

**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-0002676
Centre county:	Cavan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
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, 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.

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 1 day(s).

The inspection took place over the following dates and times

From: 20 November 2014 10:15 To: 20 November 2014 16:10

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The inspection took place over one day and was the second inspection of the centre undertaken by the Authority. The findings of previous monitoring inspection concluded that some improvements were necessary to meet all of the requirements of the Regulations.

The actions plans outlined in the inspection report dated 30 June 2014 was reviewed

during this inspection. The inspector found that all actions had been completed satisfactorily with one exception, training in the management of behaviour that is challenging including de-escalation and intervention techniques. The risk management policy while revised was in draft format.

The inspector found that the design and location of the premises is fit for its stated purpose. There were good health and safety measures in place. The service was appropriately governed and monitored. Records indicated that the supports and services provided to residents were person centred and sought to promote independence, dignity and positive outcomes for residents.

The inspection was facilitated by the person in charge. The nominated provider met with the inspector and discussed the management systems in place to ensure consistent delivery of services to residents. The inspector found the governance arrangements were responsive, well defined and accountable. The regional manager also met with the inspector during the course of the inspection.

Staff were familiar with their regulatory responsibilities and a good level of regulatory compliance was evident. However, the following areas were identified for review and are outlined in the action plan at the end of this report. The detail of any service that may incur an extra cost is not specified in the contract of care. Training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff.

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):

No actions were required from the previous inspection.

Findings:

The inspector found, through review of documentation and observation, that residents had choice in basic daily routines of living. Staff knew the individual preferences of residents for example, the food they prefer, activities they enjoyed and their interests at weekends.

Residents were treated with dignity and respect. Residents' accommodation comprised of two apartments with two bedrooms and one four bedroom apartment accommodating three residents, with a bedroom for staff rostered for night shifts. The apartments were located on the first floor of a building complex adjacent to the day service resource centre. Each apartment was self contained and each resident had their own bedroom. All residents had their own keys for the front door and their bedrooms.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. There were policies and procedures for the management of complaints, which included a commitment to resolve the complaint quickly, advise the complainant of the outcome of the investigation and set out the action taken to resolve issues raised.

There was an appeals process in the event of a complainant not being satisfied with the outcome. The complaints procedure was displayed in the kitchen/dining area. The procedure displayed was in an easy to read version. Consent forms were signed and in place for personal/intimate care, financial support or other interventions to promote safety.

Judgment:

Compliant

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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:
All residents had good verbal skills and were supported to express themselves in a time and manner of their choice. There was a communication policy in place.

The communication profile for each resident completed outlined residents preferred routine in all activities of daily living, from getting up, dressed and having their meals. Their documented profiles described well their level of independence and what they could do for themselves.

Picture-enhanced communication was available to support and promote communication and understanding regarding daily activities, choices, staff on duty. A record of all communication with each resident's family was retained in their personal file.

The inspector noted that residents had access to appropriate media, such as television, and radio. The residents' guide and numerous notices were displayed in each apartment.

The majority of residents had their own mobile phone. There was good use of photographs. Some of the personal plans were synopsised in pictorial format to aid reminiscence and promote communication. The photos captured the residents while engaged in their personal goals from outings and holidays.

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:
There was an open visiting policy where visitors were welcome to visit at different times

and contact was kept with families via the telephone. The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community. Some residents went home each weekend to spend time with their families. All residents went home for holidays on a frequent basis during the year. The personal plans contained information about people who were important to the residents, and how those relationships were supported. Each resident was assigned a key worker.

The ethos of the service is to provide support to residents to transfer to their own apartments within the community. Two residents had successfully moved onto their own accommodation within the past four months. They continued to attend aspects of the day service program located in the building complex where they previously resided. They continued to receive support from the service. They visited the centre and continued to maintain friendships with the residents they previously resided with.

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):

No actions were required from the previous inspection.

Findings:

Residents had a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. A sample of contracts reviewed were signed and dated.

The contract of care stated 'the cost of your care is provided by the HSE and at present this funding covers most of the cost of your support'. There were service user statements outlining the weekly rent payable and the required contribution towards utilities. These costs were also detailed in the Statement of Purpose. However, further clarity of the contractual arrangements is required. The detail of any service that may incur an extra cost is required in the contract of care. One example is the cost incurred by residents for meals in the day service. The Statement of Purpose outlines there is a choice of a daily meal in the resource centre available five days a week at a reasonable cost.

