

**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-0008104
Centre county:	Kilkenny
Email address:	lquinn@soskilkenny.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S.O.S. Kilkenny Ltd
Provider Nominee:	Francis Coughlan
Person in charge:	Liam Quinn
Lead inspector:	Vincent Kearns
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 June 2014 08:00	18 June 2014 18:30
19 June 2014 08:00	19 June 2014 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 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

This monitoring and compliance inspection was announced and took place over two days. As part of the inspection inspectors met with residents, the person in charge, the provider and staff members. Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors reviewed a number of centre-specific policies and procedures in relation to the centre. Inspectors met with a number of the staff and examined policies and procedure documentation which covered issues such as medication management, accidents and incidents management and emergency plan. The person in charge informed inspectors that he 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 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- residents' contracts were not adequate
- transition arrangements were not suitable

- the provision of activities at evenings and weekend was not adequate
- residents' personal plans required updating
- there were a number of premises issues
- there were a number of health and safety issues including fire safety
- the prevention of healthcare associated infections was not adequate
- adult abuse training was not adequate
- a number of staff had not received training in the management of behaviour that is challenging
- there was inadequate management of the bed rails/lap belts
- the management of some residents finances was not adequate
- the use of CCTV
- the monitoring of residents weights was not adequate
- medication administration was not adequate
- staff files needed updating.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was not assessed during this inspection however, inspectors noted that the management of some residents' finances were not adequate and potentially exposed them to financial exploitation. The detail of this issue is covered under outcome eight safeguarding and safety and the action is recorded under this outcome.

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

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

Theme:

Individualised Supports and Care

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was not assessed during this inspection however, inspectors noted that there were no suitable private areas, which were not the resident's room, available to residents to receive visitors if required. This issue has been identified under outcome six safe and suitable premises and actioned under this outcome.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Staff to whom inspectors spoke confirmed that all prospective residents and their representatives were afforded an opportunity to visit the centre and speak to staff prior to admission. Inspectors reviewed the statement of purpose and noted that prior to admission, prospective residents and their family were encouraged to visit the residential setting and meet the relevant staff and/or manager. In addition, the opportunity was provided for support needs to be identified/agreed and other issues including rent and other financial matters to be also discussed in advance. Inspectors were informed by staff that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors noted that there was an admission policy dated February 2014. This detailed pre-admission arrangements and the admissions process.

This policy also outlined arrangements for prospective residents and their representative to visit the centre, as far as was reasonably practicable; before admission of the resident. In addition, the requirement to take into account the need to protect residents from abuse from their peers was also outlined in this policy.

In relation to contracts detailing the support, care and welfare of residents and details of the fees to be charged regarding residents care and welfare; each resident had a contract in place that had been signed by the resident or their representative as appropriate. The provider outlined the consultation process that had occurred with residents and families in relation to these contracts. The inspectors noted that the contracts detailed a number of the costs/charges to be paid including rent and transport costs. However, the contracts were not adequate as they did not state all fees to be charged.

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 noted that the statement of purpose stated that the aim of the centre was to "develop services that are individualised, rights based, and empowering; that are person-centred, flexible and accountable; services that energetically promote relationship building and social inclusion - and which are in and of the communities where residents live". Each of the premises was located within well established communities and staff to whom inspectors spoke outlined ways in which residents had integrated into their local communities including ongoing supportive contacts with neighbours. Residents also attended the local church, shops and sporting events. During the inspection, inspectors noted all residents had activities scheduled and that residents participated in their own individual activities. 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. Inspectors were informed by residents and staff that there were a number of options available for all residents in relation to activities and work. There were a number of activities located

in each premises. Residents also participated in felt making, pottery, and market gardening in the centralised activity centre. Inspectors viewed the activity centre and noted a number of residents participated in producing arts and crafts. Residents showed inspectors fine examples of their craft work including a selection of items such as pictures, belts and covers made from felt and some fine examples of art work, mosaics and pottery were also available. Residents to whom inspectors spoke detailed a number of other off-site activities they enjoyed including swimming, gym, shopping and outings such as going to the local cinema. While there was a general routine to life in the centre; residents to whom inspectors spoke stated that they especially enjoyed their outings. Inspectors noted that residents appeared active and busy each day however, in two of the premises most evenings and at weekends there were five residents with two staff. Inspectors formed the view that the provision of activities at evenings and weekend was not adequate for the following reasons:

