practice as only one risk had been identified.

Inspectors were satisfied that there were adequate measures in place regarding fire safety. Staff spoken to were knowledgeable, service records were up to date and fire drills and training had taken place. However, the person responsible for delivering in house fire training required up-to-date refresher training in this area.

Inspectors read the emergency policy and found it required improvements to include specific instructions regarding emergency accommodation should the centre require full evacuation.

Following review of staff files Inspectors were concerned that not all staff had current manual handing training.

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

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that the provider had measures in place to protect residents from harm and the risk of abuse. The provider and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspectors observed that the provider demonstrated a commitment to supporting staff in the area of identifying and responding to allegations of abuse as inspectors noted this formed part of the staff training schedule. On review of the files, inspectors found that an allegation of abuse was investigated and responded to appropriately. However, some improvements were required on the policy on protection of vulnerable adults to include the clear guidelines on the investigative process.

Inspectors found that all incidents and accidents were recorded appropriately.

Inspectors found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall, inspectors were not satisfied that residents healthcare needs were being consistently met or recorded in some incidences.

Residents had access to general practitioner (GP) and other allied health professionals such as Psychiatry.

Inspectors reviewed a number of files and found that:

- Assessments by allied health professionals were not consistently recorded. For example, where it was identified that a resident had been reviewed by psychiatry this was not recorded sufficiently in the care plan. In addition, where another resident was referred for an assessment, staff were not knowledgeable about this assessment.
- Care plans had not been updated to reflect the changing needs of residents for example a resident's care plan had not been updated to reflect that they no longer displayed behaviour that challenged as reported by staff.
- Where required there was no evidence that a resident had been referred for assessment by Speech and Language Therapist (SALT) for communication difficulties. Staff had however, employed a pictorial communication system in the absence of a full assessment.
- Some health care files were disorganised with outdated information on file, which made it difficult to assess what the current care needs of the residents were.

Inspectors found a home-cooked meal was provided to residents during the inspection. Staff spoke of the importance of an emphasis on healthy eating and a healthy eating folder was present with the residents' files. Staff informed inspectors of plans to employ the skills of a dietician/nutritionist to review the residents as the staff had recently undergone training with a dietician.

Inspectors observed a disjointed mealtime experience whereby two residents ate at the table and one resident was on his computer. Staff told inspectors that this was not the normal routine but was due to the inspection. Inspectors found that while residents appeared to enjoy their meal, there was no evidence that residents were in any way involved in choosing their meals or preparing their meals.

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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that a clear governance and management structure was evident. The person in charge was clearly able to outline to inspectors the systems and processes they had in place. However, the implementation of these systems and processes at unit level required some improvements.

Throughout the course of inspection and during discussion and interview with the person in charge, inspectors found that the designated centre is managed by an experienced, qualified and suitable person.

The person in charge works full-time and is supported by a Director of Administration, Service Manager, Team Leaders, Care Assistants and Clerical, Maintenance/Domestic staff.

The person in charge demonstrated a good knowledge of legislation and was sufficiently familiar with the regulations. The person in charge demonstrated a good commitment to continuous professional development and has completed a number of relevant and appropriate qualifications up to PhD level. Inspectors were informed by staff that residents had a good sense of the person in charge and some residents would call to the person in charges office on a regular basis.

The provider ensures residents' family members have a role in the governance of the designated centre by having three family members (where possible) on the Board of Management whose membership is rotated at three year intervals. Inspectors viewed evidence of this in the memorandum of association and also in correspondence to family members from the provider in this regard.

While inspectors were satisfied that the person in charge is appropriately engaged with the governance, operational management and administration of the designated centre, the implementation of systems and processes at unit level did not meet with regulatory requirements.

For example, inspectors found a disconnect between the providers ethos of personal outcome measures and the evidence found in residents' personal plans. There was not an appropriately managed system whereby residents' personal goals and objectives were adequately and effectively reviewed and monitored. This was discussed earlier in this report under Outcome 5: Social Care Needs.

