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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
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<td>Centre ID:</td>
<td>OSV-0001907</td>
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<td>Centre county:</td>
<td>Meath</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Praxis Care</td>
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<tr>
<td>Provider Nominee:</td>
<td>Irene Sloan Ringland</td>
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<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>11</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
17 November 2014 09:55 17 November 2014 17:10
18 November 2014 08:20 18 November 2014 12:50

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

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Summary of findings from this inspection
This was the centre's second inspection as a result of the Providers application to Register. At the time of the inspection the Provider had failed to submit a complete application to register along with necessary documentation including building and fire compliance as outlined in the Health Act 2007 (registration of designated centres for persons (Children and Adults) with disabilities) Regulations 2013.

During the inspection, the actions from the previous action plan were reviewed to which the inspector found improvements had occurred. As part of the inspection, documentation, policies and procedures were also reviewed, the inspector spoke with
staff and residents and observations were made. The inspector also reviewed questionnaires that were completed by residents, with the assistance of staff, and submitted to the Authority. The inspector found these to be complimentary of the service provided.

Residents had meaningful days which were supported by teams of staff members who knew resident’s needs and treated them with dignity and respect. The inspector saw that residents were involved in their community and participated in activities of their choosing. Each resident had their own bedroom and were connected with significant people in their lives such as family members and friends. From observations and a review of documentation the inspector found there were adequate practices to safeguard residents, in administering medication and linking residents with allied health professionals where required.

The inspector identified areas for improvement. The centre, which consisted of two units, had six moderate non compliances and two major non compliances. The six moderate non compliances related to Admissions and Contract for the Provision of Services, Social Care Needs, Safe and Suitable Premises, Safety and Safeguarding, General Welfare and Development and the Statement of Purpose. The two major non compliances related to Health and Safety and Governance and Management. Other areas for improvement included personal plans, in particular care planning and the contracts of care provided to residents also required a review. There was a total of 21 actions, seven were breaches by the person in charge and fourteen were breaches of the registered provider. These non compliances are outlined in the body of the report and the action plan at the end.
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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
From a review of the actions from the most recent inspection, the inspector found that these had been met, for example the complaints policy was in an accessible format for residents, the complaints procedure was prominent in the centre and the room numbers from resident's bedroom doors were removed.

Overall, the inspector found that the centre had policies and procedures in place to ensure resident's rights and dignity were protected. The centre had a complaints policy and a personal care policy in place and the inspector observed staff being respectful to residents. Residents were also involved in the running of the centre. The centre held resident's meetings frequently, the most recent of which was in October. The inspector reviewed the minutes and saw they were also in picture format so that all residents could partake in reading the minutes. Residents made choices regarding their meals, what clothes they wish to wear and how to spend their time in particular at weekends.

The inspector saw that residents had space to be by themselves, each resident had their own bedroom. There was also sufficient space outside of their bedrooms to spend time in private and meet visitors in private. Residents often had visitors to the centre as told to the inspector. Bedrooms were personalised to reflect individual preferences and were well kept. Laundry facilities were in place for residents and where residents wished they helped with the laundering of their clothes.

The residents were aware of the availability of advocacy services and a small number of residents at the centre had recently received awards for their own advocacy work assisting other people. In order for the residents to become advocates they attended a
course to equip them with the skills. The inspector spoke with one of the residents who recently won the award and was proud to share their achievement.

The residents also had a say in their service through the completion of an annual survey, further outlined in Outcome 14.

The inspector reviewed the complaints log and saw there had been no complaints since the last inspection. Residents told the inspector they would speak with a staff member if they had a complaint or concern. Staff spoken with were aware of the centre's complaint policy and who the complaints officer was.

Judgment:
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the diverse range of communications needs for residents living at the centre were met and staff were aware of the resident's communication needs.

The inspector saw that pictures, communication boards, tailored sign language and Lámh were all used to assist residents effectively communicate. Residents, with communication needs, had plans to reflect these needs in their personal plans which had also been recently reviewed. Staff communicated well with residents and understood their needs. Staff told the inspector of their familiarity with residents needs. As residents developed new signs or gestures they were recorded by the staff in a picture format in the resident's communication folder. The inspector reviewed this and found it to be sufficiently detailed and respectful. The inspector also saw meal options completed in picture format to assist those with limited verbal skills to communicate their likes.