The centre had a policy to guide staff on prospective admissions which included details of the application process and pre-admission assessment. This information concurred with the centre's Statement of Purpose.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

This area was examined in detail on the last inspection and further reviewed on this inspection. The inspector found that residents well-being was maintained by a good standard of evidence based care and support. There were opportunities and arrangements in place to improve the quality of residents' lives and promote independence in living. The inspector met with a number of residents and reviewed their personal plans.

A review of the personal plans for residents demonstrated good practice in the promotion of individualised care for residents. Residents' preferences were considered and supported in enhancing their life experiences. There was evidence since the last visit of residents achieving progress in attaining their goals. One resident has moved to a different apartment. The resident is presently living by herself with the overall aim of increasing her confidence to assist in achieving the next step in her goal, to move to more independent living in the community.

Judgment:

Compliant

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):**Findings:**

Residents' accommodation comprised of two apartments with two bedrooms and one

four bedroom apartment accommodating three residents, with a bedroom for staff rostered for night shifts. The apartments were located on the first floor of a building complex adjacent to the day service resource centre. Each apartment was self contained and each resident had their own bedroom. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in their accommodation.

There are a sufficient number of toilets, baths and showers available. Call alarms were provided in each bathroom to help a resident summon assistance if necessary. Each apartment was suitably ventilated with adequate heat and lighting. Residents were independently able to cook and wash their own clothes as all apartments were fully equipped with suitable utilities.

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):

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

Findings:

The action from the last inspection in relation to the health and safety statement was completed. Key roles such as fire officer and health and safety representative were identified. A local organisational safety management structure was in place.

While there were procedures to guide staff in the event of behaviours that challenge, the risk management policy did not include procedures on the specific risks outlined within the regulations namely, the risk of self harm, violence, aggression and assault.

This was identified as an area for improvement on the last visit. The policy is currently in draft format and awaiting final approval by senior management.

All staff had completed training in fire safety evacuation procedures. Records indicated routine fire drill practice were completed and identified staff and residents who participated and the length of time taken to evacuate the apartment. A fire drill practice was undertaken at night time when risk level is at the highest as required from the last inspection. Residents' participation was documented and areas for improvement identified and documented to inform learning.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for adults with disabilities in advance of this inspection. Similarly evidence of compliance with planning and development legislation was submitted to the Authority.

Details on accidents and incidents were maintained. A review of the accident and incident log indicated that these were reviewed by the person in charge to identify individual and collective trends and possible contributing factors. Action was identified to minimise the risk of repeat incidents of a similar nature with referrals to allied health services or the provision of assistance equipment.

Judgment:

Compliant

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 adult protection policy was revised since the last visit to ensure it is specific to the centre. The designated person to whom an allegation should be reported was named. If staff wished to bring a matter to the attention of a more senior member of the management team an individual was identified. The policy was simplified by the use of a flow diagram to assist staff in their understanding of the procedures to disclose a concern or ensure the protection of all residents.

Each resident identified with behaviours that challenged had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist. The care plans were well personalised to identify triggers and outlined preventative and reactive strategies on the interventions to take to ensure the safety of the resident. Only one resident occasionally presented with behaviours that challenged at a mild level. However, training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff. This was an area identified for improvement on the last visit. The person in charge had scheduled training dates in December to facilitate training of staff in this area.

All residents retain control of their own finances and pay their bills independently. Risk assessments were completed for each resident in relation to budgeting and managing their personal finances. Support plans were in place to outline the level of assistance each resident required to manage their personal finances.

Judgment:

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:

A record was maintained of all incidents and accidents that had occurred in the centre. As there had been no incidents which required reporting to the Chief Inspector, a six monthly report of this fact had been submitted to the Authority as required by the Regulations.

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:

Residents accommodated in the centre were attending day service facilities or had part time work placements. The residents' person centred plans identified the hopes, goals, employment/training goals of each resident. Residents had the opportunity to attend the day service facilities from Monday to Friday and returned to their apartment each evening.

A range of activities were on offer in the day activation service and these activities included attending clubs, social gatherings, out for lunch/coffee, social outings and seasonal events. Training programs were developed to assist residents develop their skill to live independently. The individual preferences of residents in relation to activities were facilitated, particularly in the evenings and at weekends.

