

**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 Irish Society for Autism
Centre ID:	OSV-0003427
Centre county:	Meath
Email address:	admin@autism.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Irish Society for Autism
Provider Nominee:	Tara Matthews
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 July 2014 09:30 To: 02 July 2014 17:40

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 14: Governance and Management
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection carried out in the designated centre which is part of the Irish Society for Autism. They provide lifelong residential, caring and developmental service for people with autism. As stated in their statement of purpose the philosophy of the organisation is recognition of the individuality of people with autism, their capacity to benefit from education, training and care and their entitlement to participate in the development of society in accordance with their individual capacity and dignity as human beings. This designated centre provides specific 24 hour, 365 day residential services to 32 men and two women. The service is based in County Meath within close proximity to a nearby town. It is comprised of eight houses and four single apartments.

Overall the inspector found there to be a good culture of supporting the residents and the recognition of each person as an individual with different needs. Their individual needs and preferences were clearly reflected in each of their bedrooms. Staff spoke knowledgeably of the residents and their needs and due to the low staff turnover there was a consistence and continuity in the care, welfare and support provided.

The provider had completed some recent work on policies and procedures. Some policies and procedures were finalised while others were still in draft form such as

the medication management policy.

The post of person in charge had recently become vacant, a new person in charge, who worked in the centre as a team leader, had been appointed the role in May. The centre had no staff vacancies at the time of inspection with the exception of the person in charge.

Some aspects of the premises were in the process of being upgraded. Risk management and the practices regarding environmental and physical restraints were poor and required significant improvements to come into compliance. There was no risk register available on the day of inspection. A number of fire doors were without intumescent strips, this would not provide sufficient protection to residents and staff in the event of a fire. Care plans were lacking relevant information and required action. The premises also required attention in particular the area of infection control which the inspector found to be weak.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

Each resident had a personal plan; the inspector viewed a sample of these. The personal plans had recently been redeveloped and were at their infancy and not completely populated. The personal plans were written in the first person and contained a recent photograph of the resident. The personal plans looked at, for the most part, all aspects of the resident's life. They addressed their intimate care support needs and preferences, their diet preferences and outlined the important people in their life in addition to their life story. These sections were not fully completed for a number of residents.

Aspects of their social care needs were outlined but this required further development. It was not evidenced that residents had all their social needs met. The inspector spoke to a number of staff members who said some residents were part of a weekly walking club, while others were attending supporters of their local Gaelic football club and also frequented the cinema, local coffee shop and restaurants regularly. Further evidenced exploration of resident's preferences regarding their social care needs, how their social care needs were met and development in documentation was required in this area.

Residents, where possible, were connected to their families. Family members had assisted residents decorate their room and residents had frequent phone contact and visits with their family members as documented in their care plan. Residents also went on holidays throughout the year. At the time of inspection four residents were on holidays and two residents were at home with their family.

As the plans were being redeveloped not all elements of the personal plans were completed and it was not evident to what extent reviews had taken place. However, the inspector reviewed a care plan for a resident who had fifteen instances of behaviour that challenged in two months. Their care plan was not reviewed to reflect the escalation in

behaviours. The person in charge told the inspector that the health care assistants were working on completing the plans. Information from the previous care plans, for the most part, had been archived and not integrated into the new care plan. There was therefore a risk that information was lost. The inspectors viewed the care plan of one resident who had input from an external behaviour therapist to assist the staff team develop a behaviour support plan for the resident. However this information was not in the newly developed plan. This will be further discussed in Outcome 8.

Care plans were not specific to all the needs of the residents. The inspector saw a medication Kardex for one resident who had epilepsy and asthma, their care plan also noted the need for a specific diet and made reference to a seasonal reaction that the resident had. However, limited aspects of their healthcare needs were outlined in the care plans and there were no specific care plans developed for any of the resident's specific healthcare needs.

Personal plans were not in a format accessible to residents and they did not outline the education, employment and training wishes, if any, of the resident

Judgment:

Non Compliant - Moderate

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 consisted of eight houses and four apartments. It was set on farmland in the countryside near a small village. The farm consisted of polytunnels, chickens along with vegetables and fruit gardens. There was also a large activities centre and a pottery room where residents spent some of their time. The centre was also certified organic.

