Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Autism West Limited
Centre ID:	OSV-0002065
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Autism West Limited
Provider Nominee:	Tressan Dooley Kelly
Lead inspector:	Lorraine Egan
Support inspector(s):	Louise Renwick
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
26 February 2015 09:30	26 February 2015 19:10

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the fifth inspection of the centre. As part of this inspection inspectors met with residents, the chairperson of the board of management, the deputy person in charge of the centre and staff members. Inspectors observed practices and reviewed documentation such as minutes of meetings, medical records and policies and procedures.

Inspectors followed up on actions arising from the inspections in October and December 2014. Inspectors found that some areas which had been identified as requiring improvement in these inspections had been addressed in line with the action plan responses. These areas included meeting residents' healthcare needs and an increase in the training and education opportunities for residents.

Improvement was required to the governance and management of the centre. Inspectors found that the additional person participating in management was not in place in line with the provider's response to the immediate action plan which was issued following the inspection in December 2014.

Notwithstanding the improvements noted by inspectors in terms of quality of life of residents, the Authority is concerned regarding the long term sustainability of the centre and the ability of the provider to continue to comply with the Regulations and Standards.

The findings are discussed further in the report and improvements required are included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Not all aspects of this outcome were reviewed on this inspection.

Consultation with residents was evident. The daily meeting was used to ascertain residents' wishes for the running of the centre on a day to day basis including the plan for each resident for the day. Residents were observed making choices regarding their day and the consultation was respectful and inclusive.

Resident meetings were taking place on a weekly basis and documentation viewed showed that residents had been consulted with about a variety of areas such as holiday destinations, activities such as horse riding, discos and Zumba classes and the possibility of another service provider running the centre.

Improvement was required to some consultation with residents as there was no documentary evidence that residents had been consulted regarding the use of physical restraint. This had been identified at the previous inspections in July and October 2014 and had not been addressed in line with the provider's action plan response.

While there was evidence residents were receiving support in accordance with their assessed needs some improvement was required. Some incident forms viewed showed that some residents had not been responded to in line with their assessed needs as outlined in their personal plans.

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

Findings:
Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of residents. This included the input of external professionals, where necessary.

Residents had a communication profile which highlighted their individual communication requirements. An inspector viewed a sample of these and found they were detailed and included an outline of a picture exchange system and a sign language used with residents.

Communication aids such as pictures of items and photos of residents were used to communicate with residents in a number of areas, for example in relation to residents' daily needs such as personal care, meal times, activities and laundry.

Some staff had received training in the sign language used by residents and measures were in place to support the remaining staff members until training had been provided for them. This included staff supporting one another to learn signs used by residents. The provision of this training for staff had not been addressed in line with the provider's response to the action plan of the inspection which took place in October 2014. The deputy person in charge told an inspector there had been difficulty in sourcing this training.

A 'sign of the week' was in place to promote the use of the sign language. Staff spoken with said this assisted both residents and staff to learn and use signs.

Residents were facilitated to access assistive technology and aids and appliances to promote their capabilities. Some residents had been supported to attend information technology (IT) training. Staff spoken with outlined the benefit of this to residents and said that residents had shown very good interest and skill in learning how to use the tablet devices.

Residents had access to radio, television, newspapers, internet and information on local events.

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

Findings:
The action pertaining to the use of volunteers to support residents to make friends and connections in the community had been progressed. One volunteer had commenced in the centre and the deputy person in charge told an inspector that she was waiting on Garda vetting for other volunteers who would then commence in the centre. She outlined the ways in which the centre would support these volunteers to use their skills to benefit the lives of the residents.

There was evidence of an improvement in communication with families which had resulted in good outcomes for residents. Inspectors found that residents' needs had been met as a result of the centre's increased positive communication with family members.

Residents were being supported to attend work experience in the local area and staff spoken with were vocal regarding the benefit this had for residents.

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:
An inspector found the centre had policies and procedures in place for risk management and emergency planning.

Fire drills were taking place on a regular basis and all required documentation pertaining to fire safety was maintained.

There were procedures in place to prevent and control any outbreaks of infection in the centre which included a weekly cleaning schedule and a monthly deep cleaning schedule. There was an outline of infectious diseases and measures outlined for staff

response in the event of an outbreak of an infection.