- staff to whom inspectors spoke stated it was difficult to provide suitable and meaningful activities for five residents with significant needs in the evenings and weekends
- there was no records of structured activities provided in the evenings
- staff to whom inspectors spoke with confirmed that the staffing arrangement restricted the options for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Inspectors reviewed a selection of personal plans which were detailed, generally written from the perspective of the resident; centre-specific and person-centred. Inspectors noted that they detailed individual plans in relation to residents' identified needs. These included a daily living needs assessment, behavioural challenges, supports, medical issues and strategies agreed with residents' involvement in order to reach these stated goals. There was evidence of some interdisciplinary team involvement in residents' care including speech and language therapy, occupational therapy, General Practitioner (GP) and psychiatric services. There was also evidence of residents' involvement in developing and reviewing their personal plan. There was some evidence of a number of assessments including self care and skill assessments, individualised risk assessments and activity assessments. 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 in an accessible format to the residents
- personal plans were required to be reviewed annually or more often if necessary however, one personal plan seen by inspectors had no recorded review available and another personal plan was dated as last reviewed in 2012
- in the annual review of a number residents' personal plans changes in circumstances and new developments were not recorded
- the proposed changes and the rationale for such changes were not detailed in the annual review of a number resident personal plans
- the time-lines or names of those responsible for pursuing objectives in the personal plan were not recorded
- in one personal plan there were sections left uncompleted including residents, representative, social worker and co-worker signatures and date of review.

Inspectors noted that there was policy for the temporary absence of a resident and the internal transfer/transition of residents within the residential services dated March 2014.

This policy detailed suitable arrangements to ensure that residents moving between services received the necessary support as they transition between residential services or if they leave residential services including the provision of appropriate information, services to meet their needs. However, in relation to one resident who had recently moved from another premises to the centre; inspectors noted that there was inadequate information provided regarding this residents identified 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 - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre consisted of three separate houses located in mature residential areas convenient to most amenities such as shops, parks and post offices. Premises were reasonably accessible, bright, well ventilated, and had central heating. The premises were homely and generally met the needs of residents by making good use of soft colours, suitable furniture, comfortable seating and at times residents' art work. In each premises there were televisions and radios available and in one premises a selection of books and board games had been provided. There were adequate showers and toilets with assistive structures in place and there were specialised beds, chairs and ceiling hoists; to meet the needs and abilities of the residents. Each resident had their own bedroom and residents that showed inspectors their rooms stated that they were happy with the living arrangements. Inspectors noted that many residents had personalised their rooms with photographs of family and friends and personal memorabilia.

Equipment for use by residents or people who worked in the centre including wheelchairs was in good working order and records were available in relation to servicing of such equipment. There were suitable accessible grounds/outside areas and a variety of suitable pathways for residents use. There were car park areas and a number of suitable garden areas with seating/tables provided for residents use to the rear of each premises. The grounds were kept safe, tidy and attractive and inspectors observed residents and staff using these facilities. The provider outlined that a number of the premises required remedial building works in order to ensure compliance with fire and building regulations. However, there were a number of issues in relation to the premises including the following:

- there were no suitable private area, which was not the resident's room, available to

residents to receive visitors if required

- not all premises had adequate storage facilities
- one premises did not have adequate communal accommodation for residents, including adequate social and recreational accommodation
- a number of the premises had worn linoleum floor covering and a number had furniture that needed repair or replacement
- some premises had chipped/worn paint work in the kitchen area and some bedroom corridors/living rooms walls also needed repainting
- for one resident who had mobility needs his bedroom ensuite facility was not adequate in the design, size or layout to meet his needs
- in one premises the bathroom/shower room was not adequate as there was no shower curtain and the toilet roll holder was missing/broken
- in one premises inspectors had to walk through a bedroom to access another residents' bedroom.

