

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
Centre ID:	ORG-0011308
Centre county:	Kilkenny
Email address:	gdunne@soskilkenny.com
Registered provider:	S.O.S. Kilkenny Ltd
Provider Nominee:	Francis Coughlan
Person in charge:	Stephanie Downes
Lead inspector:	Vincent Kearns
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	18
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 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:
13 March 2014 09:00	13 March 2014 18:30
14 March 2014 08:30	14 March 2014 16:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

As part of the inspection inspectors met with residents, relatives, the person in charge, provider and other staff members. Inspectors met with the person in charge and examined policies and procedure documentation which covered issues such as medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents. The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- policies required updating
- there were no residents' contracts available
- personal plans were not adequate
- options for residents to participate in evening activities were not adequate
- not all premises were adequately clean
- there were health and safety issues
- staff training and development was not adequate

- medication management was not adequate
- written agreements regarding the roles and responsibilities of volunteers were not in place.

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 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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the statement of purpose and noted that residents were afforded respect, choice and dignity at all times through a holistic and person-centered approach to care. The statement of purpose emphasised that the centre provided a welcoming community based living in a home from home environment. Inspectors noted that the admission process was based on transparent criteria in accordance with the statement of purpose. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre over a period and speak to staff prior to admission. Inspectors were informed by the person in charge that consideration was always given to ensure that the needs and welfare of the resident being admitted were considered along with the needs of other residents currently living in the centre. Inspectors noted that there was a centre-specific admission policy that detailed preadmission arrangements and the admissions process which included an initial clinical assessment by a member of the multidisciplinary team. The policy also detailed arrangements for the provision of support, care and welfare for any new residents prior to admission. However, it was not adequate as it did not detail suitable arrangements to take account of the need to protect residents from abuse by their peers. In addition, inspectors were informed that there were no written agreements in relation to the term and conditions of admission to the centre and noted that such contracts did not detail the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre as required by the regulations.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a selection of personal plans which were comprehensive, centre-specific and generally person-centred. Inspectors noted that they detailed individual plans in relation to residents' identified needs including behavioural challenges, supports, medical issues and strategies agreed with residents' involvement in order to reach these stated goals. There was evidence of interdisciplinary team involvement in residents' care including nursing, speech and language therapy, general practitioner (GP) and psychology services. Personal plans were reviewed annually or more frequently if there is a change in needs or circumstances. There was evidence of a number of assessments such as monitoring of weight and blood pressure and ongoing monitoring of residents needs including residents' interests and communication needs. There was also evidence of residents' involvement in developing and reviewing their personal plan. However, from a review of a selection of residents' personal plans; inspectors formed the view that they were not adequate for the following reasons:

- personal plans were not made available in an accessible format to the residents
- there was an end-of-life section that had not been completed in the assessment section
- the action plan section had not been completed following personal outcomes assessment
- a number of risk assessments and daily living support assessments were not completed
- a number of personal plans did not assess the effectiveness of the plan
- action plans were mainly task orientated and did not maximise the residents' personal development.

There were a number of centre-specific policies in relation to the social care of residents including policies on assessing and management of individual social care needs.

Inspectors noted that a number of residents participated in their own individualised activities for example one resident had a job in a local factory and others attended a local day activity centre. Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. A number of residents went home for the weekends and inspectors noted that there was a

"My Life, My Choice programme", which detailed training, education and activity opportunities for residents. Residents to whom inspectors spoke with stated that they enjoyed attending activities and also participating in various outings and socials. Inspectors noted that residents were active and busy each day however, in two of the premises inspectors were informed that residents did not have any structured activities in the evenings. On the evening of the first day of inspection inspectors visited one of these premises and noted that there were six residents and one staff which was also the arrangement in the second premises. Staff to whom inspectors spoke with confirmed that this staffing arrangement restricted the options for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre consisted of three different premises located in the residential suburbs of Kilkenny city. Two of the premises were detached two-story houses in small modern housing estates. The third premise was a large single-storey house located on its own site. All premises were easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. Each of the premises was homely and met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the décor, design and layout were generally compatible with the aims of the statement of purpose. There were adequate showers and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Inspectors noted that most bedrooms had been personalised by residents with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. However, one of the premises did not provide suitable communal facilities for residents to receive visitors. In addition, another premises was not adequately clean; as inspectors noted that there was dust and cobwebs in a number of locations in the house.