The inspector saw all of the eight houses and four apartments which varied depending on the needs of the residents who lived there. Resident's rooms were personalised and modern in decoration and most residents had large double beds and appropriate storage. Each unit had a large lounge room, some had two lounge rooms. Fireplaces were in situ in the lounge rooms and guards were placed on a number of these where it was necessary. The centre had their own supply of wooden logs which were safely stored.

There were sufficient numbers of toilets and bathroom facilities and work had been completed on a number of bathrooms to upgrade them. However, the inspector seen that there were additional bathrooms that required attention and upgrading. This will be further discussed in outcome 7.

A number of units throughout the centre were adequately maintained, however the inspector saw areas that were unclean and required deep cleaning, dusting and cobwebs to be removed. Flooring and paintwork throughout the centre needed attention. Flooring was stained and marked, paintwork and architrave was damaged and in need of repair and repainting. A number of items of furniture were worn or broken and needed to be replaced and repaired. Extractor fans and tiling in kitchens required attention and window restrictors were broken in a number of units.

The external premises was vast in size and required an environmental cleanup. There were items left unused on the premises such as mats, crates, pallets and items in the pond all of which should be removed. The trampoline was damaged and in need of repair. Pathways had moss and weeds on them.

Judgment:

Non Compliant - Moderate

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:

While there were some systems in place for health and safety and risk management significant improvements were required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector viewed policies relating to the proactive management of challenging behaviour, protection of vulnerable adults and a safety statement. Fire safety was adequate but required some improvements to meet the Regulations. There were adequate fire extinguishers throughout the designated centre and these were serviced June 2013. The inspector was told the servicing company was due to inspect the fire equipment 9th July 2014. The inspector also reviewed the fire register which showed that fire drills were regularly executed at various times throughout the day; one had taken place April 2014. The centre had also carried out night-time fire drills.

Means of escape were not checked daily, these were checked infrequently by the health

and safety officer, improvements were required for this practice. Quarterly checks were carried out on emergency lighting and the fire alarm. The inspector observed that not all emergency exits were appropriately signed and some of the running person signage was not illuminated. While the centre had a fire evacuation plan and map which was visible throughout the units, the fire evacuation instructions were not erected beside the fire panel or visible in any of the units. In addition not all units had a copy of the evacuation plan in the 'fire box'. Not all fire doors had door closers, staff were unaware of which doors were fire doors and intumescent strips were missing from a number of doors throughout the centre. Staff had not reported that fire doors were without intumescent strips.

Staff spoken to by the inspector said they would evacuate all residents if the fire alarm sounded. Not all staff were familiar with the functions of the fire panel or the procedures of fire evacuation as detailed in the centres fire evacuation plan. Residents who had hearing impairments lived at the centre and a light had been placed on the ceiling of their bedrooms to alert them of a fire should one occur during the night.

Night staff had an effective and safe communication system in place; each had a walkie talkie that they used should they require immediate assistance.

The centre had no risk register and no risk management policy. The inspector was told about various clinical risks for residents in the centre such as self injurious behaviours, seizures as a result of epilepsy, ingestion of poisonous liquids in addition to non clinical risk such as eloping. On further enquiry the inspector observed that the residents did not have risk assessments completed for risks that had been identified and where controls had been put in place.

The inspector seen a number of doors locked in the centre to prevent access to residents due to behavioural tendencies. However, there were no risk assessments completed, a restraint register was not present or consent received for the use of the environmental restraint. This will be further outlined in outcome 8.

The inspector saw documentation for two non clinical risks that were identified in one unit, which was completed in April 2013. These risk assessments were not comprehensive and had not been reviewed since. Similarly not all risks, clinical and non clinical risks had been identified and significant improvements were required to comply with the Regulations.

