

**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 RehabCare
<b>Centre ID:</b>	OSV-0002668
<b>Centre county:</b>	Longford
<b>Email address:</b>	sally.budd@rehabcare.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Laura Keane
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	PJ Wynne
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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 1 day(s).

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

From: 14 July 2014 13:30 To: 14 July 2014 19:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 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 inspection was the first inspection of this centre by the Health Information and Quality Authority (the authority). The designated centre is part of the Rehab Care Group, a national organisation which provides a range of services to people with varying degrees of disability. This service provides residential services to four male service users who have low support needs on a full-time basis.

These service users attend day services provided by the organisation or an alternative day service, from 9:30 to 16:30 Monday to Friday. As part of the inspection, the inspectors met with the deputising person in charge (known in the centre as the Residential Services Manager), visited the centre and met with service users and the staff member on duty. The inspectors observed practice and reviewed documentation such as personal plans, support plans, medical records, policies and procedures.

Photographs of the inspectors were forwarded to the centre prior to the inspection to introduce the inspectors and to enable staff to discuss this inspection with the service users. The deputising person in charge confirmed that the service users were informed of the inspection. Inspectors were shown a folder which had been developed to use as an introduction to the inspection process. This detailed

personnel attending and a brief outline of the role of the Authority. A consent form had been developed by the person in charge seeking consent from the service users with regard to the inspectors having access to their home and their records. Inspectors noted that these consent forms had been signed by the service users. When the inspectors met the service users they confirmed that they had discussed the inspection with staff.

Inspectors requested the consent of the service users to enter their home and to review their personal plans, support plans and care files. Some service users requested the inspectors to view their bedrooms and they were proud of how they had been involved in the set up and personalisation of their personal space. The designated centre provided good facilities for service users and provided a homely environment which was clean with good natural lighting.

Service users received a good quality service. Staff and service users knew each other well, and service users spoken with by the inspectors confirmed that they were happy living in the house and lived active lives. Comments such as "I like living here", "I get to do lots of things", "We decide what to eat" and "You can talk to the staff anytime" were expressed to the inspectors.

On the day of inspection one service user arrived back from a home visit and another had an appointment to visit a friend in the community. Staff supported service users to be involved in the decisions in the designated centre, and in making decisions and choices about their lives. Service users told inspectors that they were supported to engage in meaningful activities of their choice which included supported employment.

Overall inspectors found there was evidence of compliance, in some areas, 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.

#### Areas of non compliance included

- review of the risk management policy
- ensuring all staff had up to date fire safety training
- all staff receive appropriate training in relation to safeguarding service users and the prevention , detection and response to abuse
- completion of fire drills over the night time period
- ensuring that person centred plans reflect planning for a change in circumstances should service users needs change for example development of poor mobility or deterioration in physical or mental wellbeing
- ensuring good communication with the day services
- development of an agreement with the day service that their service users attend to ensure their care and welfare is protected whilst in this service
- greater use of assistive technology for example having the PCP loaded onto the ipad which would ensure greater accessibility for the service user, use of digital photo frames and use of DVD's.

- use of thermostats to control the temperature of the water at point of access to service users
- ensuring that a place of safety is identified should evacuation be deemed necessary.

These are discussed further in the report and included in the Action Plan at the end of this report.

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found from speaking with staff and service users that staff supported service users to maximize their independence and encouraged them to make decisions and choices about their lives. Service users were able to show inspectors their person centered plans and could tell inspectors how they spent their day. There was good use of non verbal communication systems developed in the centre. Inspectors were satisfied that the care and support provided to service users sufficiently reflected their current assessed needs and wishes. Each service user has an individualised assessment of need, support plan and person centre plan. Action plans and risk assessments are devised according to the findings of the assessments and the wishes of the service users. Daily records were also maintained outlining how service users spent their day. A key worker was assigned to each service user to ensure that a plan was put in place to ensure that that goals described were actioned. The service user also had a key worker in the day service who worked closely with the residential services key worker. Inspectors saw evidence of achievement of goals, for example going on holiday with family, attending Croke Park and meeting with the Ireland football manager and his deputy. On the day of inspection, service users were busy around the house preparing their evening meal with assistance from the staff member and doing the grocery shopping.

