

**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 Western Care Association
Centre ID:	OSV-0003914
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
24 September 2014 11:10	24 September 2014 19:40
25 September 2014 09:30	25 September 2014 18:15
26 September 2014 09:00	26 September 2014 13:30

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

The centre was initially considered to be part of another designated centre but was subsequently deemed to be a stand alone designated centre. As part of this inspection the inspector met with residents, staff, the person in charge of the centre and a person participating in management. The inspector reviewed a variety of documents including residents’ personal plans, medication documentation, staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

There was evidence the provider and the person in charge had implemented measures in response to the previous inspection report and action plan, such as training for staff, the improvement of some personal plans, access to allied health professionals and updated emergency plans. However, improvement was required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that the designated centre did not comply with the requirements of the Regulations in regard to residents' rights and consultation, resident communication needs, resident personal relationships, contracts for the provision of services, resident social care needs, health and safety and risk management, safeguarding and safety, medication management, governance and management, workforce, use of resources and records and documentation.

The inspector issued an immediate action plan for two actions in relation to areas of high risk to residents. These actions related to risks in regard to the temperature of the water in one shower and the financial management systems in place. The immediate actions are included in the main action plan at the end of this report.

The inspector's findings are detailed in the body of the report and the areas for improvement are set out 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):

Findings:

Improvement was required to the measures in place to ensure residents were consulted with and had their rights promoted and respected.

There was evidence that some residents had been consulted with regarding their day to day lives through the use of 'circle of support' meetings however, not all residents were being supported by regular 'circle of support' meetings in line with the centre's procedures. Residents had not been given choice and control in regard to the storage of their medication and a resident spoken with was vocal in regard to the negative impact of this.

There were no arrangements in place for consulting with residents regarding changes to the use of rooms in the centre. For example, there was no evidence that residents were consulted with regarding the change of use of a room in the centre from a music room for residents to a staff office.

There was no access to an advocacy service for residents and while some residents were being supported to vote not all residents were registered to vote. Residents were not being adequately supported to understand and exercise their rights.

The measures in place to ensure residents' rights were not restricted required improvement. Residents' personal plans contained an assessment, which showed that identified restrictions were not being addressed as per the centre's procedures.

The centre had procedures in place for managing complaints. An easy to read version of

the complaints procedure was available and it was displayed in a prominent position in the centre. The complaints received were documented clearly and complaints had been addressed by the person in charge. However, improvement was required to the documentation as it did not state whether or not the complainant was satisfied with the outcome and there was no process in place to ensure complainants were aware of the appeals process.

Residents were supported to access and attend some occasions, clubs and events. However, access to activities was dependent on the availability of transport which resulted in residents not accessing some activities. The inspector found that some residents were not being supported to access social occasions which occurred at night.

Judgment:

Non Compliant - Major

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:

Communication needs and wishes for residents were not consistently assessed and supported as identified on the previous inspection. The quality of supports residents received was dependent on staff members' competencies and many residents did not have adequate supports in place. There was no evidence that all residents were being supported to develop and improve their communication skills.

Although some residents had access to assistive devices and technology not all residents were supported to access communication aids to assist them to communicate.

Technology which would facilitate a resident to communicate with a family member had been sourced however, the resident had not been facilitated to utilise this technology despite it being available in the centre for a number of months.

Judgment:

Non Compliant - Major

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):

Findings:

There was evidence that residents were supported to develop and maintain relationships with family. However, improvement was required to the supports for residents to develop friendships and relationships with natural supports.

Families were invited to attend and participate in residents' 'circle of support' meetings and the review of residents' personal plans. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved.

There were adequate facilities for residents to meet with family members and friends in private and residents spoken with said they were supported to access some activities in the local community.

Improvement was required to the arrangements for supporting residents to develop and maintain personal relationships and links with the community. Some personal plans did not detail residents' friendships and there was no evidence that friendships and natural supports were being explored for all residents.