It was not evident that all staff had received training in fire prevention as some staff records were not available for review. This is discussed further under Outcome 17: Workforce.

Improvement was required as the systems outlined in the policy on risk management were not consistent with the practice in the centre. This is discussed further under Outcome 18: Records and Documentation.

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:
Not all aspects of this outcome were reviewed on this inspection.

The deputy person in charge told inspectors she was undergoing training in multi element behaviour support and said that some staff members had undergone elements of this training. She outlined the ways in which this training would be used to support residents with behaviours that challenge.

Staff spoken with were clear regarding the measures they take to respond in a low arousal way when responding to residents. However, improvement was required as some incident forms viewed showed that not all residents had been responded to in line with their assessed needs as outlined in their personal plans. This is discussed further under Outcome 1: Residents' Rights, Dignity and Consultation.

Improvement was required to residents' behaviour support plans. This is discussed further under Outcome 18: Records and documentation.

It was not evident that all staff had received training in relation to safeguarding residents and the prevention, detection and response to abuse as some staff records were not available for review. This is discussed further under Outcome 17: Workforce.

The procedure for supporting residents regarding their money required improvement. An inspector viewed the procedures in place and found that an improvement in the system was required to ensure all residents were protected from the risk of financial abuse.

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

Findings:
There had been further improvement in supporting residents to access opportunities for training and employment. Some residents were accessing work experience in areas of interest to them and residents had been supported to try new opportunities for education such as IT classes. The deputy person in charge and staff told inspectors they would continue to ensure all residents had further opportunities for education, training and employment.

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

Findings:
There was improvement in the centre's response to residents' healthcare needs since the previous inspection. Areas of concern which were identified by an inspector in December 2014 had been responded to. This resulted in healthcare needs being met and as a result an improved quality of life for residents was evident.

The deputy person in charge outlined the ways in which the centre had responded to residents' needs to ensure all residents were receiving the care and support necessary to achieve best possible health.

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

Findings:
An inspector viewed the procedures for supporting residents to manage their medication and found that while there were systems in place some improvement was required.

Medication was supplied from the pharmacy in a compliance aid which minimised the risk of error. Staff were knowledgeable of residents' medications and the necessity of ensuring medications which were used in the event of a specific medical emergency was with the resident when the resident was not in the centre.

Documentation outlining the administration guidelines for PRN (as required) medication was in place with a system to ensure two staff documented the reason for administering these medications.

The policy on the management of medication had been finalised and was in use in the centre. An inspector viewed the policy and found some practices in the centre inconsistent with the policy. For example, the policy stated that the original prescriptions would be maintained in the centre. However, the inspector was informed that the prescriptions were held in the pharmacy.

The policy did not include the practice of transcribing in the centre and an inspector found improvements were required. It was not evident which staff member had transcribed the medications and there was no system in place to minimise the risk of error.

The prescription sheets were signed by the general practitioner (GP) however, an inspector found the dose of a medication was not consistent with the pharmacy label on the medication.

It was not evident that all prescriptions had been updated in line with the frequency outlined in the centre's policy. The policy stated that prescriptions would be reviewed on a six monthly basis and an inspector found that not all prescription sheets were dated within this time frame.

Improvement was required to the auditing and oversight of medication to ensure

medication was administered in line with the prescription sheet. An inspector found the dose of a regular medication was not clearly prescribed and there were no guidelines to guide staff in administering this medication.

Improvement was required to the documenting of medication errors in the centre. An incident form viewed was inconsistent with the deputy person in charge's account of an error. The incident form did not state that an appropriate medical professional had been contacted in response to medication which had not been administered to a resident.

The policy did not outline how medication would be audited to ensure residents are protected by safe management practices.

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

Findings:
The provider and some members of the board of management had visited the centre since the previous inspection. However, the provider had not prepared a report on the safety and quality of care and support provided in the centre.

An annual review of the quality and safety of care and support in the centre had not taken place.

On this inspection inspectors found improvement was required to the oversight in areas such as medication management, the systems in place to protect residents from the risk of financial abuse, responding to some residents in line with their assessed needs, the provision of up to date behaviour support plans and the identification and provision of training for staff.

