

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Irish Society for Autism
<b>Centre ID:</b>	ORG-0008200
<b>Centre county:</b>	Meath
<b>Email address:</b>	admin@autism.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Irish Society for Autism
<b>Provider Nominee:</b>	Tara Matthews
<b>Person in charge:</b>	Declan Sweeney
<b>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	4

## 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 inform a registration decision. This monitoring inspection was un-announced and took place over 3 day(s).

**The inspection took place over the following dates and times**

From:	To:
23 April 2014 09:15	23 April 2014 17:50
24 April 2014 08:50	24 April 2014 10:30
14 May 2014 10:00	14 May 2014 11:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection carried out in the designated centre which is part of the Irish Society for Autism. They provide lifelong residential, caring and developmental service for people with autism. As stated in their statement of purpose the philosophy of the organisation is recognition of the individuality of people with autism, their capacity to benefit from education, training and care and their entitlement to participate in the development of society in accordance with their individual capacity and dignity as human beings. This designated centre provides specific 24 hour, 365 day residential services to men. The service is based in County Meath within close proximity of a nearby town. It is comprised of three houses and four single unit apartments.

The inspection was carried out over three days. One was a full day based at the designated centre and two additional mornings, one providing feedback from the inspection and the remaining morning based in their head office, Dublin, capturing the HR functions and reviewing staff files.

Overall the inspector found there to be a good culture of supporting the residents and the recognition of each person as an individual with different needs. Staff were knowledgeable of the residents and their needs and due to the low staff turnover there was consistency and continuity of care, welfare and support provided. Residents were assisted and supported to communicate at all times. The provider had completed some recent work on policies and procedures. Some policies and procedures were finalised while others were still in draft form e.g. the medication management policy. The person in charge, who was in employment since October 2013, had adopted a new care planning system that was in its infancy and required further development. The environment where the residents lived met their needs. There was opportunity for privacy and sufficient space for residents. Their bedrooms were personalised and well maintained. However, areas of improvement were required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Systems with regards to staff supervision required attention and the roster did not reflect the actual staff who attended for duty at the designated centre. Records and documentations were not in compliance and required further improvements to comply with the Regulations. The premises required improvement as further detailed under outcome six. Additional areas that required improvement included medication management, care plans and the complaints policy. The non compliances will be further outlined in the body of the report and in the Action Plan at the end of 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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Judgement:**

Non Compliant - Moderate

**Findings:**

On the day of inspection the inspector observed staff positively and respectfully assisting residents in various activities across the centre. One staff member was assisting residents throughout the day with art and crafts while other staff members were out on the farm supervising and helping residents maintain the tunnels, pulling weeds and caring for the vegetables. The residents, whom the inspector spoke with, expressed their happiness at the centre and conveyed to the inspector they enjoyed the activities they partook in. Residents were observed taking breaks from activities when they wished. Another resident told the inspector their favourite thing about his home was the peace.

The inspector spoke with both staff and residents who confirmed residents participated in the menu planning and had choices of what they had for snacks and at meal times. Throughout the inspection it was noted that residents freely moved around their home, making tea, assisting with making lunch or relaxing on the couch. Their bedrooms were personalised and decorated to reflect their personality and preferences, some residents proudly showed the inspector their bedrooms. The houses were decorated throughout with pictures of the residents, their families and places they had visited. The houses were homely and inviting. Residents had good links with their families and told the inspector about their trips home. Some of the residents stayed with their families at weekends. Residents were encouraged to maintain their social roles. In their care plans there were important dates such as birthdays and anniversaries which in turn were in the staff diary to trigger assisting the resident purchase and sending a card. Residents told the inspector about their involvement with their local community. This included the use of local amenities such as the cinema, swimming pool and bowling alley.

There were no complaints in the complaints log for the inspector to review. The person in charge said that feedback was sought informally from staff through daily

conversations and checking in with the residents. There were no formal resident's meetings held at the centre nor was there a formal forum where residents provided feedback. Residents told the inspector they would speak with staff if they had concerns. There was a complaints policy in the centre in addition to a complaints information leaflet, the leaflet had been distributed to family members so they were aware of the policy and procedure for making a complaint. The policy did not meet all requirements of the Regulations, the flowchart explaining the complaints process did not detail the appeals process as part of the procedure. The complaints officer, who was the person in charge, was not named in the policy and the complaints log form or policy did not allow for feedback or communication of the outcome to the complainant. The option of linking in with an external advocate or a nominated independent appeals person as part of the complaints process was not highlighted in the policy. In addition to this the complaints policy was not displayed in the centre nor was it available in an accessible format. There was also no picture displayed in the centre indicating who the complaints officer was. It was noted that although each resident had good links with their family members and each had a key worker but there were no formal links with advocacy services. The provider stated that these issues would be addressed.