Judgment:

Non Compliant - Moderate

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):

Findings:

The centre had recently introduced individual service contracts however, these agreements did not comply with the Regulations.

The inspector reviewed a sample of service contracts and found the amount payable by the resident was not documented on all agreements. Reference was made to an extra monthly charge payable by residents and the service agreements were not adequately clear regarding what this money would be used for.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Some actions identified on the previous inspection had been addressed, for example, the personal plans had been reviewed and improved. However, further improvement was required to ensure residents were being supported to identify and achieve goals of importance in their lives.

Each resident had a 'circle of support' to assist them in identifying and achieving the things they wanted in their lives. While there was evidence that some residents' 'circle of support' meetings were taking place regularly some residents' 'circle of support' meetings were not taking place in line with the centre's procedures.

Improvement was required to the completion of personal plans, the identification of goals and the support for residents to achieve identified goals. Some goals pertained to regular medical appointments and some residents were not receiving adequate support to assist them to achieve identified goals.

Some personal plans did not adequately outline the supports required to maximise residents' personal development. For example, the supports required to assist residents to become more independent in their living skills had not been adequately assessed and supported.

The arrangements in place to ensure residents' personal plans were completed and

updated was not adequate. Some residents' plans contained inadequate reasons for not supporting residents to achieve identified goals.

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):

Findings:

Part of the centre was undergoing refurbishment on the day of the inspection. The remainder of the centre was homely, furnished to an adequate standard and there was evidence of improvements since the previous inspection which included new windows and new furnishings.

The centre had been designed around the assessed needs of residents with some assistive equipment available for residents where required. Records showed the assistive equipment had been serviced and repaired as necessary. Improvement was required to the provision of grab rails in the bathrooms and a person participating in management told the inspector a referral had been made to the occupational therapist for grab rails to be provided in the bathrooms.

Residents' bedrooms were furnished to an adequate standard and had been personalised by residents. Sitting rooms and kitchens were available for residents to use.

Residents voiced their satisfaction with the centre and it was evident that the centre was a home to the residents and residents were happy living there. Some residents had shared accommodation for a number of years and said they liked this arrangement. While some residents voiced dissatisfaction with the people they were living with there was evidence that residents were being supported to explore alternative accommodation.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre had implemented a risk register which clearly outlined a range of risks and the measures in place to control the identified risks. However, improvement was required as some control measures were not adequate and some risks had not been identified. For example, risks in relation to a step in a utility room, a step for exiting an emergency exit and the use of an open fire in the centre had not been assessed.

An immediate action was issued on the first day of the inspection in relation to the temperature of the water in one shower which placed residents at risk of scalding. The thermostatic control measure in place was not effective. The provider installed a new shower on the second day of the inspection.

There was no documentary evidence the centre's chimney flue had been cleaned. The person in charge stated the chimney was cleaned on an annual basis however, there was no record to verify this.

Fire drills were taking place on a regular basis and there was evidence that the increase in fire drills was resulting in residents responding by exiting the house when the alarm was activated. Staff spoken with were clear regarding the measures to be taken in the event of a fire in the centre however, not all staff had received training in fire prevention. Servicing records showed that fire prevention and control equipment had been serviced.

Individual fire evacuation plans had been implemented which outlined of the level of support required by residents in the event of an evacuation of the centre. The plans required further improvement as the information contained in some plans was not reflective of the findings of fire drills.

The centre had implemented an emergency box, which contained a number of items to be used in an emergency such as residents' medication details and next of kin details, high visibility jackets and slippers. The emergency box was located external to the centre and could be accessed in the event the centre needed to be evacuated.

A fire door in the centre contained paint on the intumescent strip which could render it ineffective in the event of a fire. This was brought to the immediate attention of the person in charge and the person participating in management.

Judgment:

Non Compliant - Moderate

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):**Findings:**

There was a policy and procedures in place for the prevention, detection and response to abuse however, measures in place to protect residents from risk of financial abuse were inadequate.