From a review of personal plans, referrals to speech and language therapists, to assist residents with their communication needs, were evident. The inspector saw that residents had access to radio and televisions. Some residents had their own televisions in their bedrooms.

The centre did not have a policy on communication with residents, this is further outlined in Outcome 18.

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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found from observations and conversations with residents and staff that residents were supported by staff to maintain relationships with significant people in their life and maintain a link to their community.

Residents were supported by staff to go home for visits to see family and friends as verified in daily notes and as stated by residents. Residents had access to a telephone where they could make or receive calls to family and friends. Residents maintained social roles within their family as evident in recent photographs in resident's bedrooms. Staff also told the inspector they supported residents to buy gifts for family birthdays should they wish. The residents held coffee mornings throughout the year where they invited friends and family, the next coffee morning had been scheduled to celebrate festivities in December.

Residents were involved in their community, they used their local services such as the hairdressers, barbers, local supermarket and eateries. Residents attended national sporting events in line with their wishes. Residents were involved in their local arch club. On the evening of inspection some of the residents were attending a bowling competition to support their friends who were playing.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The action from the previous inspection had not been completed in full. An additional bills agreement had been developed but the services, facilities and fees for the provision of same remained unclear.

The centre had an admissions policy that was clear and transparent. The inspector saw, in resident's personal plans, an action plan prior to the resident moving to the centre that outlined visits to the centre and opportunities to spend time with the staff that would be working with them prior to moving in.

The inspector saw that residents had numerous contracts of agreements with the provider however improvements were required. The inspector reviewed a sample of resident's personal plans and saw that each resident had a transport agreement, bills agreement, rent agreement, license agreement and a service user handbook. The inspector reviewed each of these and found that both collectively and individually they did not meet the requirements of the Regulations. The contracts failed to address all aspects of the services being provided to residents in addition to the facilities they could avail of. The inspector was told by staff and by the person in charge that on occasion a resident may incur a cost as a result of staff supporting them such as holidays and cinema amongst other activities and costs incurred for tolls and parking. The agreements and contracts required a review to ensure it met the Regulation regarding a contract of care and support for the provisions of services.

**Judgment:**
Non Compliant - Moderate

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector saw that some of the actions from the previous inspection had been addressed but a number of them still remained outstanding including the lack of clear care plans to guide staff meet the assessed needs of residents.

The inspector saw that each resident had a personal plan. From a sample of reviewed personal plans it was evident that family members were involved, this was evident in the
annual review of personal plans which also demonstrated multi-agency and multi-disciplinary input. The inspector saw evidence in resident's daily progress notes incidents where family members were contacted regarding a change in the resident’s needs and plan of care. Opportunity for the resident to participate in the review of their personal plan was evident as too was the resident's refusal if they wished not to partake in it. The inspector saw elements of resident's personal plans summarised in a picture board. In the main this outlined their wishes and aspirations as opposed to the support staff would give them to meet their assessed needs such as healthcare. Further development was required to ensure that not only their aspirations and wishes were made accessible to them but there healthcare and social care needs were also made available to them in an accessible format.

The personal plans required improvement to ensure that all needs of residents were competently assessed and that care plans were then developed to ensure that staff were sufficiently guided in meeting these assessed needs. From a review of sample care plans, due to the layout and the manner in which information was recorded, it was difficult to see how these needs were met. For example a resident had been prescribed a course of antibiotics however there was no clear plan of care identified in the care plan to guide staff in meeting the need. The manner in which resident’s needs were recorded posed a risk as the information was disjointed and difficult to decipher. For example a resident had significant hearing difficulties but this was not detailed under their communication section of the personal plan. Intimate care plans had not been developed and the information maintained in resident's personal plans was not always up to date. For example an epilepsy management plan had been developed however it had not been reviewed since 2011.