As part of the inspection the policy and procedure on managing resident's finances were reviewed. The policy of managing resident's monies in the centre had recently been revised. For the most part it was comprehensive but did not reflect all the procedures which staff carried out in relation to safeguarding money. Staff at the start of their shift checked the balances and recent transactions for all residents to ensure accuracy, however this practice was not included in the policy. The policy outlined robust systems in place to protect residents from financial abuse. Staff had to seek sanctioning for large spends from a steering group and the person in charge. Most residents did not have bank cards but withdrawal slips were completed and signed off on if money was required. There were no capability assessments carried out for each resident in relation to their ability to manage their own finances. At all times there was a sum of money for each resident available to them in the centre and there were no restrictions with regards to making day to day purchases. If residents wished to have pocket money there were no demands placed on them to return receipts or account for their spending. The inspector checked the balances of two resident's monies on the day of inspection, the balances matched the documentation. However, where there was a group spend and an itemised receipt, it was difficult to decipher what each resident had bought. The inspector noted this with a number of receipts. Staff told the inspector that for the most part staff would initial each transaction with the resident's name beside the items they purchased on the bill. Improvements were required in this area. All resident's accounts were forwarded to the organisation's head office where they were overseen by an accountant.

## **Outcome 02: Communication**

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

### **Theme:**

Individualised Supports and Care

**Judgement:**

Non Compliant - Minor

**Findings:**

Each resident had a communication passport in their care plan which highlighted their individual methods and needs of communication. As their communication needs changed the person in charge said that the passports were updated. Staff were observed communicating with residents and clearly understood their communication requirements.

Residents had access to a phone and were assisted to make calls to their family when they wished. Some residents had their own personal televisions and radios, one resident told the inspector of their fondness for music and they often played their CD's. There were televisions in the communal lounge rooms and radios in the kitchen.

None of the residents had their own computers or tablets and their preferences for this had not been explored with them. The organisation had a newly developed policy on communication. There was little evidence that material was in an accessible format. The staff rota was displayed in the kitchen but residents were unable to decipher who was on duty as there were no photographs of the staff. The menu was not in picture format, nor was the resident's guide, complaints procedure or their care plans in a format accessible to the residents. The provider stated that they would commence work on this.

**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

**Findings:**

Each resident had a personal plan. The inspector, with the permission of the residents, viewed two of these. The personal plans had recently been redeveloped and were at their infancy and not completely populated. The personal plans were written in the first person and contained a recent photograph of the resident. The person in charge told the inspector for the most part personal plans were developed with the resident, there was no documentary evidence of this. However, the inspector did note that aspects of the file were person centred in particular the communication passport. As the plans were

new not all elements of the personal plans were completed and it was not evident to what extent reviews had taken place. The person in charge told the inspector that the plan would be to review personal plans at a minimum annually or more frequently as changes occurred.

The personal plans viewed by the inspector, for the most part, identified all aspects of the resident's life. They addressed their intimate care support needs and preferences, their diet preferences and outlined the important people in their life in addition to their life story. Aspects of their social care needs were outlined but this required further development. It was not evidenced that residents had all their social needs met. Social care needs which were evidenced as been met were limited to activities such as going out for coffee or meals, bowling, swimming and attending the cinema. Further evidenced exploration of resident's preferences regarding their social care needs, how their social care needs were met and improved documentation was required in this area. For example residents told the inspector that they visited their neighbour and also attended woodwork classes but this was not reflected or evidenced in documentation. The provider stated that this would be addressed.

