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<th>A designated centre for people with disabilities operated by Brothers of Charity Southern Services</th>
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<td>Lead inspector:</td>
<td>Breeda Desmond</td>
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<td>3</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 13 January 2015 08:30  
To: 13 January 2015 17:00

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 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 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This report sets out the findings of an unannounced monitoring inspection and it was the first inspection undertaken by the Authority in this centre. This monitoring inspection took place over one day. As part of the inspection process the inspector met with residents, the social care leader and staff members. The inspector observed care practices and reviewed documentation such as personal plans, medical records, accidents and incidents logs, complaints log, residents’ finances records, policies and procedures.

While there was a person in charge in post, this was not the person identified to the Authority in the notification submitted. The sector manager gave assurances that this situation would be reconciled by 27 January 2015, whereby the person identified to the Authority would be in post and responsible for the service. Both the outgoing and incoming persons in charge and sector manager displayed adequate knowledge of the standards and regulatory requirements and were found to be committed to
providing quality person-centred evidence-based care for the residents.

The inspector found that while residents appeared to be appropriately cared for with privacy and dignity respected, there was a reliance on agency or relief staff due to staff shortages. This could negatively impact on care delivery, cognisant of the degree of complexity of residents’ needs in this centre.

The action plan at the end of the report identifies improvements necessary to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These included:

1) staff levels and skill mix
2) staff training
3) aspects of personal plans
4) food safety
5) medication management including policy and documentation.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Staff informed the inspector that residents were consulted with on a daily basis about all aspects of care and decisions and this was observed during the inspection, for example, whether or not residents wished to go to day services, breakfast choice and choice of what to wear. Residents’ documentation recorded daily consultation regarding outings in the evening time and weekends.

The person in charge was responsible for monitoring complaints and followed up on issues as they arose. Documentation was maintained to support this. However, the complaints procedure was not displayed in the centre as described in the Regulations. The inspector was given access to the computer to review policies and procedures as the centre was undergoing renovations and hard copies of policies had been stored away. The complaints policy reviewed on the computer was obsolete, that is, it was dated 2008 and referenced the Health Act 2004. There was a ‘Complaints Procedure – Managers’ Handbook’ and this was also obsolete. The ‘Complaints Procedure for Service Users’ was dated 2010 and there was very little information here to direct service users to enable them to effectively make a complaint. This was discussed at the feedback meeting where the person in charge gave assurances to ensure that the hard copy was comprehensive and fit for purpose. The person in charge evidenced a copy of the Residents’ Guide and this contained a synopsis of how to make a complaint in an accessible format for residents. The inspector outlined that soft and hard copies of policies and procedures should be up-to-date and correlate.

The centre appeared to be managed in a way that maximized residents’ capacity to exercise their personal autonomy and choice. One resident had key access to his
bedroom which he kept locked. He had a neat plastic drawer unit outside his bedroom which contained pictures to enable him to decide his activities and choices for the day. He displayed these pictures on a white board along-side his bedroom door, to inform staff of his choices. Residents were encouraged to participate in external activities, for example going on outings, to a café and visitations with relatives. These were recorded in residents’ documentation. Risk assessments were completed to safely enable residents to maximize their capacity.

The inspector noted that where possible residents retained control over their own possessions and there was adequate space provided for storage of their possessions. Risk assessments for retaining control over their finances were completed for residents.

**Judgment:**
Non Compliant - Moderate

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents had access to the internet, television, radio, music centres, and i-pads. Some residents had televisions in their bedrooms and there was a large flat screen television in the sitting room. Staff were aware of individual communication needs of each resident and demonstrated effective communication as residents had complex communication needs.

Residents had access to multi-disciplinary professionals routinely. The care plans reviewed demonstrated that residents were appropriately assessed and had comprehensive input from the multi-disciplinary team to ensure effective communication and care was provided. On the day of inspection, the staff on duty were core staff who demonstrated effective communication. As residents in this centre had complex communication needs, the degree of knowledge of residents necessary to ensure safe care with effective communication would be difficult to guarantee with the reliance on agency and relief staff. This is discussed further under Outcome 17 Workforce.

**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):**

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

**Findings:**

Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre to include details of the services provided for that resident, as described in the Regulations, were in place for each resident. These contracts of care were new to the organisation and a sample copy was demonstrated on inspection. The sector manager outlined that they were sent to each next-of-kin on 31 December 2014 and their return was awaited.

