Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002684</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Leitrim</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:sheila.odowd@rehabcare.ie">sheila.odowd@rehabcare.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Laura Keane</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
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<tr>
<td>Support inspector(s):</td>
<td>PJ Wynne</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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: 08 July 2014 14:30
To: 08 July 2014 20:30

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

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Summary of findings from this inspection
This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). Inspectors found the staff, the person in charge and regional manager had made efforts to comply with The Health Act 2007 (Care and support of service users 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.

The centre is two separate semi detached houses, each has capacity for four service users with a bedroom for staff to sleep over. Eight semi independent service users were accommodated on the day of inspection. The Person in Charge and staff provide seventy eight hours of support to the service users each week. Inspectors met with service users and staff, observed practices and reviewed documentation such as personal plans, fire records, policies and medication records.

Inspectors found there were no immediate risks to service users. Service users enjoyed living in the centre and informed the inspectors that they felt safe and secure in their home. They maintained reasonably independent lifestyles with care support targeted towards increasing their independence. Service users were aware
they could contact staff at any time for support and this gave them the reassurance and confidence to access the local community. All service users' had a key worker, who promoted, encouraged and facilitated their independence, assisting and encouraging them to achieve their personal goals and increase their quality of life.

Inspectors noted that emergency lighting and the fire alarm was serviced in a timely manner and records, such as medical and allied health care professional records were available for each resident. Areas of non-compliance related to risk management, ensuring the changing needs of service users were assessed, addressed and planned for appropriately, medication management, ensuring all staff had up to date mandatory training and consideration of the use of assistive technology to ensure service users have greater accessibility to their person centred plans. The action plans at the end of the report reflect the non compliances with The Health Act 2007 (Care and support of service users in designated centres for persons (Children and adults) with disabilities) Regulations 2013.
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 were satisfied that the care supports provided to the service users was appropriate to meet their assessed needs. Inspectors reviewed three service users files and found that each resident had a comprehensive assessment completed which reflected the service users interests and preferences and found that staff encouraged, facilitated and promoted the service users independence by encouraging and supporting service users and working with service users to achieve their goals for example attending community activities for example knitting group, active age activities or having employment in the local community. As part of the social care of service users the centre has a resource centre which all service users who live in the designated centre attend. A training and education programme with activities which develop personal, social, independence and work skills were on offer at this centre.

Inspectors found that service users, day and residential staff and significant others such as family members were involved in the development of their personal 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 were involved in this review. A copy of the day services goals achieved was sent to the residential service and there were monthly meetings between the day service key worker and the residential service key worker. Staff members were named to take forward objectives in the plan within agreed timescales.

Service users showed the inspectors their personal plans and while there were some photographs available, a considerable amount of information in written format which was inaccessible to service users. Consideration is required to make the person centred plans more user friendly and accessible to the resident for example by use of assistive technology such as DVD’s, communication aids and digital photo frames.
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 or other common associated problems. This is particularly important as most service users had an upstairs bedroom. Service users had access to an advocacy service.

**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:**
Each house has 5 bedrooms which include garage conversion to bedroom with full en-suite for service users who are unable to be accommodated upstairs due to mobility issues. One bedroom is a staff sleepover room. Shared space included kitchen cum dining, sitting room, utility room, shower room and bathroom. A ground floor toilet is also available.

All bedrooms were single occupancy. These rooms were viewed by the inspectors accompanied by the service user and were found to be personalized and met the needs of the current service users.

Each service user has a key to their bedroom, and a key to front door. Both houses are fitted with fire & burglar alarms which are monitored centrally. The garden was well landscaped and contained appropriate garden furniture. A BBQ was shared between both houses. Raised beds were available for flowers and vegetables which complimented the meaningful activity of some of the service users.