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 noted that there were fire evacuation notices for residents and visitors posted in public areas in each premises. There was also emergency lighting provided throughout the centre. The provider outlined to inspectors the actions that were being taken to ensure a valid certificate of compliance regarding statutory fire safety and building control requirements. Most staff to whom inspectors spoke gave adequate accounts of their understanding of fire procedures in the event of an outbreak of fire and a number of staff confirmed that they had received fire training. Staff outlined to inspectors that fire monitoring duties including inspection of escape routes each day. Inspectors noted that residents had personal evacuation plans in place. There was a health and safety documentation including a fire safety registers and inspectors noted maintenance records for fire equipment including the fire alarm system was recorded with the recent most recent inspection conducted in May 2014. However, there were a number of issues in relation to fire safety including:

- not all staff had received up to date fire safety training
- the safety arrangements in relation to residents who smoked were not adequate as the risk assessments did not identify the level of risk associated with this resident smoking. In addition, there was no suitable controls identified to mitigate against identified hazards associated with this resident smoking including arrangements for the safe storage of matches or lighters

- there were fire safety registers available in each premises however, they had not been implemented as staff had yet to receive training in relation to their use.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included issues such as use of bed rails, use of lap belts on wheelchairs and falls risks. There was a risk management policy that was dated as reviewed in March 2014. This policy detailed the risk management process and use of a risk matrix methodology for assessing risk in the centre. This policy outlined the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. However, there were a number of issues in relation to the risk management including:

- there was no risk register available and the risk management policy did not provide hazard identification and assessment of risks throughout the designated centre for example; risks associated with residents smoking cigarettes, absconding and unrestricted window openings
- individual risk assessments in residents personal plans were inadequate for example one resident who had been risk rated in relation to the use of a lap belt on a wheelchair as at extreme risk however, the time frame for review/action was recorded as three months
- in another residents' risk assessment in relation to a falls risks' the risk rating had been identified as a major risk however, the proposed action to address this hazard was recorded to upgrade equipment after consultation with family and the multidisciplinary team, with no time frame.

In addition, there were a number of hazards that had not been risk assessed including the following:

- unrestricted access to a sluice room
- trip hazards in both the front and back door of one premises
- the storage of staff hand bags on unsecured office floors
- unrestricted window blind cords
- the storage of boxes of latex gloves in a number of different locations
- cleaning liquids stored in unrestricted shower rooms in some premises
- unrestricted access to kitchen areas.

In addition, the following specific risks as required by regulation had not been recorded in the risk management policy:

- accidental injury to visitors
- aggression and violence
- unexpected absence of any resident
- self-harm.

Laundry facilities were provided within each premises and were generally adequate. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them when laundered. Staff to whom inspectors spoke outlined how cleaning was provided by staff and some residents also had tasks such as tidying and some cleaning duties in their own premises. However, there were a number of issues in relation to the prevention of healthcare associated infections including the following:

- the handling/sluicing of soiled linen was not adequate

- the requirement for staff to carry soiled linen through the kitchen areas was not suitable
- the storage of used incontinence pads in generic/unidentified domestic type waste bins was not suitable
- one of the domestic type waste bins was not suitable to store used incontinence pads as it did not have a foot level to open the lid of the bin
- soiled linen was transported from the bedrooms in an unsuitable laundry basket
- there was communal use of towels in one toilet
- there was an unsuitable bar of soap in one toilet
- two commodes were unsuitably stored in a shower room.

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 he had worked in the centre for many years and monitored safe-guarding practices in the centre 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 within the centre. 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. Many of the residents had been in the centre with the same staff for many years and were well know to each other and any issues could easily be brought up. In addition, inspectors noted that there was considerable rotation of residents to different activities placements; therefore residents also had the opportunity to meet with a number of staff to whom they could raise a concern. During the inspection the inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. 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 dialogue between residents in their

interactions with staff.

Inspectors viewed the policy on adult protection for the prevention, detection and response to allegations of adult abuse and there were also policies in relation to providing intimate care and individuals possessions/finance management. From a review of a sample of staff files inspectors noted that adult abuse training had been provided. Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse. However, from a review of the staff training schedule inspectors noted that not all staff had received up-to-date adult abuse training. In addition, a number of staff to whom inspectors spoke confirmed that they had not received adult abuse training for a number of years.

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. The provider outlined to inspectors planned training for staff in relation to the effective management of behaviour that challenges. Some staff to whom inspectors spoke confirmed that they had received suitable training and had 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. However, a significant number of staff had not received suitable training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Inspectors noted that a number of residents had bedrails in place and that lap belts on a variety of different mobility chairs were used for a number of residents when required and to ensure their safety. However the management of the bed rails/lap belts was not adequate for the following reasons:

- the policy on provision of behaviour support was not adequate as it was in draft form and did not detail the procedures for the management, monitoring and recording of bed rails/lap belts
- risk assessments in relation to the use of bed rails were not adequate as the intervention/controls were not implemented in a timely manner
- there was no decision making tool available in relation to using these bed rails/lap belts
- the personal plans did not detailed the use of bed rails/ lap belts
- the rationale for using these bed rails/ lap belts was not recorded
- alternative measures to using bed rails/ lap belts had not been recorded
- consent in relation to the use of bed rails/ lap belts was not available
- the monitoring of a resident while bed rails/ lap belts were in use was not recorded.