The inspector saw the incident and accident log. Incidents and accidents were being logged as they occurred and learning had been identified on some of the forms. An audit was carried out on the incidents and accidents, however this was not robust and it failed to identify, trend or analysis the information received as a result of the audit. The inspector saw that one resident had fifteen episodes of self injurious behaviour (SIB) in two months. On the fifteenth episode of SIB it was noted that the behaviour support plan for this resident should undergo a review. The inspector seen that this had not been completed.

A number of residents had sensor mats on their beds to alert night staff of seizure activity, this was a sufficient system to minimise the risk, however there were no risk

assessments in place.

A number of hazards were identified on inspection such as taps with water that was excessively hot in temperature, trip hazards and chemicals that were inappropriately stored. The inspector saw chemicals and food items were stored together in a press. The centre had no infection control policy in place. Infection control was observed as requiring improvement. Mops and mop buckets were inappropriately stored throughout the centre and a large number of the mops were placed in mop buckets with unclean water. Bathrooms were highlighted as a potential risk of infection;

- Shower rails and other items in toilets and bathrooms were rusty
- Toilet seats had been removed and fittings that were soiled were in situ
- A number of bathrooms had paper towel units that were empty
- Bathrooms had shared handtowels and bath/shower mats
- Toiletries were not always individualised or stored in each resident's bedroom
- There was a strong odour in a bathroom
- Enamel needed to be replaced on baths
- Tiles and sinks required re-grouting and the silicone replaced
- Paintwork in bathrooms was chipped
- Mildew and damp was problematic in a number of areas

Health and safety meetings occurred at three monthly intervals. The inspector reviewed the minutes of the two most recent minutes from February and May. Actions from February had been brought forward to May and at the time of inspection some of the actions were still not completed. An effective audit system for those actions was required.

Judgment:

Non Compliant - Major

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:

There were some arrangements in place to safeguard residents and protect them from the risk of abuse however, improvements were required. The policy on protection of vulnerable adults had recently been updated and it was clear that the person in charge was the designated liaison person for the centre. The responsibilities for this person were contained in the policy. While staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, not all were familiar with who the designated officer was. Staff told the inspector they had recently received training on adult protection. The designated adult protection officer's picture and contact details were person displayed in the centre.

The inspector observed staff interacting with residents in a respectful and friendly manner and saw staff knock on resident's bedroom door before entering.

There was a policy on proactive management of challenging behaviour. It included management strategies for staff such as proactive and reactive strategies. The policy required some improvements, it did not outline the need for consent should a restrictive practice be recommended and used. Some residents had a behaviour support plan.

The inspector reviewed a behaviour support plan for one resident who engaged in SIB. The plan, although informative, failed to clearly identify the specific behaviour, the triggers and antecedents. The support plan wasn't wholly specific to the needs of the resident and all tools that staff were using with the resident were not outlined in the behaviour support plan such as ABC charts and mood records. This resident had a significant number of SIB incidents in the previous two months, fifteen; however the plan and the effectiveness of same had not be reviewed or updated as a result. A restraint was used for the resident as part of the plan however no risk assessment had been completed, consent had not been received, the restraint had not been reviewed nor the duration of its use documented. A number of other restraints were in place such as environmental restraints but consent had not been received for these also. Significant improvements were required 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.

Judgment:

Non Compliant - Major

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 inspector reviewed the incidents and accidents log and was satisfied that all necessary incidents had been reported to the Authority in line with the Regulations.

The person in charge was aware of her responsibilities regarding notifications as per the Regulations.

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:

On the day of inspection it was difficult to assess if all residents had all aspects of their healthcare needs catered to and on a regular basis as their files did not have a comprehensive assessment of their healthcare needs. The newly developed personal care plans had a section outlining possible healthcare needs but it did not cover all aspects of their healthcare needs nor was it complete and up-to-date.

Staff told the inspector that residents had regular general practitioner appointments (GP). One of the care plans reviewed had a log of recent GP appointments but this detail was not evident in all care plans viewed. The inspector reviewed another care plan for a resident who had multiple healthcare needs that were attended to by different health professionals. There was no log of their most recent appointments in their care plan and it was unclear when they were next due a review or follow up. There were also no care plans for specific needs such as epilepsy or a seasonal allergy. Where a resident had a dietary requirement no input had been given or sought from a dietician nor was there a specific plan in place.