Behavioural support plans, discussed further in Outcome eight, were also outlined in the personal plans but some required updating. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. The inspector saw completed risk assessments for residents working alongside the animals on the farm to ensure their safety. Limited aspects of their healthcare needs were outlined in the personal plan, these were held off-site at another location in the organisation. The person in charge stated that this would be rectified. There were daily notes completed and kept in the personal plan for each resident, the inspector noted that these were meaningful and respectfully written. The personal plans did not outline the education, employment and training wishes, if any, of the resident. However, the person in charge told the inspector they were going to explore employment opportunities for two residents in their local community.

#### **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 - Minor

#### **Findings:**

This centre was situated in the countryside on a vast amount of land where the residents, with the assistance of staff, maintained the farm. The farm had poultry, donkeys, a cat and a pig and a tunnel where the residents grew fruit and vegetables.



There was also an unused outhouse that was locked and a shed. The centre consisted of four single occupancy apartments and two houses. One of the apartments were occupied, another was used a games room and the remaining two were used for storage. Four residents lived in each of the houses. Both houses were homely, welcoming and for the most part well maintained. Each resident had their own bedroom that was personalised and reflected their personality and what was important in their lives. For example one resident had a particular interest and this was reflected throughout their room. The bedrooms were well maintained but one required their curtains to be hung on a curtain pole. There were photographs of the residents throughout the rooms and hallways in both houses. The furniture was in good condition and in keeping with the house.

The kitchens and bathrooms in both houses were large in size and well equipped. There was a large wet room in both houses. Some of the bathrooms required repair work. Both houses had lounge rooms of adequate size with ample seating. A fire place was cracked and required repairing. Not all windows, where necessary, had window restrictors and one bedroom had window restrictors which were broken. Each house had a staff sleepover room and one had an office. A large freestanding freezer, which had broken drawers, was inappropriately stored in an office and required re-housing.

There was outdoor space for the residents to enjoy and on the day of inspection many of the residents were outside. The driveway and car parking area required maintenance, the patio area had moss on it and there was a large stack of patio slabs inappropriately stored in the yard waiting to be laid. There were also work tools such as shovels left unattended on the grounds that required storing.

## **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

### **Findings:**

In general there were systems and policies in place for health and safety and risk management but improvements were required. The inspector viewed policies relating to the proactive management of challenging behaviour, a policy on the management of resident's finances, the risk management policy, protection of vulnerable adults and a safety statement. Fire safety was adequate but required some improvements to meet the Regulations. There were adequate fire extinguishers throughout the designated centre, but most of these were placed on the ground and not hung on the wall. The fire extinguishers had been serviced June 2013. The fire panel and other fire equipment had been serviced January 2014. The inspector also viewed the fire drill log which showed that fire drills were regularly executed at various times throughout the day. The most recent had been carried out 2 April 2014. The centre had no fire evacuation plan and no

fire evacuation plan was visible in the designated centre. There were guidelines within the health and safety policy of how to respond in an emergency. Staff spoken with were familiar of actions to take in the event of a fire and residents spoke with said they would leave the building and look for staff if there was a fire. Each resident had a personal evacuation plan that was last reviewed June 2013. Medication had been listed on four of these plans, some of their medication had since changed and four of the plans had no medication listed. Doors were also wedged open.

The Safety Statement required updating, the person in charge said he would attend to this. The organisation had a health and safety manager who had responsibilities for risk and health and safety across the organisation. In November 2013 a risk assessment audit was carried out identifying all areas of risk, however it was not evident if there were follow ups or actions completed. The inspector observed a list of emergency contact details in both kitchens of both houses but there was no emergency plan in the event of a natural disaster. The provider stated she would look into this. Chemicals were stored in a locked press and only staff had access to this. Although the centre was clean and each resident had their own linen and towels, infection control procedures were inadequate. Mops and buckets, of different colours were mixed together, it was not evident which colour was used for which area and wet mops were stored in an internal cupboard along with coats. Some bath panels were in need of repair to reduce the risk of infection and toilet roll holders were not in all toilets or used in all toilets. Some toilets and bathrooms had toilet roll left on top of the cistern or bath. The cover on a flush mechanism had been misplaced and in need of replacement. Hand sanitising gel was not readily available throughout the centre. The organisation had recently developed a policy on infection control which was in draft form.

The inspector viewed relevant risk assessments that were up-to-date. Risk assessments were completed by all members of the staff. The inspector viewed recently completed risk assessments for absconson and working on the farm. Incidents and accidents had been recorded as viewed by the inspector; these were also reviewed at management meetings.