Residents could avail of the centre's own transport. There is a car available for their use which is driven by care staff.

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):

No actions were required from the previous inspection.

Findings:

This area was examined in detail on the last inspection and further reviewed on this inspection. Residents' health care needs were met through timely access to general practitioner (GP) services, including out-of-hours. Access to appropriate treatments and allied therapies was available to residents as required on referral.

Residents who attended day services had their main meal in the day centre and an evening tea on their return to their apartments. From reviewing residents' personal plans the inspector noted that residents were provided with support in relation to areas of daily living including eating and drinking.

Residents participated in the healthy lifestyle program when attending their day service. Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Residents did their own shopping and prepared light meals and snacks with the assistance of staff. At the weekend residents had a meal out in a local restaurant of their choice.

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 medication management policy was revised since the last inspection. The policy was specific to the centre to outline the local arrangements for ordering and receiving medication and the management of the medication dispensing system in use to guide staff appropriately.

An assessment was undertaken to ascertain if residents had the capacity to manage their own medication safely in accordance with the assisted living function of the

service. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was available. At the time of this inspection two residents are self medicating.

Medicines were being stored safely and securely. Each resident had an individual medication management plan developed. The name of each resident's GP (general practitioner) was indicated on the prescription sheets. This was an action required from the last visit by the inspector to the service.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had an up to date statement of purpose that accurately described the services provided. It contained all of the information required by Schedule 1 of the Health act 2007 (Care and Support of Residents in designated Centres for Persons (adults and children) With Disabilities) Regulations 2013.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge

worked full-time and had the skills and experience necessary to manage the centre. It was evident that both the person in charge and the regional manager had in-depth knowledge of the residents and their backgrounds.

There was evidence of on-going reviews of the quality and safety of care in the centre and evidence of learning from the reviews. The inspector met and discussed with the provider the systems and processes that were in place to ensure that services provided were effectively monitored. These included for example, health and safety audits, satisfaction surveys and service user pathway reviews.

The inspector was satisfied that the provider, person in charge and key senior manager deputy is appropriately engaged with the governance, operational management and administration of the designated centre and meet the regulatory requirements in this regard.

Judgment:

Compliant

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:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The key senior manager acted for the person in charge in his absence. There were sufficient arrangements in place to manage the service out-of-hours and at weekends, with other community service managers available to do on-call on a rotating basis.

Judgment:

Compliant

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 centre was resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.

The provider told the inspector that monitoring of resources in the designated centre takes place in consultation with the person in charge and regional manager. The inspector spoke with the person in charge who confirmed that activities and routines are not adversely affected or determined by the availability of resources.

Residents spoken with said staff were available to provide for care and support needs in a respectful, timely and safe manner.

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:

The centre had a policy for the recruitment and induction of staff. The inspector reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations. Photographic identification was available in each file examined. This was required from the last inspection.

The inspector examined staff rosters, reviewed residents physical care and psychosocial needs in care files and met with residents and discussed with staff to their roles, responsibilities and working arrangements. The inspector found there was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account the purpose, number and size of the apartments within the building.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. However, some gaps were identified. Mandatory training requirements detailed under Outcome eight, the management of behaviour that is challenging was not completed by all staff. This was identified as an area for improvement with an action plan on the occasion of the last inspection.

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):

No actions were required from the previous inspection.

Findings:

As addressed in previous Outcomes, the inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) and Schedule 4 (general records) of the Regulations.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place.

It was noted by the inspector that records were maintained in a complete and organised manner and this made for ease of retrieval.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

PJ Wynne
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-0002676
Date of Inspection:	20 November 2014
Date of response:	08 January 2015

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:

The detail of any service that may incur an extra cost is not clear in the contract of care. Further clarity of the contractual arrangements is required.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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

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:

Contractual arrangements will be amended to inform all residents where appropriate of fees charged for service provision .

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 is currently in draft format and awaiting final approval by senior management. Specific risks outlined within the regulations namely, the risk of self harm, violence, aggression and assault are required within the policy.

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:

Policy will be amended for the service covering the control of aggression and violence.

Proposed Timescale: 28/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Training in the management of behaviour that is challenging including de-escalation and intervention techniques had not been provided to all staff. This was an area identified for improvement on the last visit.

Action Required:

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

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

All staff training in behavioural management has been scheduled where required and will be to a certified level.

Proposed Timescale: 30/03/2015