

**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 RehabCare
Centre ID:	OSV-0004442
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Mary McCann
Support inspector(s):	Geraldine Jolley;
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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: 29 July 2014 11:00 To: 29 July 2014 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority (the authority). The designated centre is part of the Rehab Care Group, a national organisation which provides a range of services to people with varying degrees of disability. The centre is two separate semi detached houses, one house accommodated four male service users and one two male service users. Four semi independent service users were accommodated on the day of inspection. One house is open seven days per week and the other five days per week.

Inspectors visited the centre met the Person in Charge (PIC), service users and staff. They observed practices and reviewed documentation such as personal care plans, medical records, policies and procedures and staff files.

Evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found and this was reflected in a number of positive outcomes for service users.

Staff displayed a good knowledge of the needs and abilities of the service users and supported service users to be involved in making decisions and choices about their lives. Service users were aware of the inspection and welcomed the inspectors into their home. All service users met with by the inspectors could relay clearly how they enjoyed living in the centre and how they spent their days, commenting positively on the environment, the independence they had and the assistance they received from staff. Service users told the inspectors that they could assess assistance from staff as they required.

Areas of non-compliance included 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, documentation was not complete, the risk management policy required review to ensure it complied with current legislation, ensuring that the Statement of Purpose complies with current legislation, ensuring all policies were centre specific and were reviewed as required and no greater intervals than three years, review of staff support and staff recruitment to ensure adequate support and supervision for support staff These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

An advocacy service was available to service users. Service users said they felt confident that they could approach staff to inform them of their concerns. Service users told the inspectors that they felt if they made a complaint they would be listened to by staff. Some service users gave examples of how when they had raised concerns with staff how these were dealt with appropriately and to the service user's satisfaction. All service users could communicate freely with the inspectors.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors observed that they were good links maintained with family members. Service users in one of the houses that were open five days a week spent the weekends with

their families.

Judgment:

Compliant

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 and support currently provided to service users sufficiently reflected their assessed needs and wishes. There were four service users present in the centre at the time of inspection. The service users who reside in the house that was open five days per week were not residing in the centre at the time of the inspection. These service users work part-time and spent the weekends with their families. Inspectors reviewed two service users' personal care plans and found that the service users care needs were identified and support plans were in place to address these needs. Service users informed the inspectors that they were fully involved in the way they lived their lives and staff helped them to achieve any goals they identified. Some aspects of the documentation contained gaps and some assessments were not dated.

Service users explained how they talked to their key workers regularly with regard to "what we want to do" and that staff assisted service users to achieve their goals. Daily records were also maintained outlining how service users spent their day, however these were poorly completed with many gaps and did not provide a comprehensive picture as to how service users spent their days.

There was a wide range of activities available to the service users both in the centre and in the local community. Service users were well engaged with activities in the community including attending regular art classes or having part-time employment in the local community. Staff supported service users with the grocery shopping and provided transport to service users for this activity. 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 and discussed any issues with regard to communal living.

Inspectors noted that 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, dementia or other common associated problems. The PIC informed the inspectors that a specific accommodation group with all local providers represented had been set up to discuss this matter.

Judgment:

Non Compliant - Minor

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The centre comprises of two semi detached houses. Both houses can accommodate up to four service users. All service users have their own bedroom. There were adequate shower/bathroom and toilet facilities to meet the needs of residents. Shared communal space include kitchen cum dining room and sitting room. No visitors' room was available. Residents could utilise their bedroom for privacy for visitors. Currently there are six service users' accommodated. The centre was found to be clean and appropriately furnished.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors were satisfied that the health and safety of service users, visitors and staff was promoted. An up to date health and safety statement was in place. The houses were clean and clutter free and provided a safe environment for service users.

Individual risk assessments were in place for service users but these were difficult to interpret as they were not clear. Some were not signed and it was difficult to see if reviews had occurred since their inception and what changes if any had occurred with regard to the risk assessed and the control measures in place to mitigate the risk. The risk management policy required review as it did not meet the requirements of the regulations. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Inspectors found that unexpected absence of a service user and accidental injury were covered in separate policies. However, accidental injury to visitors or staff, aggression and violence and self harm were not covered in any policies.

Inspector found that adequate fire precautions were in place. There were regular fire drills and service users could tell the inspectors what they would do in the event of a fire. All staff had received training in fire safety and inspectors saw that fire equipment was serviced regularly.

A business continuity plan was available which provided sufficient guidance for staff in the procedure to follow in the event of possible emergencies. Alternative safe accommodation for service users was available should evacuation be required. All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

Judgment:

Non Compliant - Minor

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 to protect service users being harmed or suffering abuse were in place. Staff had received training in the protection of vulnerable adults. The inspectors reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse.

Staff members interviewed confirmed that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Service users informed inspectors that they felt safe and well cared for by staff and could talk to staff. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

There were policy guidelines on "responding to challenging behaviour". Staff informed the inspectors that there was good access to psychiatry of later life and specialist behaviour support services. Inspectors were informed that there were no service users with behaviour that challenge in this centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

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

Staff support service users to access community health services as/when required. Families are engaged in this process in line with individuals/family's wishes. Health promotion initiatives were also in place. Inspectors were satisfied that service users' nutritional needs were met. Regular weights were recorded and reviewed monthly to ensure weight loss or gain was noted. Service users cooked their meals with the

assistance of staff. There was open access to the kitchen at all times.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

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

All residents with the exception of one self administered their medication. Assessments were completed prior to assess the competency of the service user prior to self administration being agreed. Inspectors noted that while these were completed there were not reviewed according to the time-scale allocated for example one was due for review on the 8 May 2014 and it had not been reviewed at the time of inspection. They were not comprehensively completed and under summary of findings one was blank so it was difficult to see the rationale for deciding that the service user could safely self administer their medication.