There was adequate space provided for the storage of personal possessions. There was a policy on residents' personal property which was centre-specific and inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated staff where necessary to assist individual residents in their personal shopping. Inspectors noted that staff were accountable to ensure adequate records and robust accounting procedures were used when handling residents monies. The person in charge confirmed that he proactively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. There

were written receipts retained for all purchases made on residents' behalf. However, inspectors formed the view that the management of some residents' finances were not adequate and potentially exposed them to financial exploitation. Inspectors formed this view as a number of residents did not have direct access to their own personal monies. It was therefore unclear if some residents had control over their own financial affairs in accordance with their wishes.

Inspectors noted that closed circuit television (CCTV) was in place in a number of locations. These cameras were located in a sitting room, dining room and bedroom corridors and that there was a centre-specific policy in relation to the use and management of CCTV cameras. However, there were a number of issues in relation to the use of CCTV including the following:

- the location of the CCTV cameras were in areas that both residents, visitors and staff spent a lot of time and each were entitled to live, visit and work without the intrusive eye of a constantly recording camera
- there were no signs erected to inform residents and visitors of the operation of such CCTV cameras
- the policy on the use of CCTV was not adequate as it was in draft form and did not adequately detail the management or the rationale for using CCTV cameras in these locations
- the policy did not adequately detail the data management as it did not specify the criteria to ensure that the data collected was adequate, relevant and not excessive
- it was unclear if due consideration had been given to the proportionality of the perceived need to use CCTV cameras versus the residents' expectation to privacy in their own homes.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

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. In some premises inspectors noted that some residents were involved in the day-to-day running of their homes' including the preparing their meals within each house. Inspectors noted that residents had access to refreshments and snacks with a selection of drinks and

fresh fruit readily available in each premises. Inspectors noted that there were adequate quantities of food and drink; that was properly and safely prepared, cooked and served. Staff to whom inspectors spoke to stated that the majority of the grocery shopping was done with residents assistance whenever possible. Inspectors noted that the choice of food was consistent with each resident's individual dietary needs and preferences and that there was adequate provision to store food in hygienic conditions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was good. Some residents who had dysphagia (swallowing difficulties) required alterations to the consistency of foods and/or liquids. Inspectors were informed by staff that these meals were prepared in accordance with the recommendations of speech and language therapist and dieticians. One staff demonstrated to inspectors how she improved the presentation of modified foods to a prescribed consistency. For example residents requiring their food to be puréed; each food ingredient was puréed separately and put on the plate separately to maintain the flavour and the colour of the individual foods. Food was shaped using special food moulds so that the food more closely resembled the original ingredients. Inspectors noted that there were a number of residents who required assistance with eating and staff provided such assistance in an appropriate manner. In addition, inspectors noted that a number of residents used assisted cutlery with large or contoured handles to assist them with their meal.

There was a policy on monitoring and documentation of nutritional intake dated June 2014. This policy stated that monthly recording of residents' weights was required. However, the monitoring of residents weights was not adequate in one house as inspectors noted residents weights were only recorded when residents attended the General Practitioner (GP).

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 generally resident's health and welfare needs were kept under review as required by the resident's changing needs or circumstances. Staff to whom inspectors spoke stated 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, toileting and oral care. There was evidence of some assessments being used including physical wellbeing assessments, epilepsy, people related hazard assessments, eating and drinking assessment.

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 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 which was dated February 2014. There was 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 locked cupboards/medication trolleys in each premises and the medication keys were kept by the nurse on duty. There were medication fridges in some premises that kept medication at the appropriate temperature and there were suitable written records available in relation to the regular monitoring of the fridge temperature. For any resident who required their medication to be altered/crushed; such medication was prescribed to be administered in a crushed form in the medication kardex. All residents' medication administration records reviewed had photographic identification in place. However, inspectors noted that a number of the medication administration records were not completed by administering nurse.

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 he kept the statement of purpose under review and provided inspectors with a copy of the most up to date version.