**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:
Health and Safety/Risk Management
A health and safety statement was available but this was not centre specific. A staff member was the designated health and safety representative. CCTV was in place on exits. A visitors log was in place to monitor entry and exit. While there was a risk management policy in place it did not include procedures on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. Arrangements to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the resident’s quality of life are not considered.

The environment was found to be safe and individual risk assessments were available for individual service user’s. The risk assessment processes and systems were being operated and staff took a proactive approach to minimise risk. There was an emergency plan and this was found to be appropriate, a designated place of safety should evacuation be deemed necessary was available.
A missing person’s policy and infection control policy was in place. The transport vehicle used by the service had documentation to support that it was roadworthy, serviced, insured and equipped with appropriate safety equipment and driven by staff that were properly licensed and staff had completed an advanced road safety course.

Fire safety
Fire equipment was routinely checked to ensure it was in place and operational and escape routes were unobstructed. A plan to show the fire escape route was located at various locations. Service users were assessed as to whether they required a personal evacuation plan (PEEP) and those assessed as having a requirement for assistance with evacuation had one. Fire fighting equipment had been serviced within the past year. The fire alarm and emergency lighting were serviced quarterly.

Staff and service users were clear of the procedure to follow in the event of a fire and had been involved in fire drills at various times including a night time drill. Records reviewed showed not all staff had up-to-date fire training in place as some staff’s annual training had expired in May 2014.

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:
Measures were in place to safeguard service users and protect them from abuse. Inspectors viewed policies and procedures for the prevention, detection and response to allegations of abuse. While the policy was detailed and contained a good flow chart and template forms it was not specific to the centre. Records reviewed showed staff had up-to-date training in adult protection and those spoken with were clear that the welfare of the residents was paramount and they would report any allegation of abuse. There have been no notifications of abuse to date reported from this centre.

Some service users' came and went to and from the centre independently accessing the premises. Some service users had a lie in some mornings and were able to secure the doors and set the alarm prior to leaving the house to go to the resource centre. Service users spoken with by inspectors told inspectors they felt safe and secure in their home. They described how they could call on staff during the night.

There were procedural guidelines on the provision of personal and intimate care to service users. Most service users were independent in this area. Staff were observed to chat with residents and listened to their queries in a pleasant way.

Inspectors reviewed the procedure for the management of service users' finances. Where staff were supporting service users with budgeting there were transparent procedures in place including receipts and staff signatures. The majority of service users retain control of their own finances and one service user takes responsibility for the payment of the utility bills.

Challenging behaviour
A policy to guide staff on behaviours that challenge and a policy on positive risk enablement was available. There was evidence available that service users had access to a behaviour therapist and specialist psychiatric review if required. All staff were trained in behaviour that challenges.

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

**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. The centre had submitted 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:**
Service users were supported on an individual basis to achieve good health through care planning, accessing allied health professionals and monitoring of service users individual health care needs.

Service users had access to their own GPs and had reviews by allied health professionals such as dentists, chiropody and opticians as required. Staff was knowledgeable about the recommendations of health professionals and how to implement recommendations into practice. One resident had epilepsy and a seizure management plan was in place, outlining guidance for staff with safety instructions during and post a seizure, but the plan did not advise the procedure to be adapted if status epilepticus occurred and no emergency medication was prescribed to protect the resident. The PIC stated that she would ensure this was discussed with the resident’s medical personnel.
There was a policy in place to provide guidance for the monitoring and documentation of service users’ nutritional intake. Service users had free access to the kitchen.

Service users told inspectors that they had a house meeting each Saturday evening facilitated by staff. Here they decided on their weekly shopping list and choose their evening meal for the week ahead. Issues such as protection and best practices re infection control were also discussed at these meetings. Service users shopped independently. The evening meal was prepared, cooked and served by the service users' themselves and they described how they took turns with cooking and washing up.