Significant improvements were required to ensure compliance with the Regulations.

Judgment:

Non Compliant - Moderate

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:

This outcome was not inspected against in full on the day of inspection however some improvements were required.

Medication was received by the service from a local pharmacy. The person in charge checked the medication on receipt from the pharmacy. Blister packs were dispensed fortnightly, by the person in charge, to the units and the remainder was securely locked away. Care staff administered the medication and were trained in the safe administration of medication. At the time of inspection there were no control drugs in use.

Staff in the units checked the medication twice daily both morning and night which was recorded in a stock control book for each unit by the unit staff. The inspector saw the stock book and observed that the medication count on the day of inspection correlated with the contents.

The medication policy had recently been updated but it failed to identify the centre specific procedures, this will be discussed further in Outcome 18.

All medication was administered by staff, no residents were self administering medication. There were no assessments completed in their personal care plans to examine if residents wished or had the capacity to manage their own medication.

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:

The person in charge was available throughout the day of inspection and was informed of the centre and spoke knowledgably about the residents. The person in charge told the inspector about the meetings that were held to ensure oversight and governance throughout the centre. Unit meetings were held every six weeks where staff came together to discuss residents and other items on the agenda. Weekly management meetings were held weekly and were attended by the person in charge, the two team leaders and human resources. The provider also attended these frequently. The inspector reviewed the minutes of the recent management meeting which was held 27 June 2014. Minutes from the house meetings were also reviewed; all units did not have these meetings every six weeks. Staff meetings were not held and the person in charge stated this would be addressed. Two leaders had responsibilities for individual units within the centre. Staff were aware of the reporting structure and told the inspector team leaders visited the units every morning and delegated tasks for the day in addition to supporting the staff going off duty and those coming on duty. The team leaders carried out regular checks in the units such as checks on resident's monies. The inspector saw records to reflect this.

An out of hour's oncall system was available to staff should they require additional support. This responsibility was rotated weekly between the team leaders and the person in charge. Staff also contacted the team leaders and person in charge throughout the day should they require assistance. The inspector observed multiple calls being received from staff. There was also a maintenance team, a health and safety officer and activities persons on duty on the day of inspection.

The inspector identified areas for improvement with regards to the supervision and monitoring of staff. Supervision and appraisals had not taken place. There was no policy on supervision at the time of inspection. The person in charge told the inspector that a template for this was being developed. Staff failed to report all hazards as identified in the centre; the intumescent strips which were missing from the fire doors had not been reported.

The inspector found that there were no formal residents meetings or forums organised for the residents living in the centre. The centre was looking at ways in which this could be addressed considering the complex individual needs of the residents. However the person in charge and staff told the inspector they would provide and receive informal feedback on a regular basis to and from residents. Staff also told the inspector they would know if residents were unhappy due to their behaviours, facial expressions etc.

Unannounced visits occur approximately monthly in the centre. Post inspection the Provider forwarded documents to reflect these. The visits were beneficial as two board members met with staff and residents and visited the grounds. However, they were not detailed and did not inspect specific areas in detail to assess where improvements in systems and procedures were possible or review the effectiveness of the service. Audits of medication and incidents and accidents took place. A more robust process for

recording and analysing the quality of life and care and support of residents was necessary to ensure that all quality indicators were being looked at e.g. accidents, incidents of behaviours that challenge and epilepsy seizures. A report on the quality of care was not available in the centre on the day of inspection however the person in charge stated they were aware of their regulatory responsibility to produce such a report.

Judgment:

Non Compliant - Moderate

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:

Although this outcome was not looked at in full during the inspection, improvements were noted in some areas. The medication policy, which was in draft form, did not fully reflect all practices carried out with regards to medication management. The person in charge, who was also an intellectually disability registered nurse, transcribed the administration records but this practice was not wholly outlined in their policy. Although there were no controlled drugs in the centre at present the transcription guidelines for this were also not outlined in the policy.