One service user had an ipad with photos of significant others loaded onto it. Consideration should be given to developing the use of the ipad for this service user to ensure greater accessibility. Another service user had a mobile phone which he used by ringing people according to their picture. The deputizing PIC informed the inspector that the centre had been successful in gaining a grant to enhance the development of assistive technology in the centre

Review of Person Centred Plans

Service users confirmed that their plan was reviewed regularly and had a complete review annually or more often if required. They confirmed that they and any significant others were involved in this review, this was also reflected in minutes of meetings from reviews. Service users had access to an advocacy service.

#### Meaningful activities

There was a range of activities available to the service users both in the centre and out in the community. The centre had access to their own transport which enhanced the flexibility of services users availing of community services. A daily plan was devised for each resident and inspectors saw that this included trips to the shops, swimming, community activities, cooking, and attending services provided in day centres. Three of the service users attended day services provided by an alternative local day service. This was the service user's choice and the service users told the inspectors that they enjoyed this arrangement and it worked well for the service users and increased her social contacts. The inspectors spoke with the deputising PIC with regard to this arrangement and found that there was a lack of clarity around the governance of this arrangement. The inspectors found that there was no agreement or memorandum of understanding with regard to the shared responsibility of the service user.

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health.

#### **Judgment:**

Non Compliant - Minor

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

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

#### **Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

#### **Findings:**

The centre was found to be suitable for its stated purpose. It was well decorated, domestic in style with adequate private and shared space. Each service user had their own bedroom three of which are en-suite and the fourth service user has sole use of the bathroom. Shared space includes two sitting rooms, a quiet /relaxation room, a dining room separate kitchen and a large garden which was well manicured with decking and garden furniture available for service user's use. A downstairs toilet was also available.

The service is open 52 weeks per year however the service closes on the fourth weekend of every month, from Saturday pm to Sunday pm. During these times individuals are supported to make plans to visit their families.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**  
Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the health and safety of residents, visitors and staff was promoted. A health and safety statement was available. While a risk management policy was available it failed to meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Inspectors saw that policies on unexpected absence of a service user and accidental injury to service visitors or staff, aggression and violence and self harm were covered in separate policies.

Inspectors viewed a number of service users risk assessments and found evidence that risk assessment processes and systems were being operated and staff took a proactive approach to mitigate risk to residents. Appropriate measures and actions to control risks for the resident were in place. These were being used to ensure that service users could participate in activities with identified controls and supports in place to ensure the safety of service users. Inspectors were told by service users that they were given a level of independence in their daily lives, for example the front door was open, they completed their own cooking, and some used public transport and accessed the shops independently.

An emergency plan was in place, however a place of safety was not identified should evacuation be deemed necessary. One of the inspectors noted that the temperature of the water in the taps was hot. This was discussed with the deputising PIC who confirmed there were no thermostats on the showers. This does not protect the resident as they could turn up the temperature or if staff have to supervise the service user as a result, this does not support the service users having the highest possible level of independence.

The centre's vehicle

The Person in Charge told the inspectors that all vehicles used to transport service users

were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained.

#### Fire management

As part of the fire regulations the provider shall ensure that effective fire safety management systems are in place. A policy was available on fire safety. Inspectors spoke with staff and they were knowledgeable about what to do in the event of a fire. Inspectors also spoke with service users and they displayed an awareness that if the fire alarm sounded they would have to evacuate. While fire drills were carried out at regular intervals, completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time. The fire extinguishers were serviced on an annual basis and the fire alarm quarterly.

Fire safety training had taken place and included evacuation procedures, however not all staff had up to date annual training. The deputising PIC informed the inspectors that fire training was planned for the 22 July 2014.

#### Moving and Handling

Inspectors reviewed staff training records and found that staff had received training in safe moving and handling. All service users were independently mobile at the time of this inspection.

#### Communication with day services

Inspectors were informed that a resident had recently displayed challenging behaviour. However on tracking the records with regard to this there was poor evidence of recording of this or that this had been communicated to the day service. Review of communication between the residential and day services is required.

#### Infection Control

An infection control policy was available and staff were aware of infection control procedures. Staff had received training in hand hygiene practice.

#### **Judgment:**

Non Compliant - Moderate

#### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

#### **Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that measures were in place to protect service users being harmed or suffering abuse. There was a policy in place on the prevention, detection and response to abuse and some staff had received training. However there was one staff member who had not received training and some staff's training records evidenced that staff had not received any refresher training since 2008. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. All staff were aware of the designated liaison officer and their role within the organisation. A recent allegation of abuse has been reported. The deputising person in charge explained that all documentation with regard to this has been forwarded to the designated liaison officer and procedures have been put in place to strengthen the protection of residents. An investigation will be conducted. Inspectors requested that a copy of the investigation report is forwarded to the Authority.