The inspector observed some environmental risks on the day of inspection. The two unoccupied apartments that were used for storage were left unlocked and a potential risk for the residents should they enter it. Not all farm tools were safely stored when not in use. Other environmental risks were further identified in Outcome six.

### **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 - Minor

**Findings:**

Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in the policy and while staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, they were unfamiliar with the identity of the designated officer. Training on the protection of vulnerable adults was being provided the day after the inspection by the person in charge who had recently been through train the trainer process. The policy on protecting residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed the person in charge as the designated adult protection officer. The responsibilities for this person were contained in the policy. There was no picture or contact details for this person displayed in the centre. Staff had up to date training on the protection of vulnerable adults.

The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. This was contained in their personal plan.

There was a policy on proactive management of challenging behaviour. It included management strategies for staff such as proactive and reactive strategies. The policy required some improvements, it did not outline the need for consent should a restrictive practice be recommended and used. Residents that required a behavioural support plan had one. Some of these required a review, not all included the proactive strategies that staff were currently using for some residents. There was one restraint prescribed in the centre but consent had not been received for it. The process for recording and reviewing the restraint also required improvement. All staff had up to date training in manual handling and Crisis Prevention Intervention (CPI).

As part of the inspection the policy and procedures for managing resident's monies were reviewed, as detailed, in Outcome 1.

**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

**Findings:**

On the day of inspection it was difficult to assess if all residents had all aspects of their healthcare needs catered to and on a regular basis as these files were held offsite. The newly developed personal care plans had a section outlining what their healthcare needs may be but it did not cover the possibility of hearing or eyesight difficulties. The person in charge told the inspector that residents had regular GP and dental appointments and if other referrals were required, the health and social team leader, who was a Registered Learning Disability Nurse would make these. The inspector spoke with the health and social team leader who confirmed this and stated that she was in the process of making a referral to the speech and language for a resident.

Residents had input into their menu and meal options. The inspector viewed the menus on the day of inspection and found them to be nutritious. Residents had access to beverages and snacks and often assisted with meal preparations.

**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 - Moderate

**Findings:**

In general medication management systems were in place but improvements were required to comply with the Regulations. There was a medication management policy in place and a new policy was in draft form which will enhance the medication management systems. This will be discussed further in Outcome 18. Not all prescribed medications that were no longer required were returned to the pharmacy. On the day of inspection there was a large supply of a prescribed nutritional supplement that was no longer required.

Medication was supplied by a pharmacy in blister packs. An internal audit was carried out weekly by the designated senior clinical person who completed a clinical governance reporting form to the management team. The person in charge, who recently carried out his own internal audit of the service, had noted some discrepancies with the medication management system that also correlated with what the inspector found. Medication received from the pharmacy was not checked or verified by staff working at the designated centre on receipt of same. On the day of inspection, the inspector looked at a number of blister packs and noted that one of the blister packs had an incorrect supply of lunchtime medication for one resident. The staff on duty told the inspector they would contact the pharmacy to get it rectified and complete the appropriate medication error reporting form. Medication errors were recorded and tracked in a robust manner. Once a medication error form was completed, a medication follow up

record was then completed with the staff member who made or discovered the error along with a team leader. The form identified areas such as asking the staff why the error occurred, was the GP and family member notified and details of previous drug errors by the same staff. Medication error forms were sent to the organisation's head office in addition to the person in charge receiving the information. Other areas for improvement were the checking of stock and medication levels by staff coming on duty. This system was being used in another centre managed by the person in charge and there were plans to use this system in this centre also. Medication returned to the pharmacy was signed off by the staff returning the medication and the pharmacist receiving the medication. The inspector saw a log of this on the day of inspection. All medication was administered by staff, no residents were self administering medication. There were no assessments completed in their personal care plans to examine if residents wished or had the capacity to manage their own medication.

Good systems were in place for communicating changes in medication between the relevant parties. For example if a member of the multi-disciplinary team prescribed a new medication or made an amendment to a medication, a letter was sent to the GP informing them of this. PRN medication (medication as required) was also well managed; there was a PRN protocol in place for each PRN medication prescribed stating, for example, when the medication could be used and when it can be administered. Once PRN medication was administered a form was completed and sent to the designated clinical person in addition to the head office so that use of PRN medication was transparent and tracked. The prescription sheet, as required by the Regulations did not state the maximum dose for PRN medication, the nurse stated that this would be rectified.