In summary the care planning process required a significant review to ensure that all residents had their needs comprehensively assessed and, met with the guidance of clear care plans developed for staff to follow.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall the inspector found the designated centre to be homely. Each resident had their
own bedroom, all of which were complete with an ensuite. Resident's bedrooms were decorated to reflect their own preferences; residents told the inspector they were happy with their bedrooms.

Each unit had sufficient room for residents to spend recreation time, each had a lounge room and an additional sun/lounge room which they could enjoy. The kitchen and dining areas were of sufficient sizes. Since the previous inspection one of the kitchens had been redecorated. Both units had sufficient space at the front of the house for cars to park and both had large back gardens. The centre was protected by electronic gates.

Areas for improvement were identified and included the following:

- A number of ensuite bathrooms required an upgrade.
- Both back gardens required works to ensure the space was user friendly and old shrubbery removed.
- The paintwork on external windowsills was badly chipped and required painting.
- A number of bedrooms had holes in the wall, one of which had been identified at the previous inspection.
- Paintwork throughout the units required upgrading.
- A storage solution was required for additional equipment such as wheelchairs and walkers.
- Three clinical waste bins which were not in use required removal.
- The hallway leading to one bedroom, where a wheelchair user resided, required a review. The resident had limited space to move their chair which was also reflective on the damage on either side of the wall.

**Judgment:**
Non Compliant - Moderate

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found some of the actions from the previous inspection were addressed however a number of actions were found to be outstanding at the time of inspection. The centre did not have proof of fire compliance as outlined in the Health Act 2007 (registration of designated centres for persons (Children and Adults) with disabilities) Regulations 2013.

and infection control issues remained present in a number of bathrooms.

Through observations, reviewing documentation and speaking with staff the inspector
found that, for the most part, systems were in place to ensure the service was safe and risk was identified and appropriately addressed, improvements were identified to comply with the Regulations.

The centre had fire fighting equipment in place, the fire extinguishers were within service at the time of inspection and there was a fire blanket in the kitchen and routine servicing took place of the emergency lighting. The centre also had a fire panel, smoke detectors and carbon monoxide detectors. The inspector saw the centre followed the policy regarding fire and emergency evacuation carrying out fire drills at least twice yearly, the most recent of which occurred in October. The annual maintenance of equipment took place in April by an external company and weekly checks were completed by staff regarding break glass units and smoke detectors to name a few. There was an evacuation plan in place which included a map highlighting the emergency exits. The centre also had a risk register in place and saw that risks had recently been added. The inspector saw specific risk assessments completed for residents for example a risk assessment had been completed for a resident who was at risk of eloping. The provider had a dedicated health and safety manager that completed annual health and safety audits, as reviewed by the inspector, together with an action plan of areas that the person in charge had to amend. There was an emergency plan in place and a local hotel had been identified as an alternative place should a full evacuation be required. Staff had adequate and up to date training in fire safety. The service had their own transport. The inspector reviewed the maintenance records and saw that the vehicle was regularly serviced and weekly checks were completed to ensure the vehicle was in good working order.

There were adequate food hygiene systems in place including colour coded food preparation equipment, temperature control checks were recorded and weekly safety checks also took place.

Infection control for the most part was well managed; colour coding was in place for mops. However there was rust in a number of the ensuites and vents required cleaning.

The inspector reviewed the incident and accident log and saw that they were reviewed by the person in charge and by the assistant director of care, learning had also been identified and communicated to staff at staff meetings.

The inspector was not satisfied that all residents could readily and quickly evacuate the premises. A wheelchair user on the ground floor at the back of the house had to navigate through a narrow hallway towards the front of the house to safely evacuate. The person in charge told the inspector that plans had been put in place to insert an emergency exit, patio type doors, in the resident's bedroom so they could safely egress the premises.

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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found, for the most part, that adequate measures were in place to protect residents from being harmed or suffering abuse. Staff had received training on the protection of vulnerable adults. The staff spoken with were aware who the designated officer was and how they could be contacted. The centre had a safeguarding policy in place; further development was required to ensure that the indicators of abuse were outlined to guide staff.

The centre had a policy to guide staff on the management of behaviours that challenged which outlined that the least restrictive method should be used for the shortest period of time. The inspector saw that a restraint register had been very recently introduced into the centre but no entries had been recorded as at the time of inspection. To ensure the centre followed their policy and also to adhere to evidenced based best practice the risk register required populating once a restraint was used.