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 - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were informed by the person in charge of the actions that had been taken to ensure a valid certificate of compliance regarding statutory fire safety and building control requirements. These actions included upgrading the fire alarm systems and work in relation to internal fire doors. Maintenance records for fire equipment including the fire alarm system were available and detailed the most recent inspection in January 2014. Inspectors reviewed the fire safety register and noted that fire training and evacuation for most staff was up-to-date with the most recent training recorded in March 2014. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire and staff confirmed that they had received fire training. Staff outlined to inspectors that each day staff conducted the fire monitoring duties including inspection of escape routes. However, inspectors noted that there were door wedges in use in a number of designated fire doors in each premise which potentially compromised the functionality of these doors in the event of a fire.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included any mobility issues such as screening for falls risks, daily living support plans such as diet and weight management and behaviours that challenge. There was a safety statement, an emergency policy and a centre-specific risk management policy. However, the risk management policy was not adequate for the following reasons:

- the policy did not provide hazard identification and assessment of risks throughout the designated centre for example; risks associated with residents smoking cigarettes and unrestricted window openings on first floor rooms
- the policy did not provide the measures and actions in place to control the following specified risks as required by regulations:
 - the unexpected absence of any resident
 - accidental injury to residents, visitors or staff
 - aggression and violence
 - self-harm
- the policy did not provide arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents
- the policy did not provide arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might

have on the resident's quality of life have been considered.

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:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was involved in the management of the day to day support provision for residents in the centre. The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. There was an assistant residential services manager who reported to the person in charge each day in relation to residents' care and welfare. Staff to whom inspectors spoke were able to clearly outline suitable arrangements for reporting any issues to the assistant residential services manager or the person in charge. Inspectors were informed by the person in charge that the safeguarding of residents was enhanced by the small number of residents in each house and the continuity staff; both residents and staff were well know to each other and any issues could easily be brought up. The person in charge informed inspectors that as residents attended different activities and work placements each day therefore residents also had the opportunity to meet and work with a verity of other staff to whom they could also raise any concern. Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive and respectful atmosphere that mainly emanated from the easy dialog between residents in their interactions with staff.

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse. Inspectors noted these policies were centre-specific and comprehensive and were due to be reviewed in January 2014. Most staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. Inspectors noted from staff files that adult abuse training had been provided however, one staff to whom inspectors spoke stated that she had not received training in relation to identifying and responding to adult abuse. From a selection of personal plans viewed inspectors noted that behavioural interventions records gave directions to

staff on how to prevent or appropriately respond to behaviour that challenges. Inspectors noted from reviewing staff training records that training in the management of behaviour that is challenging including de-escalation and intervention techniques had been provided. However, one staff member to whom inspectors spoke confirmed that they had not received suitable training in responding to behaviour that is challenging.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the residents' personal plan. From reviewing residents personal plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing. There was evidence of some health assessments being used in relation to physical wellbeing, epilepsy and eating and drinking assessments. Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Inspectors noted that there was information material in relation to healthy food choices available in each of the three premises. During the week the majority of residents' main meal was prepared and served in the activities centre which was located off site while all other meals were provided in each resident's house. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were checked regularly and weight records were maintained. Appropriate referrals for dietetic reviews were made, the outcome of which was recorded in the residents' personal plans. Inspectors noted that there was adequate provision for residents to store food in hygienic conditions however, staff completed the grocery each week and residents did not buy, prepare or cook their own meals.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Residents to whom inspectors spoke to confirmed that they had access to the pharmacist of their choice. There were records of training of staff in medication management and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in the staff' office in each premises however, inspectors noted that there were unsuitable practices relating to the prescribing, storing and administration of medication including the following:

- while the keys for the medication cupboard were stored in a in the staff office however, the staff office was not always secured
- residents' medication administration records did not have photographic identification in place
- while there was evidence of residents having been reviewed by their GP there were a number of medication prescriptions that signed and dated as far back to the early 2000's
- in a number of medication administration records the GP's signature was written once across a range of medications and was not individualized to each prescribed medication.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up to date version. Inspectors noted that a copy of the statement of purpose was made available to residents and their representatives.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, the deputy residential manager undertook her responsibilities. The person in charge informed inspectors that she was also appointed as person in charge for a number of other centres. The person in charge stated that she divided her time fairly evenly and spent more time in any one centre as required; depending on the circumstances or issues that required her attention. Inspectors noted that for each other centre there was also a deputy residential manager who regularly reported directly to the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre. Inspectors noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Staff to whom inspectors spoke to were clear on the management and governance arrangements including out-of-hours managerial support. However, the person in charge informed inspectors that they had not effective arrangements in place to support, develop and performance manage staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Inspectors noted that the person in charge was also supported by the provider who was located on site and was very accessible to the person in charge, the deputy residential managers and staff. The inspectors observed that the person in charge had an inclusive