#### **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

#### **Findings:**

The person in charge was available throughout the day of inspection. The provider was also available, if required. Both the person in charge and the provider attended the feedback. The person in charge, had recently been appointed, end of October 2013. On the day of inspection he stated he was familiarising himself with all residents, the systems and procedures in place. The person in charge had responsibility for three designated centres, each in different geographical locations. The post of the person in

charge was full time. The person in charge had a background in autism and kept his professional development up-to-date. The person in charge was supported by the provider, ancillary functions such as HR (human resources) and by three team leaders.

The HR function was based in the organisation's head office. The inspector spoke with the HR specialist who informed the inspector about their recruitment process which reflected the organisation's recruitment policy as viewed by the inspector. The HR specialist told the inspector about the disciplinary process which was robust and the inspector saw evidence of this in practice. The inspector viewed a staff file that documented a recent disciplinary process that clearly followed the organisation's procedures. The HR department also managed annual leave and sick leave.

The inspector identified areas for improvement with regards to the supervision and monitoring of staff. Staff meetings were to occur frequently, approximately every six weeks, as told by staff and the person in charge, but on the day of inspection it was noted that the most recent staff meeting was 5 February 2014. There was evidence that not all team leaders, who had responsibilities within the centre attended all team meetings. However, management meetings were held weekly and the team leaders attended these. Supervision and appraisals had not taken place. There was no policy on supervision at the time of inspection.

The inspector found that there were no formal resident's meetings or forums organised for the residents living in the centre. However the provider, person in charge and staff told the inspector they would provide information and receive informal feedback on a regular basis to and from residents.

The person in charge had recently carried out an unannounced inspection of the centre and identified areas for further development. However, there was no plan of action for the identified shortcomings as a result of the unannounced inspection.

Staff spoken with stated both the person in charge and team leaders were available to them throughout their working week. If they were unavailable in person the staff could contact them by phone. In addition to this there was an on-call system, which was rotated weekly, amongst team leaders and the person in charge. The team leaders carried out checks in the centre on a regular basis such as financial audits and reviewed the personal plans, however additional oversight was required to ensure that the service was safe, appropriate to resident's needs, consistent and effectively monitored.

### **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

**Findings:**

On the day of inspection there were sufficient staff on duty to meet the needs of the residents and the staff on duty reflected the rota. The service was staffed twenty four hours a day with a staff, in each house, on sleepover duty, that started at 18.00pm until 23.00pm. During this period staff slept in a room in the house but were available if the resident required their assistance during the night. This shift then recommenced at 07.00am finishing at 18.00pm. In addition to this, one staff, commenced a shift at 10.00am and finished at 20.00pm. An arts and crafts person also worked two days per week 10.00am - 16.00pm. Team leaders and the person in charge also spent time in the unit but this was not reflected on the roster as required by the Regulations.

There was a recruitment policy in place, as seen by the inspector that was robust and implemented in practice as told by the HR specialist and seen in the staff files. The HR department had responsibility for ensuring staff had up-to-date training and identified their training needs. There were clear lines of communication between management, HR and supervisors regarding the organising of staff training. The inspector viewed the training records for all staff at the designated centre. The inspector found that some staff had recently received training in safe administration of medication and fire safety training. All staff at the designated centre, with the exception of one who was on leave, had recently attended protection of vulnerable adults and complaints training on 24 April 2014.

The inspector viewed four staff files and for the most part they were compliant with Schedule two of the Regulations. One staff file viewed however did not have a complete employment history or two references. The HR specialist told the inspector that the references had recently been identified from an internal audit on staff files and they were in the process of receiving these for the identified staff member.

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Judgement:**

Non Compliant - Moderate

**Findings:**

Although this outcome was not looked at in full during the inspection, improvements were noted in some areas. The resident's guide did not meet all requirements of the Regulations and required further development for example it was not in an accessible format, it did not outline the terms and conditions relating to their residency, it did not effectively summarise the services and facilities and it did not highlight the arrangements for the involvement of residents in the centre.