The inspector reviewed the centre's policy on restrictive practice procedure which was reviewed August 2014. It stated that any environmental restrictions must be reviewed frequently. The centre had an environmental restriction in place, a room within the centre was locked, and residents could only access this in the presence of staff. This restriction had not been formally reviewed.

Chemical restraint was prescribed as required for a resident where behaviours escalated inclusive of severe self injurious behaviours. The inspector reviewed the protocol for this and was found staff were sufficiently guided. Where chemical restraints were used these were recorded.

The inspector reviewed a number of behavioural support plans that had recently been amended to ensure that staff understood the behaviours and the response to the behaviour. The inspector found these to be clear however not all residents who required a behavioural support plan, due to a restriction being in place, had one.

The inspector saw that the centre had recently developed a restrictive practice file which detailed the type of restrictions in use, who they were in use for and were signed off by the resident's general practitioner and family representative and agreed with the input of a multi-disciplinary team. The inspector saw from a review of staff files, incident and accident reports and from speaking with staff members that staff had appropriate
training in the management of behaviours that challenged. Staff also attended a recent staff meeting where information on restrictions and the use of same in line with evidenced based best practice was devolved.

**Judgment:**
Non Compliant - Moderate

**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):**
No actions were required from the previous inspection.

**Findings:**
From a review of the accident and incident log on the day of inspection, the inspector found that the centre had notified the Authority appropriately. The person in charge was also aware of their responsibility to notify the Authority of specific incidents, accidents and events.

**Judgment:**
Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
On review of personal plans and resident's wish-boards, it was evident that residents were exposed to new activities and experiences, participated in their community and were engaged in regular activities. However, there was little evidence to support that staff had assisted all residents to explore opportunities of education, training and employment. Residents did have day services, but training was limited to this and one resident had employment which they thoroughly enjoyed. The personal plans failed to capture and identify how education and employment could be explored as a meaningful part of each resident's life.
### Judgment:
Non Compliant - Moderate

### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector saw that resident's healthcare needs were identified and were partly being met however care plans were not in place to consistently guide staff meet these assessed needs as outlined in outcome 5.

The inspector saw that each resident had links with a general practitioner and where required referrals had been made to allied health professionals. The inspector saw appointment logs for residents visiting allied health professionals for example chiropody and speech and language therapy. The inspector saw for one resident who had dietetic needs a record of their food intake, their weight and links with a dietician and these were satisfactory.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the systems to manage medication were safe and appropriate to the needs of the residents.

From a review of staff files the inspector found that staff had up to date training in the safe administration of medication, this was also apparent from speaking with staff who were knowledgeable of the medication management process in addition to understanding what the medication was treating. The centre liaised with a local
pharmacy for their medication and used a blister pack system. Medication was safely secured in the centre, the team leader on duty had overall responsibility for medication administration. Medication was dispensed by a team of two staff, one of which was a team leader. The additional staff ensured the correct medication and dose of medication was being administered. The inspector observed two staff preparing and administering evening medication and found that the practice was safe. At the time of the inspection the centre had no control drugs. The inspector reviewed the contents of the medication cabinet and saw that medication was in date and the quantities stored were sufficient. Improvements regarding the storage of medication were required as medications such as topical creams that had been opened were not labelled to indicate what date the seal was broken.

All staff working at the centre were trained in the safe administration of medication, where an error was made this was recorded and logged. For staff that made a medication error their competency was re-examined by their team leader. Learning from medication errors was apparent and documented on the medication error form. Medication audits were completed monthly by the person in charge, the inspector reviewed these audits. Team leaders also carried out a weekly count of medication which too was documented and reviewed.

The inspector reviewed the medication administration records and prescription records and found they were sufficiently detailed and met the requirements of the Regulations.

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):
No actions were required from the previous inspection.