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:

Compliant

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 his responsibilities. The person in charge informed inspectors that he was relatively new to this role as he had been primarily in charge of day services up until recently. The person in charge stated that he was well supported by the provider and described him as being very accessible. It was evident to inspectors that the provider was very involved in the management of the centre and met inspectors on a number of occasions during the inspection. The person in charge outlined to inspectors that he was also appointed as person in charge for two other centres. The person in charge stated that he divided his time evenly and spent more time in any one centre as required; depending on the circumstances or issues that required his attention. Inspectors noted that for each of the other two centres' 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. The provider confirmed that he visited the centre regularly and met with both the person in charge and staff. Inspectors noted that residents were familiar with the person in charge and approached him with issues during the inspection. 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 - Moderate

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, volunteers and the person in charge was familiar with the recruitment process. The person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. A number of staff to whom inspectors spoke with confirmed that they had worked in the centre for many years and outlined how they were supported in their role on a daily basis.

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 reviewed minutes of staff/management meetings that held regularly and noted that the issues discussed included accidents and incidents, maintenance and staffing issues. The person in charge demonstrated willingness to the delivery of person-centred care and to work towards meeting regulatory requirements. Inspectors noted that ongoing staff training was provided which included the following:

- fire safety
- adult abuse
- first aid
- management of challenging behaviours
- medication management
- manual handling
- lámh
- diabetes
- epilepsy
- dementia.

Inspectors reviewed a selection of staff files and noted that not all the documents 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 were available including:

- a number of files did not contain the dates on which he or she commenced and ceased employment (if relevant)
- a number of files did not contain records of the position the person holds, or held, at the designated centre, the work the person performs/performed and the number of hours the person is or was employed each week.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
Centre ID:	ORG-0008104
Date of Inspection:	18 June 2014
Date of response:	15 July 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

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.

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 will conduct a review of each resident's access to their own personal monies and provide support to those who require assistance in managing their financial affairs.
- An inventory of all residents personal property currently underway.

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

Proposed Timescale: 01/10/2014

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

Theme: DCAD10 Individualised Supports and Care

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

To provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

- Of the 3 locations within the designated centre 2 now have identified private areas where residents can receive visitors. The 3rd location will require building work to provide a private space. Plans and designs have been agreed, funding secured and work will commence in August 2014.

Proposed Timescale: 24/10/2014

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 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.

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:

- The contract for service currently being amended to reflect all fees to be charged.

Proposed Timescale: 25/07/2014

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 residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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:

- Personal Plans currently being amended to ensure they are in an accessible format.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

To ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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:

- A full audit currently underway to identify those residents who have not had their personal plan reviewed in the last 12 months. Reviews will be organised for those who have not had a review in the last 12 months. Structures/protocols will be put in place to ensure that all residents have their personal plans reviewed at least annually or more frequently if there is a change in needs or circumstances.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

To ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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:

- The personal plans format will be reviewed and amended to ensure that the effectiveness of the plan is assessed at each review or sooner if required and any changes in circumstances and/or new developments recorded.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

To ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed time-scales.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- The updated/amended personal plan format will ensure that recommendations arising out of a review are recorded, proposed changes documented, the rationale for such changes noted, the names of those responsible for pursuing identified objectives listed and the timeframes within which such objectives are realised.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

To ensure that each personal plan is amended in accordance with any changes recommended following a review.

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

- The updated personal plan format will ensure that each personal plan is amended in accordance with any changes recommended following a review.

Proposed Timescale: 29/08/2014

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 provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- 2 of the 3 locations now have identified private areas for residents to receive visitors. The 3rd location will have a private area for visitors by the end of October.
- A full audit of storage facilities within the designated centre will be undertaken and such facilities will be provided if feasible.
- An architect will be employed to design additional living space within the identified location that does not have "adequate communal accommodation".
- We will complete a maintenance audit to identify which items of furniture/flooring requires replacing.
- The facilities manager will conduct an audit of the designated centre and areas that require repainting will be scheduled for upgrading.
- Work on the enlargement of the ensuite facilities for the identified resident will get underway in August.
- Solutions to provide separate bath and shower facilities in the identified centre are currently being looked at.
- Work on the creation of an additional bedroom in the identified centre (thereby eliminating the need to walk through one bedroom to get to the other) will get underway in August.

Proposed Timescale: 01/10/2015

Theme: Effective Services

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

Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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:

- As above 17 (1) (a)

Proposed Timescale: 01/10/2014

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:

To ensure that the risk management policy includes 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/hazard identification process.