The medication policy did not fully reflect all practices carried out with regards to medication management. The health and social Team Leader, who was also an intellectually disability registered nurse, transcribed the administration records but this practice was not outlined in their policy. All staff were not aware of the protocol, as per the policy, for disposing drugs such as refused or dropped medication.

**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:***

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Irish Society for Autism
<b>Centre ID:</b>	ORG-0008200
<b>Date of Inspection:</b>	23 April 2014
<b>Date of response:</b>	12 June 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 01: Residents Rights, Dignity and Consultation

**Theme:** DCAD10 Individualised Supports and Care

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

There were no formal arrangements or access to advocacy services in the designated centre.

**Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

We have contacted the National Advocacy for People with Disabilities and their contact details are available to us. They have advised that we do not need to meet unless an advocacy issue had been identified. We currently have an informal advocacy service through our keyworkers. We will implement a new internal advocacy system by 31st October 2014.

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

**Proposed Timescale:** 31/10/2014

**Theme:** DCAD10 Individualised Supports and Care

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

There were no residents meetings or formal opportunities to evidence that residents were consulted in the organisation of the designated centre.

**Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

We are investigating the most appropriate method for formally involving and recording that our people with Autism are consulted in the organisation of the designated centre. Residents are informally involved at the moment. This will be implemented by 31st October 2014.

**Proposed Timescale:** 31/10/2014

**Theme:** DCAD10 Individualised Supports and Care

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

There were no capability assessments carried out for each resident in relation to their ability to manage their own finances.

**Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

We are currently working an appropriate method of assessing resident's capabilities of managing financial affairs and a system will be implemented by 30th September 2014.

**Proposed Timescale:** 30/09/2014

**Theme:** DCAD10 Individualised Supports and Care

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

The complaints procedure was not in a format accessible to all residents.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

We are currently investigating the most appropriate method for ensuring that the Complaints Policy is in a format that is accessible for residents. This will be actioned by 31st October 2014.

**Proposed Timescale: 31/10/2014**

**Theme:** DCAD10 Individualised Supports and Care

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

The complaints policy did not outline access to advocacy services that would be made available to residents, in the instance of making a complaint.

**Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

The current Complaints policy, section 8, outlines the policy on Advocacy and complaints. However this will be revised in light of information we have received from the National Advocacy Services for People with Disabilities.

**Proposed Timescale: 31/08/2014**

**Theme:** DCAD10 Individualised Supports and Care

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

The complaints procedure was not displayed in the designated centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure is now displayed in the designated centre. Completed.

**Proposed Timescale: 12/06/2014**

**Theme:** DCAD10 Individualised Supports and Care

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

A nominated independent person had not been identified in the complaints policy.

**Action Required:**

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

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

The current complaints policy includes the title of the person and will be amended to include the person's name. This will be completed by 31st August 2014.

**Proposed Timescale:** 31/08/2014

**Theme:** DCAD10 Individualised Supports and Care

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

The complaints policy or the complaints log form does not outline the requirement to provide feedback to the complainant.

**Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The complaints policy and log will be amended to include a feedback section.

**Proposed Timescale:** 31/08/2014

**Theme:** DCAD10 Individualised Supports and Care

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

There were no records of complaints in the designated centre.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The nominated person is maintaining a record of all complaints which are made in the designated centre. Completed.

**Proposed Timescale:** 12/06/2014

**Outcome 02: Communication**

**Theme:** DCAD10 Individualised Supports and Care

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

Not all information was made available, in an accessible format, to each resident.

**Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

We are currently investigating the most appropriate method for ensuring that all relevant documents can be made available in a format that is accessible for residents. This will be actioned by 31st October 2014.

**Proposed Timescale:** 31/10/2014

**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:**

Personal plans were not in a format accessible to all residents.

**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:**

We are currently investigating the most appropriate method for ensuring that all relevant documents can be made available in a format that is accessible for residents. We intend to have a system finalised by 31st October 2014.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

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

There was little evidence that reviews occurred and subsequently not all aspects of the personal plans were current.

**Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All residents' personal plans are currently undergoing a full review and a plan is being developed to ensure that they are current.

**Proposed Timescale:** 31/07/2014

**Theme:** Effective Services

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

Not all personal plans had a comprehensive assessment of all health, personal and social care needs for each resident.

**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:**

All residents' personal plans are currently undergoing a full review. This will include a full review of all health, personal and social care needs. This will be scheduled to take place at least on an annual basis.