Findings:
The centre had a statement of purpose which was also submitted with the application to register. Significant improvements were required to ensure the statement of purpose met the requirements of the Regulations as outlined in Schedule 1. The improvements required included:

- The size of each room within the designated centre.
- The correct provider nominee.
- The correct persons participating in management along with their role in the designated centre.
- The correct arrangements for the absence of the person in charge.
- The total number of staff and the total whole time equivalent is required.
- The details of the registered provider is duplicated in the document.
- The details for ensuring education, employment and training is explored.
- The organisation structure of the provider is required.
- The age range, gender and number of residents is not outlined.
- The specific needs the centre caters for is required.

**Judgment:**
Non Compliant - Moderate

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**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):**

**Findings:**
The inspector found there were good systems in place to ensure effective governance and management of the centre.

The person in charge was full time, with appropriate experience and had worked for the Provider for eight years. The person in charge was supported by a staff team consisting of team leaders and care workers. The person in charge reported to an assistant director of care who the inspector met during the inspection. The team leaders had supervisory functions over the care workers.

Management systems were in place including structured supervision for all employees which occurred at a minimum ten times per year. All staff also received annual appraisals. The inspector reviewed a sample of staff files and found this took place. Other management systems in place included medication checks, checks of resident's finances and a review of personal plans and documentation. The personal plans that were reviewed, as part of the audit schedule, were not sufficiently detailed to meet all assessed needs for all residents. The manner in which personal plans were audited therefore required a review. There was an oncall system in place which had two layers to ensure that all levels of staff were supported. The inspector reviewed the planned rota for this and also saw, in management meetings, that the oncall system was reviewed in terms of the number and type of phonecalls received.

Monthly visits to the centre were completed by another person in charge who audited the centre regarding their compliance to the National Standards. Reports were
generated and action plans were developed. However, as required by the Regulations these visits were not unannounced. The centre also developed a yearly report on the quality and safety of care and support. The report was an accurate reflection on the developments of the centre and looked at staffing levels and reported on the resident’s highlights. Further detail regarding quality indicators such as number and type of incidents, use and frequency of restraint amongst other indicators were required to ensure a robust report that was reflective of the entire quality and safety of care and support provided in the centre as outlined in the Regulations.

The Provider failed to submit building compliance and fire compliance as required in the registration application. The provider first received official communication of the centres registration in August 2014.

**Judgment:**
Non Compliant - Major

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**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge was aware of their responsibility to notify the Authority of an absence greater than 28 days. There was a system in place to ensure the person in charge was replaced in the interim. The assistant director of care was the person highlighted to fill this role, they were also aware of this appointment.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found the centre was sufficiently resourced to provide the service as outlined in the statement of purpose and as told to the inspector. The centre had a vehicle which staff used to assist residents attend activities, appointments, their day service and visits to meet friends and family. From a review of the rosters and speaking with staff, the inspector found that staffing levels were sufficient to meet the assessed needs of the residents at the time of inspection.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Recruitment processes were in place to ensure that staff were employed in line with the centres policy on recruitment. Recruitment was facilitated by the human resource department based in the service’s head office. The inspector reviewed a sample of staff files and noted that they did not contain all documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013; there was no documentary evidence of any relevant qualifications for one employee. Not all staff files contained details of the work the person performs at the centre.

Training records were held in a central information system, the person in charge made the requested training records available to the inspector. The inspector, from a review of these records and the certificates placed in staff files, found that staff had up to date mandatory training including but not limited to fire safety, safety and safeguarding and safe administration of medication training. The person in charge had a training schedule developed for the remainder of this year and for early next year, 2015.

The centre had no volunteers at the time of inspection, however there was a student on placement. The inspector saw there was appropriate documentation in place for the student including Garda clearance and insurance.

Staff meetings were frequently held, the inspector reviewed a sample of the staff minutes, the most recent staff meeting was held October 2014. Staff also received formal supervision, at a minimum ten times per year and annual performance
Judgment:
Non Compliant - Minor

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

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector reviewed the operating policies and procedures as outlined in Schedule 5. The inspector found they had been reviewed and were up-to-date. However, the centre did not have a policy on communication with residents, this was reported to the person in charge at feedback.