**Judgment:**

Compliant

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**Outcome 05: Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector reviewed a sample of assessments, personal passports and personal support measures for residents. Overall, these contained a huge amount of valuable individualized information. However, a lot of the information was replicated several times throughout the documentation. In addition, historical information remained included in current files and occasionally, this information was not carried forward to current files. For example, the records of 2012 reported that the resident had a specific medical ailment, however, this was not recorded in their current personal client profile.
or prescription documentation. Overall, while the documentation was resident-specific, it required review to ensure it was current and that the current records were comprehensive.

Residents had assessments completed which described accurately the level of assistance required for daily activities and this was evidenced during inspection.

Periodic service reviews comprised a multi-disciplinary team meeting. Minutes from these meetings were included in residents’ records. Meetings were held regularly and they outlined discussions regarding actions and interventions to enhance residents’ day, routine and all aspects of care (medical, psychiatry, occupational therapy, speech and language therapy, psychology and care staff). Records were included in notes relating to chiropody and eye care with regular appointments for chiropody seen.

Residents’ records demonstrated that they had access to specialist consultant referrals when necessary. Residents maintained access to their own General Practitioner (GP) and out-of-hours GP cover was provided. An ‘annual health care check’ was completed for each resident and those viewed were up-to-date and comprehensive.

The ‘Behaviour Standards Committee’ oversaw restrictive procedures in the centre and letters from this committee formed part of residents’ documentation. A ‘seclusion’ protocol was in place for one resident which was quite detailed and prescriptive. It was regularly updated, however, the documents on file were labelled ‘draft’ protocol. A daily narrative was maintained by staff reporting care given and welfare of each resident. Specific documentation was in place to record seclusion and the supportive responses for each stage of their reactive strategy (anxiety stage, escalation/defensive stage, crises stage, recovery stage). This documentation was resident specific and incorporated a supervision record log which detailed appropriate supervision with narrative of behaviours exhibited. It was reported to the inspector that the resident would indicate if he wished to take ‘time out’ however, the inspector could not determine from the daily record if the resident initiated the seclusion time or the staff. The rationale for administering a PRN (as required) medication was not recorded in the resident’s notes. Staff and the person in charge described appropriate actions with timely interventions in line with their protocol and overall, documentation supported this.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The centre was a large semi-detached bungalow located on an extensive campus in a suburban area. There was parking and outdoor space for residents. There was a secure enclosed garden the rear of the centre and an open area to the front.

The centre could accommodate four people; three residents and one staff member. The design and layout was suitable for its stated purpose and function and appeared to meet the individual and collective needs of residents. Fire safety upgrades were in progress during the inspection where doors and panelling were being replaced with fire safety doors. Redecoration was scheduled following completion of the fire safety works. The centre was bright, warm, homely, and well maintained. There was a bathroom with toilet, bath and shower and hand-wash basin in the main lounge, and two others alongside residents’ bedrooms. There was a separate bedroom and shower en suite for staff. The lounge at the entrance was a large room with comfortable couches which residents appeared to enjoy. Further communal space comprised a dining room which was separate to and alongside the kitchen; an expansive sitting room with designated areas, that is, a wall mounted television with coffee table and comfortable couches, a desk which had a computer and a dining suite. Residents with their families had decorated their rooms with posters, pictures, furniture and toys.

One resident had his quiet room which contained his music and toys and had comfortable seating and a bean bag for lounging. The seclusion room comprised of comfortable seating, a bean bag, the resident’s toys and lots of cushions; the door was padded to safeguard the resident and the carpet had a double layer of underlay to further protect the resident.

Laundry facilities were in the secure utility room where cleaning equipment was also stored.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
Fire evacuation advisory signage was displayed in the hallway. There were adequate means of escape and fire exits were unobstructed. Emergency lighting was in place over each exit. Annual servicing of fire safety equipment was evidenced. Regular fire drills and evacuations were completed by staff and residents.

The environment appeared well maintained with appropriate flooring and adequate lighting to minimise risk. Advisory signage for best practice hand hygiene was displayed and hand hygiene gel was available. Cleaning duties were the responsibility of all staff, however, all staff had not completed training in effective cleaning practices to prevent the risk of cross infection. While the premises was generally clean, the padded door in the seclusion room had a wide blood-type substance splash. A comprehensive incident report was evidenced to explain this occurrence.

Food was not stored appropriately in the fridge to prevent risk of cross contamination, for example, open packaging of uncooked sausages, rashers and pudding were stored alongside salads and an open pound of butter; bowls of salad and beans were uncovered. Open items were not dated so it could not be determined how long the items were there and as staff worked part-time or shift, one could not be assured that the items in the fridge were fit for cooking/eating. The sector manager gave assurances that food safety and food and nutrition training was scheduled for staff on 15 January 2015.

The accident and incident book was reviewed and contained records which demonstrated that issues were addressed in a timely manner with the involvement of the multi-disciplinary team.