Furthermore, inspectors found that while the importance of community integration was highlighted in the provider's statement of purpose, there was evidence of ineffective delivery of resources to facilitate this for a number of residents. This will be discussed further under Outcome 16: Use of Resources and Outcome 17: Workforce.

Inspectors found that clear lines of authority and accountability were present with staff members having annual performance appraisal and access to supervision with line management, however some of the supporting documentation regarding supervision was either not recorded or found not to be up to date.

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that while the designated centre was well maintained and well furnished from a facilities perspective, there were clear examples of staff resourcing impacting on the effective delivery of the care and support needs of residents.

The house was maintained to a good standard and had sufficient equipment to meet the needs of residents. Residents had their own individually designed, spacious rooms and had access to their own transport vehicle.

However, inspectors found it difficult to assess whether resources were distributed appropriately to ensure residents were achieving their individual personal plans. Due to a lack of appropriate evidence of a robust review system of personal plans, it was very difficult for inspectors to clearly see whether residents were sufficiently supported to achieve their identified goals. Inspectors did identify, through verbal evidence and a review of case notes, evidence whereby some residents had met certain identified goals however this was not consistent for all residents.

Inspectors found that staffing resources were directly impacting on residents needs. This has been discussed in some detail under Outcome 5: Social Care Needs and will be discussed further under Outcome 17: Workforce.

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

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall inspectors were concerned that insufficient staffing levels and the poor organisation of the roster resulted in negative outcomes for residents.

Throughout inspection residents appeared to be content with the staff member on duty who demonstrated a good rapport and knowledge of the residents present. Inspectors viewed the staffing rosters which matched the personnel on shift at inspection time.

Inspectors found recruitment procedures to be in place and staff files were well maintained and largely up to date. Inspectors noted issues on two staff files regarding appropriate references and photographic identification which the provider began to address over the course of inspection. Inspectors reviewed a volunteer policy containing evidence that the Garda vetting of volunteers had taken place.

Inspectors noted evidence of staff training in the areas of manual handling, protection, epilepsy, medication training and crises management techniques. There were some staff members who had outstanding training needs in the areas of fire safety and manual handling. The provider assured inspectors this would be addressed as a matter of priority.

As outlined earlier in Outcome 5: Social Care Needs, inspectors found evidence that residents could not go swimming due to insufficient staffing on the roster. On discussing this issue with staff, inspectors were informed of a number of other examples whereby residents' community integration and activity choices have been directly impeded by insufficient staffing levels. For example, residents attending activities against their wishes, activities being brought in-house not by choice but due to inadequate staffing levels, residents all attending the same activity as there is only one staff member on

duty.

Inspectors found that improvement was required regarding staff supervision arrangements. For example, there were no staff supervision records available at unit level. While inspectors were informed by the team leader that supervision was happening on an informal basis there was no structure or recording to evidence this. In addition to this, team leader supervision records reviewed by inspectors and were not kept up to date by the person in charge.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Health Information and Quality Authority

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Dara Residential Services
Centre ID:	ORG-0011102
Date of Inspection:	21 January 2014
Date of response:	3 March 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:
There was a lack of comprehensive assessment of residents' needs.

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:
Each person supported is being reviewed under a comprehensive health, personal/social and safety assessment. The review is being conducted by the Social Care Leader, Nursing Staff and the relevant health professional – GP and other allied health professionals.

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

Proposed Timescale: 30/04/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of adequate multidisciplinary review of resident's personal plans.

Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Social Care personnel and the Registered Nurse will review personal plans.
Where a person is under the care of a psychiatrist or psychologist, they will review that aspect of the person's health plan. All medical assessments will be conducted by the person's GP. A qualified Speech and Language Therapist will assess individuals with communication difficulties.

Proposed Timescale: 30/04/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence to demonstrate that personal plans were conducted to ensure maximum participation of each resident.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
In future Dara will generate written records of the person's attendance at and involvement in their personal plans and in the reviews of those plans.