The inspector saw and reviewed an information file, which was maintained in the staff office, complete with guidance documents provided by the Authority. The centre had a roster, a statement of purpose and a resident's guide. The roster reflected the staff at the time of inspection. The inspector also reviewed the directory of residents, further development was required to comply with the regulations and subsequent guidance communicated by the Authority including but not limited to any dates the resident was not residing at the centre. The resident's guide was not entirely centre specific and required a review to ensure same for example the resident's guide referred to children's services.

Staff had ease of access to policies and procedures and told the inspector where they would find these should they need to refer to them.

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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001907</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>17 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 December 2014</td>
</tr>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Although residents have numerous forms of contracts and agreements they do not fully outline the services to provided or include full information regarding fees charged for services and activities.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The person in charge has contacted the Governance department to amend the Bills Agreement to further include all costs associated with a resident. The amended Agreement will clearly outline all services included in statutory funding and those that a resident would be expected to pay for outside of core funding.
(a) The Governance department will amend the Bills Agreement at an organisation level.
(b) The person in charge will amend the Bills agreement at a scheme level to highlight expenses and services included until a new Agreement has been approved.

Proposed Timescale: (a) 03.02.15 (b) 19.12.14

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plan, inclusive of needs other than wishes and aspirations, was not available in an accessible format for 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:
All residents currently hold accessible personal plans in their bedrooms from 05/09/2014. Residents pictorial personal plans are reviewed through key working monthly and residents are involved in reviewing the plan and adapting the plan where applicable. Person in Charge will ensure personal plan is reviewed alongside the resident’s comprehensive plan six monthly

Proposed Timescale: 19/12/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All aspects of the personal plan and individual plans within in it were not reviewed at a minimum annually.

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:
Person in Charge will review all risk assessment documentation and health care need plans to ensure that there is a review by date on all documentation. Person in charge will also amend all personal plan templates to add review by date. Person in charge will ensure that all personal plans will be reviewed at a minimum annually at residents annual review or more frequently if there is a change in need.

**Proposed Timescale:** 09/01/2015  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all elements of the personal plans reviewed were an accurate reflection of the resident's actual needs for example the emergency grab sheet for one resident was out of date and another plan failed outline a residents hearing abilities within their communication section.

Where resident’s needs had been identified the care support plans to meet these needs and guide staff in the delivery of care were not always developed and/or sufficiently detailed.

**Action Required:**  
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
(a) The Governance department are piloting a new everyday living assessment tool which aims to meet standards as outlined in the regulations. The person in charge is liaising with the governance department on the pilot to ensure it is in line with actions required. The person in charge will create specific care plans for identified areas of support and care outside of the assessment and plan until the pilot tool has been developed appropriately.  
(b) Person in charge will review all Emergency Grab sheets and personal plans to ensure information is accurately recorded.

**Proposed Timescale:** 16/01/2015

Outcome 06: Safe and suitable premises  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The hallway leading to one bedroom, where a wheelchair user resided, required a review. The resident had limited space to move their chair which was also reflective on the damage on either side of the wall.

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

**Please state the actions you have taken or are planning to take:**
Person in charge has reviewed wall with architect. Architect has explained that the wall in question is a structured solid wall. Person in charge is discussing with architect other possibilities, i.e. installing a bumper rail on either side of wall. Person in charge will ensure best option is completed by builder alongside planned building works..

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Areas for improvement were identified:

- A number of ensuite bathrooms required an upgrade.
- Both back gardens required works to ensure the space was user friendly and old shrubbery removed.
- The paintwork on external windowsills were badly chipped and required painting.
- A number of bedrooms had holes in the wall, one of which had been identified at the previous inspection
- Paintwork throughout the units required upgrading.
- Three clinical waste bins which were not in use required removal.

**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:**
Person in charge is currently liaising with Praxis property department in relation to improvement areas. A builder is identified for completion of works required for property in relation to Fire Certificate. Person in charge is including a number of areas identified for improvement in this work.