presence in the centre and residents and staff confirmed that she was a committed and supportive manager. Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. The person in charge outlined to inspectors that there was an open door policy for residents and staff to approach her or any member of the management team. Inspectors noted at the main office near the activities centre; there was a large notice board with photographs of the person in charge and the provider that also indicated if they were currently in the building. This board welcomed residents' feedback and outlined in an easy read format, how to contact any member of the management team. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the standards were available in a number of the residents' houses and staff spoken to demonstrated adequate knowledge of the regulations and standards. The person in charge demonstrated a willingness and strong commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training was provided which included the following:

- fire safety training

- adult abuse training
- first aid
- safe carrying and support
- management of challenging behaviours
- standards and regulation
- medication management.

Inspectors reviewed a selection of staff files and noted that such files contained all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013.

There was a policy on the management of volunteers however, it was not adequate as it was dated as being reviewed in 2009 and it did not require that a written agreement regarding the roles and responsibilities be set out in writing. In addition, inspectors were informed by the person in charge that in practice such agreements were not in place.

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:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
Centre ID:	ORG-0011308
Date of Inspection:	13 March 2014
Date of response:	7 May 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 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:

To ensure admission policies and practices take account of the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- Amend Admissions Policy to outline the measures taken by SOS Kilkenny Ltd to protect residents from their peers. Put in place the following measures;
- Identify potential personality clashes through the use of assessments and discussion with families to ensure residents are placed correctly within the residential service.
- Risk assess individuals to determine potential for controlling or harming other

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

individuals, to ensure residential placement is appropriate for the individual and individuals residing within the home.

- Monitor and review new admissions on weekly basis to ensure suitability within home for a three month period, or longer if required
- Review existing residential placements at monthly house meetings to ensure all residents are safe and free from abuse from their peers.
- Provision of training to residents on how to protect themselves from abuse.
- Provision of training to staff on the identification and reporting of allegations of abuse
- Risk register to be developed in each house identifying potential risks.
- The use of complaints system for residents to communicate fears or concerns in relation to other residents.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure written agreements in relation to the term and conditions of admission to the centre that detail the support, care and welfare of the resident and details of the services to be provided for that resident or where appropriate, the fees to be charged in relation to residents care and welfare in the designated centre.

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:

Contract for the Provision of Services currently being signed and provided to each resident.

Proposed Timescale: 27/06/2014

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:

To ensure that the personal plan is available, in an accessible format, to the resident and, where appropriate, his or her representative.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Person centred plan currently being reviewed to be more amenable for residents, this will then be made available in easy read format for each resident and, where appropriate, their representative.

Proposed Timescale: 01/09/2014

Theme: Effective Services

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

To ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.

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:

- Plan currently under review.
- Each personal plan shall have a date for review and a named person identified to carry out review on an annual basis.
- Each personal plan will be reviewed when there is a change in need or when circumstances have changed by the key worker. This will be monitored by the Front Line Manager with responsibility for the residential home, at monthly house meeting.

Proposed Timescale: 01/09/2014

Theme: Effective Services

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

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 prior to admission to the designated centre.

Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

- An assessment will be carried out on each new admission prior to admission to the residential service.
- An assessment will be carried out on existing residents to determine their health, personal and social care needs by an appropriate health care professional.

Proposed Timescale: 01/10/2014

Theme: Effective Services

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

To ensure that arrangements are in place to meet the needs of each resident, as assessed to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:

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

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

- Additional staff hours have been provided in two residential homes (5 hours each) to provide recreational activities in the evenings.
- Recreation Support timetables have been developed with residents and are currently in operation within the designated centre.

Proposed Timescale: 15/05/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To ensure that each premises are clean.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- House has been repainted internally.
- Household staff (domestic) employed for 3 hours per week to maintain cleanliness.

Proposed Timescale: 15/05/2014

Theme: Effective Services

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

To ensure adequate private and communal accommodation for residents, including adequate social and communal facilities are available to receive visitors, and a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Employed Architect to review structure with a view to developing planned solution and timeframes.

Proposed Timescale: 01/10/2016

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:

Ensure hazard identification and assessment of risks throughout the designated centre.

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 being amended to include hazard identification within designated centre.
- Risk assessments currently being undertaken throughout designated centre to identify risks.
- Risk Register currently being developed for each location within the designated centre to detail the hazards and risks identified following the risk assessments.