There was a policy in place guiding the management of behaviours that challenge. Inspectors saw that there had been one recent episode of challenging behaviour expressed by a resident. This had been appropriately managed. While the resident has a history of challenging behaviour this was an isolated incident. An up to date positive support plan was not in place. Staff had accessed the help of the GP to refer the service user to specialist services for advice and to ensure that sufficient supports to manage behaviour that challenges were put in place. The deputising PIC told the inspectors that if a positive behaviour support plan was recommended then they would address this as a matter of priority. Another service user who had on-going challenging behaviour had a behaviour support folder.

A restraint free environment was promoted and no restrictive procedures were in use at the time of this inspection.

**Judgment:**

Non Compliant - Minor

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The staff were maintaining records of all accidents and incidents in the centre. These were reviewed by the person in charge and the regional manager. All incidents that required notification to the Authority as required by the Regulations have been submitted. This included the submission of nil quarterly returns.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that residents' health care needs were met with appropriate input from medical services and allied health professionals. Staff reported that all service users were healthy at the time of inspection. Staff described a good working relationship with the local general practitioners and an out of hour's service was also available. Services to include physiotherapy, speech and language therapy, occupational therapy, dental, chiropody, neurology and psychiatry and dietetics are available via referral to the HSE. An in-house behaviour therapist and psychologist are available.

Staff support service users to access these services as/when required, Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place. Residents were encouraged to be active and physical exercise was part of the activities on offer. Some residents had participated in the recent Special Olympics.

Inspectors were satisfied that residents' nutritional needs were met. Regular weights were recorded. Service users cooked their meals on a rotational basis and staff assisted them in ensuring these were of adequate nutritional value. Inspectors observed the evening meal on the day of inspection and were satisfied that it was a healthy, home cooked and nutritious option.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for*

*medication management.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users, however this was not centre specific and did not include information re local procedures, for example, that medication was available via blister packs, or local procedures regarding the ordering and receipt of medication.

All medications were administered by a support worker. Each resident's medication was supplied in a blister pack and these were stored in a locked filing cabinet. The staff spoken with were clear of their role and responsibility as regards medication management and confirmed that they had undertaken safe medication management training including practical competency assessments. There were no medications that required strict control measures (MDA's) at the time of the inspection.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

For example, it did not reflect information regarding the following:

- Any separate facilities for day care

- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The associated emergency procedures in the designated centre.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. The Person in Charge (PIC) was on leave, however a deputising PIC had recently been appointed. Inspectors found that she was a suitably qualified, skilled and an experienced person.

She was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users.

Inspectors noted that the deputising person in charge was employed full-time as the Residential Services Manager to manage the two houses and the day centre. She knew some the service users and seen the majority of them on a daily basis at the resource centre. The deputising person in charge had worked for the organisation for many years and held a degree in social studies and social care, a FETAC level 5 in supervision theory, was a trainer for non violent crisis intervention and was trained in multi element behaviour support. She is supported in her role by a team of support workers. She reported directly to a Regional Manager who reported to the Director – Health and Social Care who is based at head office and is the nominated provider on behalf of the organisation.

Inspectors found, through interviews with staff, that in the absence of the person in charge, an on-call arrangement was in place 24/7 and inspectors found that staff had ready access to the contact details. There was a designated on-call number so regardless of who was on call staff contacted the designated number.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

Staffing levels were suitable to meet the needs of the residents. Inspectors noted that the social care needs and health care needs were met. A staffing roster showing staff on duty was available. Inspectors noted that to ensure continuity of care a relief panel was available from which absences were covered. The staff members on duty were pleasant and welcomed the inspectors. The inspector observed that the staff member knew service users well and could communicate well with service users. The staff member worked for the organisation for a considerable period of time. She described how she assisted the service to help them to achieve their goals and wishes. As part of the enhanced procedures that had recently been implemented post the allegation of abuse, an extra staff member was on duty for 4 hours each evening. The deputising PIC informed the inspectors that she and the regional manager were going to complete an overall review of staffing at the centre.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector reviewed six staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. The organisation provided education and training to staff to enable them to provide care that reflects evidence based practice. When staff were attending training the roster reflects this to ensure their absence doesn't have a negative impact on service delivery. Records evidenced a range of training was available to include medication administration, health and safety training, food hygiene, non violent crisis intervention training, and courses on communication strategies. However, some gaps were identified. Mandatory training requirements detailed under outcomes seven and eight including fire training and the protection of vulnerable adults was not fully complied with for all staff