**Judgment:**  
Non Compliant - Minor

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**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:**  
The person in charge had ensured that a risk assessment and assessment of capacity had been completed to assess service user’s competency to manage their own medication. There was a clear report and evaluation of the risk assessment and rationale for making a judgement. Some service users were independent with regard to their medication administration. While there was a policy on the management and prescribing of medication which provided guidance to staff with regard to safe practices in medication management it was not specific to the centre and did not outline the local arrangements for ordering and receiving medication or detail the medication dispensing system in use at the centre.

The person in charge informed the inspectors that she was aware that the medication management system required review as not all medication charts were signed by the prescribing doctor. Resident medication prescription charts were reviewed by the inspectors and the findings were as follows:
- the service users General Practitioner (GP) name or signature was not detailed on all charts  
- the name of the centre was not always identified on the chart  
- there was no maximum dose prescribed for as needed (PRN) medications.

All staff who administered medication had completed Safe administration of medication training and had completed a competency assessment prior to administering medication.
There was also a procedure in place for refresher training. Medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

**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 meet all the requirements of 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.
The areas requiring review are outlined below;
- Any separate facilities for day care
- The arrangements made for dealing with reviews and development of a resident’s personal plan
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

**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 centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told inspectors that the person in charge was a good leader, approachable and supported them in their role. Inspectors found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear knowledge of the support needs and person centred plans for service users. Inspectors noted that the person in charge was employed full-time as the community services manager to manage the two houses which are the designated centre, the resource centre and a 9 hour per week outreach service. She generally worked 09:00 hrs to 17:30 and occasionally visited the residential houses in the evenings. She knew the service users well as she seen them on a daily basis at the resource centre.

The person in charge had worked within the centre for many years and was a qualified nurse in the field of disability (RNID). She is supported in her role by a team of social care/ nursing staff. 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. Records reviewed confirmed that she was committed to her own professional development.

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 were aware of these and 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

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**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 but this did not reflect hours spent by the person in charge in the centre. Inspectors noted that to ensure continuity of care, a relief panel was available from which absences were covered. 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.

Volunteers
A volunteer was working in the centre. There was no evidence available that the volunteer had their role and responsibilities set out in writing and what procedures were in place for the volunteer to be supervised. Garda vetting was available for the volunteer.

Recruitment
The inspectors 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 was 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, non violent crisis intervention training, and epilepsy awareness training. However, some gaps were identified including mandatory training requirements detailed under outcomes seven - fire training was not fully completed and up to date for all staff.

Judgment:
Non Compliant - Minor

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information
**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Many of the policies contained very detailed information which was informative to guide staff, however, most policies were not centre specific and did not detail staff in the procedures to adapt at their centre.
While policies were comprehensive they did not have an easy reference or simple guide to assist staff in the event of untoward situation or crisis to enable staff to swiftly access relevant information. Examples of the aforementioned include the medication management policy and the risk management policy.

There were non verbal copies of the residents guide, the tenancy agreement and the charter of rights available in the sitting room of each house.

**Judgment:**
Non Compliant - Moderate

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**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
Provider’s response to inspection report

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<th>Centre name:</th>
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<td>Centre ID:</td>
<td>OSV-0002684</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>08 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 August 2014</td>
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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 person centred plans could be more user friendly and accessible to the resident

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

Please state the actions you have taken or are planning to take:
We have decided that individuals will be offered the opportunity to have their Person Centred meeting/plans recorded in digital format to enable them audio and visual access via i-pad, PC/ digital photo frame.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 20/10/2014

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.

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:
We presently have quarterly service level agreements with the HSE. We will enter discussions with the HSE to discuss future plans for change in circumstances of service users in Supported Accommodation.
We will draw up a transition plan following discussions with HSE to support service users for future changes in need.

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:
The risk management policy in place did not include procedures on the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents, and arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident’s quality of life was considered.

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 and maintained on site.
2. Risk Register to be reviewed and discussed at all team meetings where risk assessments are reviewed to ensure learning has taken place/ how we prevent reoccurrences.
3. Additional information in relation to Local & National process for incidents/Accidents
to be added to Risk Management policy.