Proposed Timescale: 30/04/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of a robust system to assess the effectiveness of residents' personal plans.

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:
Individual plans will be updated to reflect any changes in the person's priorities and needs, as well as their on-going supports. A formal review of the effectiveness of each plan will take place annually.

Proposed Timescale: 30/04/2014

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:
There was a lack of evidence of arrangements to ensure learning from serious incidents or adverse events involving residents.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
An Accident/Incident/Near Miss policy is in place to address learning from all incidents. This policy has an accompanying form. The provider did have copies of all Accident/Incident forms dating back to 2007 present on the day of the inspection and accompanying reports to demonstrate recording and learning from all incidents.

Proposed Timescale: 03/03/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not sufficient hazard identification and assessment of risk throughout the designated centre. Risk management policy did not fully meet the Regulations and did not guide practice.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Risk Management Policy is present. The Risk Register was recently established and is fully operational.

Proposed Timescale: 03/03/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of a robust system in the designated centre specifically for responding to emergency situations. Policy did not guide practice in the event of a total evacuation of residents.

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:
Emergency planning policy has been reviewed and amended to guide staff and managers on evacuation procedure. All staff have received training in emergency planning. An emergency list has been circulated to each house notice board.

Proposed Timescale: 03/03/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had up to date training in the areas of Manual Handling and Fire Safety. There were not adequate arrangements in place for staff to receive suitable training in fire prevention from a competent person.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
Fire Training: Safety Officer has completed Fire Marshall Training. Certificates are in date until 2017.

All staff have received fire training from an external provider. Certificates are in date until 2016.

Remaining staff due their Manual Handling Training will receive this in March from an external provider.

Proposed Timescale: 31/03/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors found a lack of access for residents to services by allied health professionals.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
As part of personal plan residents will have access to allied health professionals.

Proposed Timescale: 30/04/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence to demonstrate residents were supported to buy, prepare and cook their own meals.

Action Required:
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

Please state the actions you have taken or are planning to take:
Individuals are given the choice to do their grocery shopping and many do. In the future individuals who do the grocery shopping will be recorded on the weekly grocery shopping receipt. Residents are supported to prepare and cook their own meals.

Proposed Timescale: 03/03/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence to demonstrate residents had choice at mealtimes.

Action Required:
Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
A Speech and Language Therapist has been engaged to enhance the communication environment. This includes a communication board in each house where people will see photos of meal choices and indicate their preferences. In a shared house, individuals take turns in deciding what is for dinner. Where a person has special dietary requirements, their requirements will always be honoured.

Proposed Timescale: 30/04/2014

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:
There was a lack of a consistent and effective monitoring system to ensure the service provided was meeting residents' needs.

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:
Regular supervisory meetings of line managers and of direct support staff are now minuted and signed and retained for inspection. Action items are reviewed at the subsequent meetings.

Proposed Timescale: 31/03/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was evidence whereby a lack of staffing resources was preventing the effective delivery of care and support in accordance with the statement of purpose.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The roster is being reorganised to arrange more overlap between direct support workers and Team Leader. This will facilitate choice for people who need continual staff support, to remain in the house or go out to community activities.

Proposed Timescale: 30/04/2014

Outcome 17: Workforce
Theme: Responsive Workforce **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** There was evidence that the number of staff was not appropriate to the needs of residents. **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:** See Outcome 16: Use of Resources, above.
Proposed Timescale: 30/04/2014
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** There was evidence of training, including refresher training, not being up to date for each staff member. This was highlighted in the areas of Manual Handling and Fire Safety. **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:** Fire Training: Safety Officer has completed Fire Marshall Training. Certificates are in date until 2017. All staff have received fire training from an external provider. Certificates are in date until 2016. Remaining staff due their Manual Handling Training will receive this in March from an external provider.
Proposed Timescale: 31/03/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence to demonstrate adequate staff supervision.

Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
A template for recording supervision of frontline staff and a house meeting record template has been implemented.

Proposed Timescale: 03/03/2014