Training records showed that staff had received training in the prevention, detection and response to abuse and staff and the person in charge were clear in describing to the inspector what they would do if they suspected, witnessed or received an allegation of abuse. However, the person in charge and staff working in the centre had not identified that the financial systems in place did not protect residents from possible financial abuse.

The inspector viewed the arrangements for supporting residents in regard to their finances and found that there were no receipts for many items documented as purchased. It was not evident which staff member had supported residents to purchase items and there were inadequate oversight arrangements in place. In addition, records showed that residents' money had been loaned to other residents and residents were paying for staff meals. There was no documented evidence that residents or their representatives had been consulted with or had agreed to these practices. Furthermore, the inspector found that residents had paid more than agreed in their contracts into a shared fund over a period of one month without their informed consent.

Some residents had been supported to purchase a vehicle for their private use and there was insufficient evidence that residents had consented to the purchase of the vehicle. In addition, residents had not been consulted or agreed to the arrangements in place for the reimbursement of money paid towards the purchase of the vehicle should a resident move out of the centre.

An immediate action was issued in respect of safeguarding residents from financial abuse. In addition, the person in charge was required to notify the Authority of the

allegations of abuse as required under regulation 31(1) (f) which were identified by the inspector.

Improvements were required for residents requiring support with behaviours that challenge as not all residents had a positive behaviour support plan. On review of staff training files, the inspector found and the person in charge confirmed that staff had not received up to date training in this area.

Judgment:

Non Compliant - Major

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):

Findings:

A record of all incidents occurring in the designated centre was maintained and all incidents had been notified to the Authority as required.

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):

Findings:

Residents were supported to access education and training programmes and all residents were accessing day supports.

There was evidence of good communication between staff in residents' day programmes and the centre and between residents' families and the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents had access to general practitioners and allied health professionals as required and there was evidence that residents' health needs were being assessed and responded to.

Residents were encouraged and facilitated to make healthy living choices. For example, personal training sessions and healthy eating groups were being utilised by residents.

Food was available in adequate quantities and residents were supported to make healthy food choices. A resident had introduced a meal planner to the centre and the person in charge stated this would be expanded to facilitate all residents' communication needs.

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:

There was a policy and procedure in place relating to the ordering, prescribing, storing and administration of medication to residents. The policy was not reviewed on this inspection.

A sample of prescription sheets were viewed by the inspector. Some prescription sheets did not contain the resident's photograph, address and date of birth, the name of the general practitioner (GP), the prescribed route of the medication and the maximum dose of PRN (as required) medication. In addition, discontinued medications had not been signed and dated by the GP and there was insufficient information pertaining to the administration of some medications including what the medication was to be used for and the prescribed dosage of the medication. Furthermore, the regular medications and PRN (as required) medications were detailed intermittently on the prescription sheets which increased the risk of errors. The action pertaining to this non compliance is documented under Outcome 18: Records and documentation.

Residents' medications and prescription sheets had not been reviewed as required. Some prescriptions sheets had not been reviewed since January 2014 and a medication was not being reviewed in line with the details contained on the medication. A sample of residents' drug recording sheets showed that medication was being administered in line with the time detailed on prescription sheets. However, there was no signature sheet to identify which staff member had administered medication to residents.

The arrangements in place for supporting residents to self administer medication were not adequate. Medication which had previously been stored in residents' bedrooms was stored in a staff office. The reason detailed for the change in storage was attributed to the size of a new medication administration aid which would no longer fit in the presses in residents' bedrooms. There was no evidence this had been discussed with residents. A resident spoken with was vocal regarding the negative impact this was having over their choice and control of their medication.

A fridge for storing medication which required refrigeration had been purchased. The temperature of the fridge was being recorded by staff on a daily basis. However, the fridge was not locked and was easily accessible to all residents and staff.

Improvement was required to the oversight of medication in the centre. There was no system in place for reviewing and monitoring safe medication management practices. This is discussed further under Outcome 14: Governance and Management.