Not all of the policies as listed in schedule five were available on the day of inspection, the inspector was told that a number were in draft form including staff training and development. The policy on positive behaviour supports required further development as too the policy on restrictive practices. Subsequent to the inspection the Provider confirmed the Staff Training and Development Policy was live since February 2014.

The centre faxed all documentation, hand written, including information pertinent to residents individual and private needs, to the head office of the organisation for typing as the centre is not equipped with a computer. Therefore records were not retained and maintained as per schedule 5 of the regulations and staff were not in a position to update, access and share information where necessary. Residents right to privacy was

also been breached as individuals who were not directly responsible for their care were in receipt of their information. This practice was discussed with the person in charge on the day of inspection and subsequently with the provider.

Judgment:

Non Compliant - Moderate

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Irish Society for Autism
Centre ID:	OSV-0003427
Date of Inspection:	02 July 2014
Date of response:	30 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:

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

Action Required:

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

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

We are currently investigating the most appropriate method for ensuring that all relevant documents are available in a format that is accessible for residents.

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

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Reviews did not occur as and when changes occurred, subsequently not all aspects of the personal plans were current.

Action Required:

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

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

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

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

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

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

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

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

The behaviour support plan for a resident had been identified as ineffective and documented that a review should be carried out. This was not completed.

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:

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

Proposed Timescale: 30/11/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A number of items of furniture were worn or broken and needed to be replaced and repaired.

Window restrictors were broken in a number of units.

The trampoline was damaged and in need of repair and items

Action Required:

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

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

All items of furniture identified have been remedied. All window restrictors have been checked and repaired where necessary. The trampoline has been adjusted and is in full working order.

Completed

Proposed Timescale:

Theme: Effective Services

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

Flooring was stained and marked, paintwork and architrave was damaged and in need of repair and repainting.

A number of areas were unclean and required deep cleaning, dusting and cobwebs to be removed.

Extractor fans, vents and tiling in kitchens required attention

Items left unused on the premises such as mats, crates, pallets and items in the pond

all of which should be removed.

Bathrooms required upgrading.

Action Required:

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

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

A comprehensive cleaning roster has been developed to ensure a thorough cleaning of each house is performed on a regular basis. This will be overseen by the Person in Charge and Team Leaders. Cleaning of items identified as requiring attention has been actioned. Painting has commenced in the areas where it is required. Any items which were unused have now been removed and/or stored in an appropriate manner. A new maintenance system has been introduced to allow appropriate identification and scheduling of work.

Proposed Timescale: 31/12/2014

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:

There was no risk management policy in the centre and therefore all hazards, both clinical and non-clinical, had not been identified throughout the 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:

This will be included in our Risk Management Policy.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

There was no system in place for the assessment, management and ongoing review of risk in the centre.

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:

This will be included in our Risk Management Policy.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The inspector observed poor infection control awareness in the centre;

- Shower rails and other items in toilets and bathrooms were rusty
- Toilet seats had been removed and fittings that were soiled were in situ
- A number of bathrooms had paper towel units that were empty
- Bathrooms had shared handtowels and bath/shower mats
- Toiletries were not individualised and or stored in each residents bedroom
- There was a strong odour in a bathroom
- Enamel needed to be replaced on baths
- Tiles and sinks required re-grouting and the silicone replaced

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:

All areas highlighted as a risk of a healthcare associated infection have been addressed. Shower rails have been replaced where appropriate. Toilet seat fittings have been removed. All bathroom paper towel units have been replenished and will be monitored on an ongoing basis by Team Leaders. Hand towels and bath shower mats have been individualised. Toiletries are now individualised and stored appropriately. The odour in the bathroom had been addressed. Re-enamelling of baths has been scheduled. Re-grouting of tiles and replacement of silicone has been addressed. All staff, with the exception of one member on long term sick leave, have received hand washing training. We are investigating further training in conjunction with an Infection Control Policy.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Not all emergency lighting was working and illuminated.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

All emergency lighting has been checked and is now in full working order.

Completed

Proposed Timescale:

Theme: Effective Services

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

Not all staff were familiar with the fire panel.