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<tr>
<th><strong>Proposed Timescale:</strong> 01/09/2014</th>
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<td><strong>Theme:</strong> Effective Services</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records reviewed showed not all staff had up-to-date fire training in place as some staff’s annual training had expired in May 2014.

**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 member has since received Fire safety Training.

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<th><strong>Proposed Timescale:</strong> 31/07/2014</th>
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<tr>
<td><strong>Outcome 08: Safeguarding and Safety</strong></td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While the policy was detailed and contained a good flow chart and template forms it was not centre specific and did not name a person to whom an allegation should be reported (designated officer).

**Action Required:**
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

**Please state the actions you have taken or are planning to take:**
Designated Officers name to be added to Flow chart.

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<th><strong>Proposed Timescale:</strong> 29/08/2014</th>
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<tr>
<td><strong>Outcome 11. Healthcare Needs</strong></td>
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<tr>
<td><strong>Theme:</strong> Health and Development</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A seizure management plan was in place where required, outlining guidance for staff with safety instructions during and post a seizure, but the plan did not advise the procedure to be adapted if status epilepticus occurred and no emergency medication was prescribed to protect the resident.

Action Required:
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

Please state the actions you have taken or are planning to take:
A meeting was held with Residents GP on 28/7/2014 to discuss this proposal. GP did not feel emergency medication was necessary in this case but would not make the decision. He felt this was a matter for consultant Neurologist. Appointment to be followed up to establish review date to discuss emergency medication for status epilepsy. Awaiting review appointment, which will be due in September 2014.

Proposed Timescale: 30/09/2014

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:
Resident medication prescription charts had the following absences noted
- the service users General Practitioner (GP) name or signature was not detailed on all charts
- the name of the centre was not always identified on the chart
- there was no maximum dose prescribed for as needed (PRN) medications.

Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
1. As this has been an ongoing issue a further meeting held again with GP on 28th July 2014 to establish if he will agree to write up and sign off medications. Also to write up maximum dose for all prescribed medications. GP will not agree to write up Service Users Kardex. He was asked to put this in writing. He agreed to give letter to support his decision. He agreed to provide us with a list of medications Service Users are prescribed, but will not furnish detail of times medications are to be administrated. This detail will be supplied by pharmacy dispensing the medication. I also met with
pharmacist who has agreed to follow up stating maximum dosage on prescription labels which will be signed by pharmacist and applied to Service users kardex.
2. Maximum dose of PRN medications in a twenty four hour period will be stated on kardex by GP who presently writes up Kardex manually.
3. Supporting letter to follow by week-end.
4. Header on kardex will be reviewed to ensure Name of centre is visible.

**Proposed Timescale:** 01/08/2014

**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:**
The statement of purpose failed to include the following as outlined in schedule 1 of The Health Act
- Any separate facilities for day care
- The arrangements made for dealing with reviews and development of a resident’s personal plan
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

**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:**
Template for Statement of purpose had been reviewed to reflect areas recommended as outlined above. RehabCare have drafted a new template for Statement of purpose.
1. Any separate facilities for day care.
2. The arrangements made for dealing with reviews and development of residents personal plan
3. Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence available that the volunteer had their role and responsibilities
set out in writing and what procedures were in place for the volunteer to be supervised.

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

**Please state the actions you have taken or are planning to take:**
1. Role and responsibilities, procedure in place for supervision will be set out in writing for volunteer in service.

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

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some policies were not centre specific and did not detail staff in the procedures to adapt at their centre.

Policies did not have an easy reference or simple guide to assist staff in the event of untoward situation or crisis to enable staff to swiftly access relevant information including the medication management policy and the risk management policy.

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

**Please state the actions you have taken or are planning to take:**
1. We are presently developing local Policy statement for medication management.
2. We have developed a local process for Incidents/Accidents.

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