(a) Ensuite bathroom requiring upgrade; Person in charge will liaise with Property services, Assistant Director and builder regarding upgrading a number of ensuites
(b) Gardens at rear of properties will be upgraded in early spring time as discussed with architect on 17/12/14
(c) External windowsills were due to be repainted on the 13/11/14 but due to bad weather work was postponed. Paint work will be completed in early spring weather depending
(d) 2 holes in bedroom wall will be fixed in early January alongside planned building
works
(e) Paintwork throughout the units will be upgraded when planned building works is completed
(f) Three clinical waste bins will be removed in January

Person in charge has identified a maintenance contractor and continues to work closely with contractor in order to ensure premises are in good state of repair. Person in charge has nominated an internal staff member as maintenance officer for houses and a meeting will be held fortnightly to review required maintenance and repair work.

Proposed Timescale:
(a) 30/01/2015
(b) 28/02/2015
(c) 28/02/2015
(d) 15/01/2015
(e) 30/03/2015
(f) 05/01/2015

Proposed Timescale: 30/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Storage of equipment was insufficient.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
Person in charge has liaised with Assistant Director regarding storage of equipment. Person in charge will designate back space in garden shed for storage of equipment. Also there is an extra storage space been created as a result of planned building works for fire certificate. Person in charge will liaise with occupational therapist in relation to need of current equipment and equipment held in property.

Proposed Timescale: 15/01/2015

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:
A number of bathrooms had rust on radiators or on the plumbing behind the toilet. Vents also required to be cleared.

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:
Person in charge has liaised with contracted maintenance person to carry out work on radiators and on plumbing areas. Person in charge will liaise with internal maintenance officer regarding monitoring of same. Person in charge has included vacuuming of vents on weekly cleaning list. Person in charge has discussed same at December staff meeting to ensure staff are aware of change.

Proposed Timescale: 30/01/2015

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency escape route for one resident was insufficient should there be a requirement to exit the centre due to a fire.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Building contractor has been identified to carry out building works in relation to Fire Certificate regulations. An emergency escape route will be completed for resident in question to meet regulations. Architect plans have been approved and building works will commence in January 2015.

Proposed Timescale: 28/02/2015

Outcome 08: Safeguarding and Safety

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of restrictive practices were not applied in accordance with national policy and evidence based practice.

A resident had a restriction in place in the absence of a behaviour support plan.

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:
Person in charge has completed behavioural support plan for any residents who currently have restrictive practice register. Behaviour Support plans and restrictive practice register are reviewed monthly in staff meetings and in internal regulation visits by assistant director. Person in charge discussed behaviour support plan and restrictive practice register in December staff meeting and staff supervisions.

Proposed Timescale: 19/12/2014  
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Although there was a recent restraint register put in place, it had not yet been populated, it was therefore unclear if the least restrictive practice was first trialled. Where restrictive practices were used it was also unclear if they were used for the shortest duration necessary.

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

Please state the actions you have taken or are planning to take:  
Person in charge has completed a review of restraint register on the 15/12/14. Restrictive practice register now demonstrates that if restrictive practices are used that they are the least restrictive procedure for the shortest duration necessary. Person in charge has populated new templates for restrictive practice log and these are reviewed weekly and monthly through monthly summaries, staff meetings and monthly regulation visits.

Proposed Timescale: 15/12/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
It was not evident from a review of documentation and speaking with staff members that residents were supported to access opportunities for education and employment.

Action Required:  
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
Governance department are currently piloting and everyday needs and assessment tool. Included in this needs and assessment tool there is a section for opportunities for education and employment. While waiting for the new everyday needs and assessment tool the person in charge will complete a needs assessment for each resident in relation to accessing opportunities for education, training and employment. Person in charge will complete this in conjunction with key workers and day services. Education, training and employment opportunities and needs will be reviewed monthly and will also form part of annual reviews in January 2015.

Proposed Timescale: 09/01/2015

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:
Medication such as topical creams and eye drops were not appropriately labelled to reflect the date in which the seal was broken therefore they were inappropriately stored.

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

Please state the actions you have taken or are planning to take:
Person in charge has spoken to team leaders in supervision and in monthly meeting regarding following Praxis Care Medication policy and procedure. Person in charge will carry out checks in monthly medication audit regarding labelling of creams and eye drops.

Proposed Timescale: 19/11/2014

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:
Significant improvements, as outlined in the body of the report, are required to ensure the statement of purpose complies with Schedule 1 of the Regulations.