Judgment:
Non Compliant - Minor

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The person in charge was involved in the management of the centre, visited the centre regularly and the inspector observed the person in charge and staff interacting with residents in a friendly, respectful manner. Staff demonstrated their knowledge relating to adult protection and interventions. In addition, staff had completed up-to-date training in protection of vulnerable adults, restrictive practices, crisis intervention protocols and seclusion protocols.

Residents had positive behavioural support care plans in place as part of their care plan documentation. The inspector observed that staff interacted appropriately with residents and demonstrated their knowledge regarding appropriate communication and interventions necessary when residents required attention. Staff had received training on identifying antecedents to behaviours of concern, preventative and response strategies and alleviating the underlying causes of challenging behaviour. As the residents had significant complex needs, this training was invaluable. However, as identified earlier in the report, due to a dependency on agency and relief staff and staff shortages, appropriate responses to behaviours could not always be guaranteed.

Residents’ finances were securely maintained in each centre. There were individual logs for each resident. However, two signatures for credit and debit transactions were not in place in line with best practice, to safeguard both the resident and staff member.

Consent forms were available for emergency care, other care and photographic identification, however, these were not signed in the sample care plan reviewed.

Judgment:
Non Compliant - Minor

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The person in charge and the sector manager outlined the process for recording any incident that occurred in the centre. They demonstrated their knowledge regarding notifications as described in the Regulations, to the Authority.

Judgment:
Compliant
**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector examined residents’ personal plans which included an annual health check, information regarding past and present medical history, that was, a comprehensive assessment as described in the Regulations was evidenced. The inspector noted that healthy living choices in relation to exercise, weight control and balanced diets were encouraged and supported. The level of support necessary to enable residents to maximise their independence was documented in their support plans.

Residents had their breakfast and evening meal in their house and their mid-day meal off-site in the day services that they attended. Breakfast was relaxed and residents were observed enjoying breakfast in the lounge. Residents had choice for their evening meal which was prepared in the main kitchen on site. Residents had access to specialist dietician advice when necessary with outcomes recorded in the residents’ personal plans.

**Judgment:**
Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The policy and procedure for medication management was up-to-date. However, it did not reflect local procedures, for example, when a resident went to day services and was not on-site in the centre. A signature sheet as described in An Bord Altranais medication management guidelines 2007 and Cnáimhseachais na hÉireann was not in place as part of the medication management.
Medication was stored securely in a locked cupboard in the locked office. Each resident had their own shelf which contained their regular medications and PRNs.

Photographic identification was in place for all residents as part of their prescriptions in line with best practice. Prescriptions reviewed demonstrated that maximum dosages for PRN (as required) medications were documented however, discontinued medicines were not always discontinued in line with best practice; regular medications were documented under ‘once off and premedication’; as required (PRNs) were often included with regular prescriptions and 1st and 2nd response medications were written in with regular prescriptions. Overall, the inspector found that there was a risk of errors including errors of omission because of the layout of the prescription/administration record documentation. The inspector requested this be reviewed cognisant of the non-clinical background of some staff who administered medications.

Some residents had allergies, however, this detail was not recorded in the ‘allergies’ section of the prescription. One resident was allergic to a specific antibiotic, however, this information did not form part of his medication management documentation and he had been prescribed the antibiotic recently. A ‘medication management plan’ as described in the policy, was not in place for residents.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
While there was a person in charge in post, this was not the person identified to the Authority in the notification submitted. The sector manager gave assurances that this situation would be reconciled by 27 January 2015, whereby the person identified to the Authority would be in post and responsible for the service. Both the incoming and outgoing persons in charge displayed adequate knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents.
They were full-time, suitably qualified with the necessary experience to ensure effective safe care and welfare of residents. They demonstrated a positive approach towards meeting the regulatory requirements.

**Judgment:**
Non Compliant - Moderate

### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors were informed that there were suitable arrangements in the absence of the person in charge whereby the sector manager deputised. The person in charge was aware of the regulatory requirements regarding submission of a notification to the Authority in relation to his absence.

**Judgment:**
Compliant

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
There were social care leaders and care staff as part of the staff complement. However, cognisant of the complexity of the needs of residents, staff levels were often inadequate to meet these needs. One staff member vacancy had not been replaced to date and two other core staff were on sick leave; this resulted in agency or relief staff covering duty rosters, which potentially could have a negative impact on these residents.