Inspectors found that the additional person participating in management was not in place in line with the provider's response to the immediate action plan which was issued following the inspection in December 2014. The chairperson of the board of management told an inspector that he was meeting with this person the following week and would update the Authority following that meeting.

The inspector contacted the provider nominee the following week as an update was not received and was informed this meeting did not go ahead due to inclement weather. The inspector was told the meeting would be taking place that day and the inspector would be informed of the outcome. However, this information was not provided in line with the timeline outlined by the Authority.

The chairman of the board told an inspector that three directors of the board had retired and three new directors had been appointed. The Authority had not been notified of this change within eight weeks of the change as required in the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The chairman of the board told an inspector he was not aware of the requirement to notify the Authority of this change.

Notwithstanding the improvements in the quality of life for residents in the centre the Authority is concerned as to the medium to long term sustainability of the centre. The chairperson of the board outlined these concerns to the inspector and stated they do not have a plan past 2016. The provider had outlined a tentative plan whereby another provider would seek to register the centre however, the Authority has not received an application from another service provider to register this centre and the Authority is concerned as to the ability of the provider to comply with the Regulations and Standards.

Judgment:
Non Compliant - Major

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:
Following discussions with the provider, the inspectors were concerned that in the medium to long term, the provider could not assure the Authority that there would be sufficient resources available to resource this centre.

Inspectors were informed that additional funding had been secured, however, there was no plan as to the requirement for resourcing this centre beyond 2016. As stated earlier in the report a tentative plan was outlined to the inspectors, however this had not been finalised and no guarantees as to its success could be offered.

Judgment:
Non Compliant - Major

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:
Staff spoken with were knowledgeable of the residents and their needs, likes and dislikes. Inspectors observed appropriate, respectful and kind interaction between staff members and residents. It was clear from residents' interaction with staff that they were comfortable and liked the staff working with them.

Improvement was required to the provision of training for staff and to the maintenance of staff training records. An inspector was told the centre employed 14 staff members, however the training records of six staff members were not available in the centre. The inspector was therefore unable to ascertain if all staff had received required training.

From the training records available for review it was evident that required training had not been provided to all staff members. Two staff members had not received manual handling training and one staff member had not received training in fire prevention and training in the prevention, detection and response to suspected or confirmed allegations of abuse.

There was no analysis of staff training needs in the centre to ensure all training needs were identified and responded to. For example, staff had not received training in autism and this had not been identified as a training need by the provider.

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

Findings:
Not all aspects of this outcome were reviewed on this inspection.

The directory of residents had been amended in line with the previous action plan response and contained items required by the Regulations.

The centre did not have all the policies required by the Regulations. The provider had not addressed this non compliance in line with the action plan responses to the previous inspections. There was insufficient evidence that the provider was addressing this non compliance as it had been identified at all previous inspections of the centre.

Some policies required review as they were not centre specific. For example, the policy on the management of medication in the centre did not include the practice of transcribing in the centre and some policies referenced staff roles which were not in place in the centre. In addition, the systems outlined in the policy on risk management were not consistent with the practice in the centre.

The inspector viewed a sample of residents' positive behaviour support plans. Plans which required updating had not been updated. Plans referenced a physical restraint which was no longer used in the centre. This had been identified at the inspection in December 2014 and had not been addressed as per the provider's response to the action plan which stated that these would be updated by 31 January 2015.

The inspector was told there had been no incidences of physical restraint since the previous inspection. However, it remained unclear as to whether or not the psychiatrist and other relevant professionals were aware that restraint was prescribed for some residents. The documentation did not outline who had prescribed the restraint.

Plans had been written up by a person who was a trainer in non violent crises intervention (CPI) and who had not worked in the centre since July 2014. The centre staff no longer used CPI as all staff had been trained in Studio III. Positive behaviour support plans required review to ensure they were meeting the current needs of residents.

Judgment:
Non Compliant - Major

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:

Lorraine Egan
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Autism West Limited
Centre ID:	OSV-0002065
Date of Inspection:	26 February 2015
Date of response:	24 March 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 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:
There was no documentary evidence that residents had been consulted regarding the use of physical restraint.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
Families are to be contacted to attend support meetings with residents to discuss and obtain consent for the use of physical restraint.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents had not been responded to in line with their assessed needs as outlined in their personal plans.