**Proposed Timescale:** 31/07/2014

#### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Repair and maintenance work, as outlined in the body of the report, is required.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Please see list for actions taken: Cracked fireplace - a new fireplace has been ordered and is in place, window restrictions - have been put in place where necessary, driveway and car park - Weeds have been addressed, patio moss - has been removed, patio slabs - footpath has been laid to tunnel, work tools unattended - Team leader will ensure all tools are maintained appropriately, Fire extinguishers - are all hung on walls, doors wedged open - all fire door wedges have been removed, Unlocked apartments - unused apartments are now locked.

**Proposed Timescale:** 12/06/2014

**Theme:** Effective Services

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

One bedroom requires curtain poles.

**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:**

One resident's curtains are attached to the wall with Velcro as the resident continuously pulls the curtain poles from the wall. This is reflected in his care plan. Completed.

**Proposed Timescale:** 12/06/2014

**Theme:** Effective Services

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

The free-standing freezer, stored in the office, is in need of repair.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A new freezer was purchased and relocated to the kitchen.

**Proposed Timescale:** 12/06/2014

**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:**

It was not evident, in all cases, which control measures or actions had been put in place for all identified risks and not all risks had been identified.

Not all risk assessments were reviewed as required and it was unclear what system was in place to ensure this.

There was no emergency plan in place.

**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:**

A comprehensive risk management policy will be developed and implemented by 31st August 2014.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

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

As per the body of the report improvements were required to ensure effective infection control:

- colour coding
- storage of mops
- exposed toilet roll
- misplaced toilet flush cover
- bath panels in need of repair
- limited hand sanitizer available

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.



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

We have addressed the items as listed: Colour Coding -completed, storage of mops - completed, exposed toilet roll - all toilet roll holders in place, completed, Toilet flush cover - repaired, completed, bath panels in need of repair - bath panels have been replaced, limited hand sanitizer available - we are rolling out hand washing training for all staff which will be completed by 30th June 2014.

**Proposed Timescale:** 30/06/2014

**Theme:** Effective Services

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

There was no fire evacuation plan displayed in the centre.

**Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The Health and Safety officer has been consulted and Fire evacuation plans are now displayed. Completed.

**Proposed Timescale:** 12/06/2014

**Theme:** Effective Services

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

An emergency evacuation plan had not been developed.

**Action Required:**

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

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

The safety statement and policy which includes the emergency evacuation plan is currently under review and will be completed by 31st August 2014.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

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

Personal emergency egress plans for residents were out of date and not wholly completed.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The personal emergency egress plans were reviewed, updated and completed.

**Proposed Timescale:** 12/06/2014

### **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:**

Not all behavioural support plans were up to date.

**Action Required:**

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

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

All residents' personal plans are currently undergoing a full review which will be undertaken by Acting Manager of Services, the Acting Team Leader Social and co-workers. A plan is being developed to ensure that they are current.

**Proposed Timescale:** 31/07/2014

**Theme:** Safe Services

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

There were no pictures or contact details for the designated officer displayed in the centre.

**Action Required:**

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

<p><b>Please state the actions you have taken or are planning to take:</b> The picture and details of the designated officer are now displayed in the designated centre.</p>
<p><b>Proposed Timescale:</b> 12/06/2014</p>
<p><b>Theme:</b> Safe Services</p> <p><b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b> The staff were unfamiliar with who the designated officer was.</p> <p><b>Action Required:</b> 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.</p> <p><b>Please state the actions you have taken or are planning to take:</b> Abuse training for all staff in the designated centre has taken place. Completed.</p>
<p><b>Proposed Timescale:</b> 12/06/2014</p>

<p><b>Outcome 11. Healthcare Needs</b></p>
<p><b>Theme:</b> Health and Development</p> <p><b>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</b> All healthcare needs of the residents were not fully outlined in their personal plan.</p> <p><b>Action Required:</b> Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.</p> <p><b>Please state the actions you have taken or are planning to take:</b> All residents' personal plans are currently undergoing a full review which will be undertaken by Acting Manager of Services, the Acting Team Leader Social and co-workers. This will include a full review of all health, personal and social care needs. This will be scheduled to take place at least on an annual basis.</p>
<p><b>Proposed Timescale:</b> 31/07/2014</p>

## 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:**

Residents had not been assessed for their capacity or capability to self medicate.

**Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

We are investigating methods of assessing resident's capabilities of managing medication issues on an individual basis.

**Proposed Timescale:** 30/09/2014

**Theme:** Health and Development

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

There was medication, no longer in use, stored in an administration office.

**Action Required:**

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The medication was returned to the pharmacy. A new procedure has been implemented for all medication returns. Completed

**Proposed Timescale:** 12/06/2014

## 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:**

Although there were systems in place to monitor the service delivery within the designated centre, there was no oversight or additional checks by management carried out to verify findings and improvements.

**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:**

The Acting Manager of Services with the local Team Leader Social will regularly review the designated service to monitor service delivery and quality. The review will take place on a monthly basis and any actions recorded. It will be overseen by the Deputy Executive Director.

**Proposed Timescale:** 12/06/2014

**Theme:** Leadership, Governance and Management

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

Although there was a recent audit of the centre carried out by the person in charge there was no review of the quality and safety of care and support.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The organisation currently carries out Representative Owner Reports, executed by members of the Board and family/parent representatives, on at least an annual basis which includes a review of the Quality and Safety of care and support. Completed

**Proposed Timescale:** 12/06/2014

**Theme:** Leadership, Governance and Management

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

Residents were not included in a formal review of services.

**Action Required:**

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

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

We are investigating the most appropriate method for involving and recording that our people with Autism are consulted in the organisation of the designated centre. Residents are informally involved at the moment.

**Proposed Timescale:** 31/10/2014

**Theme:** Leadership, Governance and Management

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

There were no formal systems in place to support, develop and performance manage all members of staff and there was no evidence available, on the day of inspection, to suggest staff were being formally supervised and supported.

**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:**

We are currently investigating an appropriate performance management system and have attended a course on same. A system of support, development and performance management will be implemented locally.

**Proposed Timescale:** 31/10/2014

**Theme:** Leadership, Governance and Management

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

There was, in place, a copy of the recent unannounced inspection carried out by management but there was no identified plan of action to address the shortcomings.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

We have amended our Unannounced Visits form to include specific actions and recommendations. This is now in place. Completed.

**Proposed Timescale:** 12/06/2014

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

References and a full employment history were absent from a staff file.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The references and full employment details have now been obtained. Completed.

**Proposed Timescale:** 12/06/2014

**Theme:** Responsive Workforce

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

Although there were actual and planned rosters available, it failed to identify the allocated hours and times that the person in charge and the team leaders would spend at the centre.

**Action Required:**

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

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

An acting Team Leader has been appointed to the designated centre. Allocated hours are now fully identified. Completed.

**Proposed Timescale:** 12/06/2014

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Not all policies and procedures were implemented in practice.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**  
Some Schedule 5 policies are in draft form. These policies will be completed by 31st August 2014.

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information

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

The medication policy did not highlight all practices that were taking place i.e. transcribing.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The medication policy is currently being amended to include the current practices. All policies are subject to review on a regular basis.

**Proposed Timescale:** 30/06/2014

**Theme:** Use of Information

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

The resident's guide failed to provide an accurate and full summary of the services and facilities provided.

**Action Required:**

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

The residents guide will be reviewed and amended to comply with regulations.

**Proposed Timescale:** 31/08/2014



**Theme:** Use of Information

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

The resident's guide failed to sufficiently outline the arrangements for resident's involvement in the running of the centre.

**Action Required:**

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

The residents guide will be reviewed and amended to comply with regulations.

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information

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

The resident's guide failed to outline how residents can access inspection reports on the centre.

**Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The residents guide will be reviewed and amended to comply with regulations.

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information

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

The resident's guide failed to satisfactorily outline and explain the arrangements for visits.

**Action Required:**

Under Regulation 20 (2) (f) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for visits.

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

The residents guide will be reviewed and amended to comply with regulations.

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information

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

The resident's guide failed to satisfactorily outline and explain the procedure for making a complaint.

**Action Required:**

Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

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

The residents guide will be reviewed and amended to comply with regulations.

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information

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

The contract of care did not meet the requirements as outlined in Schedule 4 of the Regulations.

**Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The contract of care will be reviewed and amended to comply with regulations.

**Proposed Timescale:** 31/08/2014