Proposed Timescale: 01/10/2014

Theme: Effective Services

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

Ensure the risk management policy contains measures and actions in place to control the risks identified.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Currently being identified with the use of risk assessments, an action plan identifying measures to reduce and control hazards and risks identified will be included in the risk register within each location as part of the Risk Management Policy.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Ensure arrangements for the identification, recording and investigation of, and 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:

- Incident forms to be reviewed to ensure serious incidents and adverse events are captured and recorded appropriately at the time of the event.
- Risk Register to identify and define a serious incident or possible adverse events that may occur.

Quarterly audit to be carried out by the Person In Charge on all serious incidents, or adverse events involving residents, staff and visitors. The Person In Charge will have responsibility for organising the review with the management and staff team.

- Audit currently being carried out by the Person In Charge of all recent serious incidents and adverse events.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure the measures and actions are in place to control the following specified risk of the unexpected absence of any resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

- Each resident to have a risk assessment carried to determine if they are a flight risk or at risk of becoming lost on outings.
- Individual plan to be put into place for individuals identified as a flight risk / risk of being lost. Outlining the measures and actions to be taken by staff to reduce / eliminate the possibility of a resident being absent unexplained.
- Missing Persons Policy currently active within the designated centre, for review in 2016

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

To ensure the measures and actions are in place to control the following specified risk of accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- Risk assessment to be carried out identifying the potential risk of injury to residents, visitors and staff.
- Site specific risk register to be developed containing and outlining the risks identified in the risk assessment, appropriate measures to be taken to reduce the risk identified and actions recorded to control those risks.
- Risk Management Policy to be amended to include the above.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

To ensure the measures and actions are in place to control the following specified risk of aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

- Risk assessment to be carried out identifying the potential risk aggression and violence.
- Site specific risk register to be developed containing and outlining the risks identified in the risk assessment, appropriate measures to be taken to reduce the risk identified and actions recorded to control those risks.
- CPI training to be provided to staff on the management of aggression and violence.
- Risk Management Policy to be amended to include the above.

Proposed Timescale: 17/06/2014

Theme: Effective Services

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

To ensure the measures and actions are in place to control the following specified risk of self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- Individual risk assessments to be carried out on each individual to identify the potential risk of self harm
- The residents individual support plan to outline any identified risk of self harm, behaviour support plan to identify and outline the management of the behaviour.
- CPI training to be provided to staff on the management of aggression and violence.
- Risk Management Policy to be amended to include the above.

Proposed Timescale: 17/06/2014

Theme: Effective Services

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

To ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

- Multi disciplinary team to ensure when control measures are implemented that a review must be undertaken to ensure the control measure are not disproportionate and do impact on the quality of the individuals life.
- Review to take place every three months thereafter or immediately if it is identified that the control measures are having a negative or adverse impact on the individuals quality of life.
- The Clinical Coordinator will have responsibility for reviewing the control measures.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To make adequate arrangements for detecting, containing and extinguishing fires including removal of any door wedges.

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:

- All door wedges are removed.
- Alternative fire compliant devices currently being sought for some locations

Proposed Timescale: 23/06/2014

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:

To ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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:

CPI training will be provided to staff identified as not receiving up to date training in the designated centre.

Proposed Timescale: 06/06/2014

Theme: Safe Services

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

To ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Action Required:

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

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

Training on the Management of Allegations of Abuse will be provided to staff identified as not receiving up to date training in the designated centre.

Proposed Timescale: 30/06/2014

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:

To ensure residents are supported to buy, prepare and cook their own meals if they so wish.

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:

All residents are currently being supported to buy, prepare and cook their own meal when they choose to do so.

Proposed Timescale: 05/06/2014

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:

To ensure that the designated centre has appropriate and suitable practices relating to the prescribing and storing of medicines to ensure that any medicine that is kept in the designated centre is stored securely and administered safely.

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:

- All staff are presently carrying the key to the drug press and office on their person.
- Discussions have taken place with all General Practitioners in relation to prescribing and reviewing medication to comply with regulations.
- Medication Management training will be provided to staff identified as not receiving up to date training in the designated centre.

Proposed Timescale: 05/09/2014

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:

To support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Action Required:

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

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

- Performance Appraisal to be implemented within designated centre
- Training to be provided to all managers on how to deliver performance appraisal systems.

Proposed Timescale: 14/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

To ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

Roles and Responsibilities currently being written.

Proposed Timescale: 24/06/2014