Action Required:
Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

Please state the actions you have taken or are planning to take:
All staff are trained in Studio 3. To ensure they use low arousal and de-escalation techniques at all times to avoid a crisis situation for residents. To go through Studio 3 role play at monthly staff house meetings, commencing 13/04/2015.

Proposed Timescale: 13/04/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in the sign language used by residents to communicate.

Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
To source Lamh training for members of staff who require this. Other organisations have been approached to source this training.

Proposed Timescale: 30/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some procedures for supporting residents regarding their money required improvement to ensure all residents were protected from the risk of financial abuse.

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:
Receipts are given to parents whenever there is money handled, either when money is given to the resident within the service, or given to family for resident at home.

Proposed Timescale: 08/03/2015

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:
The practices relating to the prescribing 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 required improvement.

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:
Copies of prescription sheets are to be requested from pharmacist every 6 months and held in the resident's records to ensure medication is given as prescribed. All prescription sheets will monitored, reviewed and updated at this point.
The medication policy will be reviewed and updated to reflect the current practice of transcribing in the centre. The practice of transcribing will also be reviewed, to ensure best practice is followed.
Prescription sheets used in the centre will be reviewed to ensure all medication is clearly prescribed by the resident's general practitioner, that the prescription matches the medication dispensed by the pharmacist, and that it is administered as prescribed.
Medication policy will be reviewed to ensure that it fully guides staff in action to take in the event of a medication error, that it reflects how medication will be audited, and that it reflects current practice used in the centre.
Auditing of medication errors will be improved to ensure that staff are following policy and procedure in response to medication errors, and so that problems can be identified and addressed.

Proposed Timescale: 30/04/2015

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:
There was no annual review of the quality and safety of care and support in the centre.

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 procedure to carry out an annual review of the quality and safety of care and support in the centre is being drawn up in accordance with standards and will be implemented.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not prepared a written report on the safety and quality of care and support provided in the centre.

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:
Two unannounced inspections were carried out by a Board member on 09th December 2014 and on 11th March 2015 and the documentation is being completed. Such visits now will be carried out every six months or more frequently if necessary.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored are ineffectual.

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:
The additional Person Participating in Management has now been appointed and is already actively participating in management.
The Management systems are under review and, where necessary, will be updated to ensure that the Service provides a safe and appropriate service to residents needs with consistent and effective monitoring.

Proposed Timescale: 30/04/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The longer term sustainability of the centre is uncertain.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Following the opening of the designated centre in 1998, the HSE (then Western Health Board) referred five young adults with ASD who were admitted for residential care and support. The HSE undertook to fund their care and have met this responsibility on a regular annual basis since. This undertaking remains in place and will continue.
With the full knowledge and agreement of HSE, AWL currently is exploring the possibility of transferring the Centre to another Service Provider. If this occurs, it will be with the agreement of the HSE who will continue to resource the Centre. There is no question of the funding being discontinued.
(A misunderstanding may have arisen because additional expenses were required in 2014 for one-off improvements and renovations)

Proposed Timescale: 31/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not clear if all staff had received appropriate training as some staff training records were not available in the centre.

It was not evident that all staff had received training in manual handling, fire prevention and the prevention, detection and response to suspected or confirmed allegations of abuse.

There was no analysis of staff training needs in the centre to ensure all training needs

were identified and responded to.

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 records are to be updated to ensure they reflect the training requirements and refreshers outstanding, and training that has been carried out. Outstanding training requirements for staff will be identified and sourced.

Proposed Timescale: 30/04/2015

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 centre did not have all the policies required by the Regulations.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Eight policies remain to be completed. The Newly appointed Person Participating in Management is assisting in drawing up these through sourcing documentation that will provide guidance.

Proposed Timescale: 30/04/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies required review as they were not centre specific and did not adequately guide practice 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:
The Newly appointed Person Participating in Management will assist in reviewing these policies to render them centre specific.

Proposed Timescale: 30/04/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Positive behaviour support plans referenced a physical restraint which was no longer used in the centre and required review to ensure they were meeting the current needs of residents.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
Behaviour support plans will be reviewed to ensure they reflect the current mode of physical restraint used in the centre, and to ensure the plans are meeting the current needs of the residents.

Proposed Timescale: 31/03/2015