Inspectors observed that 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 - Minor

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 (SOP) set out the services and facilities provided in the designated centre. 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;

More information with regard to the emergency procedures to ensure the safe care of service users

More information with regard to support for staff

More information with regard to complaints management

Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

Also the SOP refers to appendixes but none were available in the SOP submitted.

Judgment:

Non Compliant - Moderate

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 spoken with told inspectors that the Person in Charge (PIC) was a good leader, approachable and supported them in their role. Inspectors found that the PIC was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for service users. The PIC

was employed full-time as the Community Support Services Manager to manage the four houses which comprise three designated centres and the day service. He generally worked 08:45 hrs to 17:30 and occasionally visited the residential houses. The hours allocated to this centre were not detailed on the staff roster and no log was available of the hours the PIC allocated to the designated centres.

He knew the majority of the service users as he seen them on a daily basis at the day service. The PIC had worked within the centre for a considerable period of time and is a qualified nurse in the field of disability (RNID). He was supported in his role by three part-time team leaders which he met with every three weeks. He meets the residential staff team every 5-6 weeks. He reports 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 confirmed that he was committed to his own professional development.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Staff members on duty were pleasant and welcomed the inspectors. Inspectors observed that the staff member knew service users well and there was a relaxed and comfortable environment in the home. She described how the service supported service users to be as independent as possible and integrate into the community as much as possible. Three of the service users had part-time employment.

This centre is allocated 51 staff support hours a week. In addition staff are on call to the service users from the two other centres. The PIC informed the inspectors that there were three part-time team leader posts (one 30 hours per week and two 20 hours per week) for the entire service. The person who was in post 30 hours per week was available on the day of inspection. However, one of these posts was vacant and the person who was appointed to the other post was on long term leave. These posts provide support and supervision for support staff who are generally lone workers.

The inspectors noted adequate support staff were on duty on the day of inspection to meet the assessed needs of the service users, however, inspectors noted that there were three residents on leave and there were also some vacancies in the service. There was normally one staff member on duty in the evening up to 22:30, but there were no staff on duty on Saturday morning, Sunday or Public Holidays. Staff were on call to these service users but as these staff were generally lone workers they would only be able to give phone advice or very brief contact. A staffing roster showing staff on duty was available but hours allocated by the PIC to this centre were not reflected in the roster.

Inspectors observed that staff members addressed service users respectfully and engaged well with service users. Inspectors found, through talking with staff, that in the absence of the PIC, an on-call arrangement was in place 24/7. There was a designated on-call number.

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 inspectors reviewed two 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.

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:

Policies required by the regulations were available. 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 an untoward situation or crisis to enable them to swiftly access the procedure to be adapted. Examples of the aforementioned include the medication management policy and the risk management policy.

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0004442
Date of Inspection:	29 July 2014
Date of response:	08 October 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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 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, dementia or other common associated problems.

Action Required:

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

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A review of existing personal plans will be undertaken, where a new support need for an individual is identified the provider will support the person in a referral for additional support. through the HSE learning disability services.

The provider is currently working with an interagency group locally to determine the most appropriate transitioning arrangements for individual whose needs change. the work of this group is ongoing

Proposed Timescale: 31/01/2015

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 required review as it did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A revised local safety statement will be put in place. This includes details of how local risk management areas of identification, recording, investigation of risk and details of how learning from incidents is reviewed and used to enhance risk management. A copy will be inserted into the risk management framework policy.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

The risk management policy required review as it did not cover accidental injury to visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Local risk assessments will be completed to cover accidental injury to visitors or staff.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy required review as it did not meet the requirements of the regulations. It did not cover aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Local risk assessments will be completed detailing mgt aggression and violence and included in the local risk management framework folder

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy required review as it did not meet the requirements of the regulations. It did not cover self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Local risk assessments will be completed detailing management of self-harm and will be included in the local risk management framework folder

Proposed Timescale: 31/10/2014

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:

Assessments were completed prior to assess the competency of the service user prior to self administration being agreed but while these were completed, they were not reviewed according to the time-scale allocated. One was due for review on the 8 May

2014 and it had not been reviewed at the time of inspection. The reviews were not comprehensively completed and under summary of findings one was blank .

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:

The assessment referred to in the report was reviewed on July 30th and updated. A full review of all self administration of medication assessments has been completed. Summary documents have also been reviewed and updated part of this process

Proposed Timescale: 08/10/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Aspects of the statement of purpose required review to 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.

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:

A revised statement of purpose will be submitted

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were no staff on duty on Saturday morning, Sunday or Public Holidays.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The provider will review the support needs of individuals supported in the services in association with the funder and members of the Multi D team. Existing Staff support will be considered as part of the review. If and Where additional needs are identified the provider will engage with the funder to determine how appropriate additional staff support can be provided.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Hours allocated by the PIC to this centre were not reflected in the roster.

Action Required:

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

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

The roster will include the duty time for the PIC

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

Review is required to ensure that there is adequate support and supervision for support staff who are generally lone workers.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The provider will review the staff support and supervision arrangements in place for staff who are lone workers. A report of the findings will be submitted.

This will be carried out in parallel to action plan under outcome 17.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

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 an untoward situation or crisis to enable them to swiftly access the procedure to be adapted.

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:

Revised local policy and easy read process flow charts will be put in place to cover critical policy areas of medication, adult protection, health and safety management and complaints

Proposed Timescale: 31/10/2014