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:

We currently provide fire training for all staff which is very comprehensive. However we have also developed extra Fire Training which has already commenced and will be delivered to all staff to ensure they are familiar with all aspects of fire training.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Not all staff were familiar with the fire evacuation plan.

The fire evacuation plan was not visible in all units.

Action Required:

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

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

All staff will now receive additional fire training which is tailored to the organisation and the individual needs of the residents. The fire evacuation plans are now located at exits.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Intumescent strips were missing from a number of fire doors.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Missing intumescent strips have been replaced where appropriate.

Completed

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all behavioural support plans were up to date to reflect the actual behaviours that challenge and the support given by staff.

Action Required:

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

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

All residents Behaviour Support Plans are currently undergoing a full review where appropriate and a plan is being developed to ensure that they are current.

Proposed Timescale: 30/11/2014

Theme: Safe Services

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

Consent had not been received for the use of all restrictive practices.

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:

We are currently investigating the most appropriate method for ensuring that we receive informed consent regarding the use of all restrictive practices.

Proposed Timescale: 30/11/2014

Theme: Safe Services

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

A live restraint register was not maintained at the centre outlining all restrictive practices used, their duration of use, the reason for its use and the review of same.

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:

A live register is maintained in head office. It is currently being reviewed by the Person in Charge with input from staff and will be available in the designated centre.

Proposed Timescale: 30/09/2014

Theme: Safe Services

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

Not all staff were familiar with the designate liaison officer for protection of vulnerable adults.

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, except one on long term sick leave received training in relation to safeguarding residents and the prevention, detection and response to abuse. This training identifies the designated liaison officer for protection of vulnerable adults. Furthermore there is a picture of the designated liaison officer displayed prominently throughout the designated centre.

Proposed Timescale: 31/08/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

All healthcare needs of the residents were not fully outlined in their 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:

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

Proposed Timescale: 30/11/2014

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:

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

Action Required:

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

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

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

Proposed Timescale: 30/09/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

the following respect:

There was no review of the quality and safety of care and support based on the specific quality indicators that were relevant to the residents as outlined in the body of the report.

Action Required:

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

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

The specific areas of quality and safety of care and support in the designated centre are discussed at the management meetings as agenda items on a weekly basis. The management meeting agenda has been amended to reflect this.

Completed

Proposed Timescale:

Theme: Leadership, Governance and Management

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

Residents were not included in a formal review of services.

Action Required:

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

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

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

Proposed Timescale: 30/11/2014

Theme: Leadership, Governance and Management

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

There was no review of the quality and safety of care and support based on the specific quality indicators that were relevant to the residents as outlined in the body of the report available in the centre for review.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made

available to residents and, if requested, to the chief inspector.

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

The Representative Owner Reports are available in the designated centre and will be reviewed to include the Quality Indicators relevant to the resident group.

Proposed Timescale: 31/08/2014

Theme: Leadership, Governance and Management

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

Staff did not receive formal supervision or appraisals as employees of the centre.

Staff failed to report that intumescent strips were missing from a number of fire doors.

Action Required:

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

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

We are currently investigating an appropriate performance management system to support, develop and performance manage our staff. This will be in place by 30th November 2014. A new maintenance system has been introduced which enables staff to report any maintenance items effectively and efficiently- Completed.

Proposed Timescale: 30/11/2014

Theme: Leadership, Governance and Management

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

Although there are house meeting there are no formal staff meetings held in the centre.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

Meetings in houses have been amended to two separate meetings, one which reflects resident items and one which reflects staff items. Meeting agendas have been amended to reflect this.

Completed

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

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

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

Action Required:

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

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

The current live medication policy is under regular review and will be amended to include transcribing.

Proposed Timescale: 31/08/2014

Theme: Use of Information

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

All policies as outlined in Schedule 5 have not been fully developed, finalised, and implemented in practice.

In particular information, pertinent to the governance of the centre and information about residents themselves was not secure.

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:

We will ensure that as per Regulation 4 (1) all schedule 5 polices will be completed by 30th September 2014. We will ensure that we will consider the subject in relation to information regarding residents and ensure all data protection requirements are adhered to.

Proposed Timescale: 30/09/2014