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:
Person in charge will review statement of purpose to ensure it includes size of each room, correct provider nominee, correct persons participating in management and correct arrangements for the absence of person in charge. Statement of purpose will also be amended to include total number of staff, details for ensuring education, employment and training. Person in charge to also include structure of organisation, age range, gender and number of residents and specific needs the centre caters for. Person in charge will ensure statement of purpose reflects above.

**Proposed Timescale:** 09/01/2015

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### 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:**
The provider failed to submit a completed registration application along with proof of fire compliance and building compliance. As of 08 December 2014, this documentation remained outstanding.

**Action Required:**
Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Our property department have received a schedule of works to be completed outlined by an external Fire Engineer. Plans have been designed by architect and approved. Tender for completion is closing 23/12/2014. The Person in charge will ensure that the schedule of repairs is completed in a timely manner and in accordance with Fire and Building regulations. The person in charge will ensure that as our monitoring body our HIQA inspector will be kept informed of progress of works carried out.

**Proposed Timescale:** 28/02/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre had an annual review of the quality and safety of care and support however further development to ensure that all quality indicators were reviewed and evaluated such as number and type of incidents and medication errors.

**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 Person in charge will ensure that the annual review will be amended to include key performance indicators such as complaints, compliments, number of untoward events which are broken down into categories, medication errors and that service user survey feedback is included in the review. The organisation's year is deemed to run from April to March. These changes will be evident in the next annual review.

**Proposed Timescale:** 31/03/2015
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although visits occurred at the centre and a report was written, these visits were not unannounced as required by the Regulations.

Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
Person in charge has informed Assistant Director of regulation of unannounced visits. Assistant Director has arranged commencement of unannounced visits from December 2014. Person in charge will liaise with assistant director informing them of ratio of announced to unannounced. Person in charge will ensure unannounced visits are at a minimum six monthly.

**Proposed Timescale:** 12/12/2014
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The personal plans that were reviewed, as part of the audit schedule, were not sufficiently detailed to meet all assessed needs for all residents. The manner in which personal plans were audited therefore required a review.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Person in charge to liaise with Assistant Director and Governance department in relation
to including a more detailed section for review of personal plans on monthly regulation visit template. Person in charge will devise internal personal plan audit tool in while awaiting feedback from Governance department.

| Proposed Timescale: 15/01/2015 |

| **Outcome 17: Workforce** |
| **Theme:** Responsive Workforce |

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All documents as required per Schedule 2 of the Regulations were not available in staff files, on the day of inspection, as outlined in the body of the report.

**Action Required:**
Under Regulation 15 (5) you are required to:
Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
Person in charge has obtained certificate from employee detailing relevant qualification.
Person in charge has also ensured that all staff files include job description detailing the work the person performs at the centre.

| Proposed Timescale: 11/12/2014 |

| **Outcome 18: Records and documentation** |
| **Theme:** Use of Information |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a policy on communication with residents.

**Action Required:**
Under Regulation 04 (2) you are required to:
Make the written policies and procedures as 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 available to staff.

**Please state the actions you have taken or are planning to take:**
The person in charge has liaised with the Governance department to create a policy outlining communication with residents as highlighted in Schedule 5 of the Health Act 2007. Governance are creating a policy which will be available to staff and reviewed inline with procedure. Person in charge has held a meeting with member of governance department on 11/12/14 to discuss policy.

| Proposed Timescale: 03/02/2015 |
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Further information was required to ensure it met the requirements as outlined in Schedule 3.

**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The person in charge has amended the Directory of Residents in line with guidance issued in October. The Directory of Residents will include all relevant information as outlined in Schedule 3 of the Health Act 2007.

**Proposed Timescale:** 19/11/2014

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**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The resident's guide was not centre specific as it did not reflect the types of services it catered for, for example the resident's guide referred to children's services.

**Action Required:**
Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

**Please state the actions you have taken or are planning to take:**
Person in charge will review residents guide to ensure that it is centre specific and includes all information as outlined in regulation. Residents guide is reviewed monthly in regulation visits and person in charge will ensure it is updated as required.

**Proposed Timescale:** 10/01/2015