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Mary McCann  
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 RehabCare
<b>Centre ID:</b>	OSV-0002668
<b>Date of Inspection:</b>	14 July 2014
<b>Date of response:</b>	31 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 05: Social Care Needs

**Theme:** Effective Services

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

The personal plans did not reflect any planning for the future for a change in circumstances and there was no transition plan drawn up to support service users should their needs change for example development of poor mobility, deterioration in physical health.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

1. Develop an individualised plan for each resident, clearly outlining potential supports

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

which may be required and how these will be implemented if required in the future.  
Identify alterations which may be required within the accommodation provided  
2. Identify resources which may be required and how these might be provided  
3. Identify resident and family wishes relating to a service user becoming too ill or incapacitated to continue living in a supported accommodation service.

**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:**

Three of the service users attended day services provided by an alternative local day service but there was no agreement or memorandum of understanding with regard to the shared responsibility of the service user.

**Action Required:**

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

1. Meet with peer service provider and agree and implement a memorandum of understanding to include roles and responsibilities of each service to meet the needs of the residents attending both services.
2. Draw up roles and responsibilities of each service
3. Both parties to sign agreement and copy of both to be communicated with all staff supporting the individuals identified
4. Regular review meeting to be held or as required if residents needs change.
5. Include future planning of needs as per outcome 5

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

**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:**

While a risk management policy was available it failed to meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and

learning from, serious incidents or adverse events involving residents.

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

1. Local Risk register to be developed, implemented and maintained on site, which identifies risks and outlines plans for their management and regular review, including identification of new risks and recording, investigation and learning from events
2. At staff meetings, review all incidents which occur and look at what can be learned from them.
3. Review of relevant incidents by key workers and behaviour support team, during behaviour support clinics.

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

**Theme:** Effective Services

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

A resident had recently displayed challenging behaviour but in the records with regard to this there was poor evidence of recording of this or that this had been communicated to the day service.

**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:**

1. Staff are now recording all handover information in residents' daily notes
2. Key working meetings to be set up regularly between both services to discuss and record any progress or concerns with key clients, this will be included within the memorandum of understanding between peer service providers to improve communication.

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

**Theme:** Effective Services

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

There are no thermostats on the showers.

**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:**

PIC has made arrangements for thermostats to be installed in each shower.

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

**Theme:** Effective Services

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

Completion of fire drills over the night time period had not taken place to ensure that staff could safely evacuate at night time.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Prepare residents for and then conduct night time fire drill. This will enable residents to practise safely evacuating the premises, from being asleep in their bedrooms.

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

**Theme:** Effective Services

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

Fire safety training had taken place and included evacuation procedures but not all staff had up to date annual training.

**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:**

1. Staff received Fire safety training on the 22nd July 2014.
2. Two staff still require this training and this has been arranged for the 29th August 2014

**Proposed Timescale:** 29/08/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

**the following respect:**

There had been one recent episode of challenging behaviour expressed by a residents but an up to date positive support plan was not in place.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Referral to behaviour support team to be made by key worker.  
PIC trained in Multi Elemental Behaviour Support and will develop Behaviour Management Guidelines.

**Proposed Timescale:** 25/08/2014

**Theme:** Safe Services

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

There was one staff member who had not received training in protection of vulnerable adults and some staff's training records evidenced that staff had not received any refresher training since 2008.

**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:**

Staff training on child and adult protection scheduled for 9th and 16th of September.

**Proposed Timescale:** 16/09/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

Aspects of the statement of purpose required review to ensure it contained all of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

For example, it did not reflect information regarding the following:

- Any separate facilities for day care

- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The associated emergency procedures in the designated centre.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose of the service will be amended to take account of all of the recommendations made and to ensure it is specific to the service and residents living there. The changes being made will ensure that the following is included:

1. Include arrangements for day service provision
2. Include arrangements for communication with peer services
3. Include contingency plan/emergency plan with information specific to the service
4. A statement of how any religious beliefs of the residents are facilitated, including support to attend religious services or observe religious practices
5. Include facilities within the service to meet the needs of residents
6. Specify any therapies available to residents, access to activities, education and employment.
7. Update the PIC details
8. PIC in the event that manager is not present to be identified
9. Include complaints procedure
10. Include a reference to the process by which the service seeks and encourages the views of service users in the running of the service, and supports the service users to provide those views
11. Arrangements for personal care within the service

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