Staff files were examined and while many of the items listed in Schedule 2 were in place for the files reviewed, professional references, photographic identification, full employment history and documentary evidence of qualifications were missing. Staff training files were reviewed and while mandatory training including protection, challenging behaviour and fire safety were up to date, medication management and food safety were not. The sector manager outlined that food safety training and food and nutrition were scheduled for staff for 15 January 2015. Seven staff nurses completed their training in medication management and assessment which enabled them to give the course to other staff and this training was being rolled out at the time of inspection.

Judgment:
Non Compliant - Moderate

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

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Findings relating to policies and procedures were reported under Outcome 12 Medication Management.

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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not displayed in the centre as described in the Regulations.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
Complaints Procedure is now displayed in a prominent place.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy reviewed on the computer was obsolete, that is, it was dated 2008 and referenced the Health Act 2004. There was a ‘Complaints Procedure – Managers’ Handbook’ and this was also obsolete. The ‘Complaints Procedure for Service Users’ was dated 2010 and there was very little information here to direct service users to enable them to effectively make a complaint.

**Action Required:**
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The Complaints Procedure is now reviewed and updated
The Complaints Procedure for Service Users is under review to ensure it provides clear information and guidance on how to make a complaint
The Complaints brochure for families/advocates is also under review to ensure procedures for making complaints are clear

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Overall, while resident care plans were individualised, information was replicated several times throughout the documentation. In addition, historical information remained included in current files and occasionally, this information was not carried forward to current files.

The rationale for administering a PRN (as required) medication was not recorded in the resident’s notes.
**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
- Documentation of the rationale for the administration of PRN Medication will be reviewed with the appropriate health care professionals.
- All service users’ information is being reviewed to ensure that all non-currently information is transferred to archives, as appropriate and that duplication of information is avoided wherever possible.
- An Individual Needs Risk Assessment will be completed from the Personal Plan for all Service Users. This will be reviewed at least once a year with appropriate Health Professionals and more frequently if required due to changing need.

**Proposed Timescale:** 31/03/2015

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**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:**
Food was not stored appropriately in the fridge to prevent risk of cross contamination.

**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:**
- We have reviewed the storage of food in fridges to ensure Food is stored appropriately to prevent cross-contamination.
- Food Hygiene Training is currently being scheduled for all staff.

**Proposed Timescale:** 05/06/2015

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Two signatures for credit and debit transactions were not in place in line with best practice, to safeguard both the resident and staff member.
Consent forms were available for emergency care, other care and photographic identification, however, these were not signed in the sample care plan reviewed.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
- Two signatures for all debit / credit transactions by staff are now in place.
- Full training for Managers on the Management of Service Users Monies is scheduled.
- All consent forms have been reviewed to ensure the necessary consents are in place

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

### 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:
Overall, the inspector found that there was a risk of errors including errors of omission because of the layout of the prescription/administration record documentation.

**Action Required:**
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
An audit of the medication Management Procedure will be conducted. Specific recommendation will be sought during this audit in relation to streamlining documentation.

**Proposed Timescale:** 30/06/2015

### 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:
While there was a person in charge in post, this was not the person identified to the Authority in the notification submitted.
Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The named person in place has been in transition and has now completed the handover process since 27th January, 2015.

Proposed Timescale: 27/01/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Cognisant of the complexity of the needs of residents, staff levels were often inadequate to meet these needs.

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

Please state the actions you have taken or are planning to take:
Recruitment of staff is almost complete - Some staff contracts are under offer of Contract and further interviews are being arranged to supplement the staff relief panel.

Proposed Timescale: 27/02/2015

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a dependency on agency or relief staff to cover the shortfall of core staff.

Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
Recruitment of staff is almost complete for core positions and is in progress for additional relief staffing. This should avoid the need to utilise agency staffing.
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff files were examined and while many of the items listed in Schedule 2 were in place for the files reviewed, professional references, photographic identification, full employment history and documentary evidence of qualifications were missing.

**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:**
All staff files have been reviewed. Where information required under Schedule 2 was outstanding all relevant staff have been asked to provide required information as soon as possible.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff training relating to medication management and food safety were not up-to-date at the time of inspection.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
- Staff training dates are currently being agreed with the training department for medication management training
- Food Safety Training dates is currently being allocated to staff.
- The timeframe for this training will be influenced by the timing of new staff recruitment but is to be completed in full by mid June 2015

| Proposed Timescale: 15/06/2015 |
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 policy and procedure for medication management was up-to-date. However, it did not reflect local procedures, for example, when a resident went to day services and was not on-site in the centre.

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

Please state the actions you have taken or are planning to take:
All Policies have a review date within 3 years. Any policy due for review will be reviewed by end of February
Local addendum to be added to some policies including Medication Management Policy to reflect local residents’ needs on or off-site.

Proposed Timescale: 01/05/2015