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 the risk management policy includes the 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.
- Training on conducting risk assessments will be provided to staff to ensure that the risk rating identified is assessed correctly and the control measures proposed are appropriate.
- With reference to the use of lap belts and/or bedrails the Designated Centre will adopt the HSE protocols/policy on restraint and our Risk Management Policy will be amended accordingly.

Proposed Timescale: 01/10/2014

Theme: Effective Services

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

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.

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:

- The current Emergency Residential On Call Policy will be amended to include procedures for the management and response to major emergencies.

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 the risk management policy includes the measures and actions in place to control the unexplained absence of a 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: 29/08/2014

Theme: Effective Services

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

To ensure that the risk management policy includes the measures and actions in place to control 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: 29/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that the risk management policy includes the measures and actions in place to control 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: 29/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To ensure that the risk management policy includes the measures and actions in place to control 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: 29/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

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.

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:

- Protocols in relation to the handling/sludging of soiled linen have been changed to ensure that alginate bags are used when required and no laundry will be transported through the kitchen area.
- Bins used for the disposal of incontinence pads etc will be identified appropriately.
- All bins used for the disposal of pads etc will have foot pedals.
- Alternative location for the suitable storage of commodes to be identified.
- Staff have been informed that the use of soap and the communal sharing of towels are inappropriate.

Proposed Timescale: 25/07/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

To put in place effective fire safety management systems.

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:

- 2 of the 3 locations within the centre have newly installed fire safety systems and work on the 3rd location will begin in August which will ensure all 3 locations are fully

compliant with fire safety regulations.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

To make adequate arrangements for reviewing fire precautions.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- Risk Assessments have been completed and control measures put in place to mitigate against the identified hazards for the one resident who smokes including the safe storage of matches/lighters.
- All staff will receive training/instruction on the correct usage of the Fire Register Folders.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

To make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Action Required:

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

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

- Staff who have yet to complete the fire safety training programme are scheduled to do so by the end of July.

Proposed Timescale: 25/07/2014

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 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.

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:

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

Proposed Timescale: 29/08/2014

Theme: Safe Services

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

To ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- Risk assessments currently being conducted where restrictive procedures have occurred in the past and/or potentially could happen in the future and protocols for their continued use will be documented in accordance with national policy and evidence based practice using the HSE Guidelines on Restraint.

Proposed Timescale: 29/08/2014

Theme: Safe Services

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

To ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is

used.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- The Behaviour Support Policy will be amended to include the procedures for the management of bed rails/lap belts.
- The designated centre will implement new protocols to ensure that any risk assessments that indicate a major or extreme rating score are acted upon immediately.
- Consultations with residents, their families and/or representatives and with the relevant professional (occupational therapist etc) will take place before a decision is taken re the use of bed rails and/or lap belts.
- The use of bedrails and/or lap belts will be recorded in the residents personal plan and will include the rationale for their use, any alternative measures that had been considered and consent for their use will be sought and recorded.
- New protocols for the monitoring of any resident while using bedrails and/or lap belts will be introduced.

Proposed Timescale: 29/08/2014

Theme: Safe Services

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

To protect residents from all forms of abuse.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- Introduce new audit sheet to check residents finances weekly regardless of whether there has been any expenditure.
- Introduce new managers monthly audit to oversee residents' personal finances.
- We will conduct a review of each residents access to their own personal monies to ensure that their rights are being respected and that they are free from financial abuse from the organisation and/or staff and/or their families and/or representatives.

Proposed Timescale: 29/08/2014

Theme: Safe Services

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

To put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal

plan and in a manner that respects the resident's dignity and bodily integrity including the use of CCTV cameras.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

- CCTV is no longer in use in the designated centre.

Proposed Timescale: 01/07/2014

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:

- All staff in the designated centre have now completed up to date Management of Abuse training.

Proposed Timescale: 03/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

To provide appropriate health care for each resident, having regard to each resident's personal plan.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- Seated weighing scales to be purchased to ensure the regular monitoring of residents weights in the designated centre.

Proposed Timescale: 29/08/2014

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 put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

- All staff responsible for the administration of medication currently undergoing updated training on the safe administration of medication.

Proposed Timescale: 25/07/2014

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 information and documents as specified in Schedule 2 are obtained for all staff.

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:

- Organisation actively working with staff to ensure that human resource files contain all required information including commencement dates, position held, hours of work and duties.

Proposed Timescale: 29/07/2014