Judgment:

Non Compliant - Major

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):**Findings:**

There is a written statement of purpose that describes the service that is 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.

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):

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

Findings:

The centre had a defined management system in place with clearly defined roles of authority and accountability however, improvement was required to the governance in the centre.

The person in charge was newly appointed since May 2014. She had previously worked as a frontline member of staff in one part of the centre and had a good knowledge of some residents living in the centre. However, she did not demonstrate adequate knowledge of residents living in another part of the centre nor was she adequately overseeing the systems in place.

An auditing template had been introduced to inform an annual review of the quality and safety of care in the centre. Improvement was required to the person in charge's understanding of some aspects of the tool, such as who was responsible for completing a staff training needs analysis.

Significant improvement was required to the systems in place for governing the centre. Areas of non-compliance had not been identified within the service and the person in charge did not have adequate knowledge to undertake the role of providing oversight in relation to areas such as the completion and review of residents' personal plans, financial management and medication management. There was no system in place for reviewing and monitoring these areas and significant risks were identified. These are discussed further under Outcome 5: Social Care Needs, Outcome 8: Safeguarding and Safety and Outcome 12: Medication Management.

Judgment:

Non Compliant - Major

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):

Findings:

A social care worker is responsible for the centre in the absence of the person in charge.

There was an on call system in place in the event staff required support in the evenings and at weekends.

The persons participating in the management of the centre were not interviewed on this inspection.

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):**Findings:**

It was not clear if the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. Issues identified such as the availability of training for staff and access to transport for residents were impacting on the effective delivery of care and support in the centre.

Judgment:

Non Compliant - Moderate

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:

There was a planned and actual staff roster. Staffing was overseen by the person in charge and the person in charge had adjusted staffing in response to an identified issue. As resident individual plans and goals were not being adequately reviewed, the inspector was not satisfied that staffing levels were responsive to residents' identified needs.

Some training had been provided since the previous inspection however, further improvement was required. Training records indicated that some staff members had not received up to date training in fire prevention, moving and handling, behaviour support and protection and welfare. Some staff administering medication had not received training in the safe administration of medication.

The centre's audit tool and policy indicated that a training needs analysis would be completed however, the person in charge stated that she was not aware of a training needs analysis for staff in the centre. Staff training needs, such as training in the completion of personal plans for staff and the person in charge, were identified on the inspection.

Supervision records showed that some staff had not received supervision in line with the frequency set out in the organisation's policy.

A sample of staff files were viewed and while most items required had been included in the staff files some files required updating to reflect a staff members current position, and include a reference from a staff members' most recent employer and a staff members date of commencement.

There were a number of volunteers working in the centre and evidence of Garda Vetting, a role description and an outline of the volunteer's experience of working with the resident was maintained. Volunteers were receiving supervision and support from staff members. Agreements with volunteers clearly outlined the volunteer's role and responsibilities however, not all agreements had been signed by the volunteer to indicate that they were aware of their role and responsibilities.

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):

Findings:

Records were maintained in a manner to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations.

Improvement was required to the directory of residents as not all residents next of kin details were detailed in the directory.

Residents' prescription sheets required improvement and this is discussed further 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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0003914
Date of Inspection:	24 September 2014
Date of response:	17 Novemeber 2014

Requirements

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

Residents were not being adequately supported to understand and exercise their rights.

Action Required:

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

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

- House meetings will be set up by the 07/11/2014 and this committee will support individuals to understand their rights and will be a consultative forum for individuals and their representatives
- Information will be provided to everyone regarding accessing Advocacy Services.
- This includes both internal and external Advocacy Services.

Internal:

- There is currently an organisational representative Advocacy Committee called "Mayo Advocacy Committee". The representative from the local area advocacy group is available to take any organisational issues forward to the main group for discussion and addressing. The representative for the area currently attends the local day service which is close by and accessible. We will also ask them to attend a House Committee meeting once they are established.

External:

- People can also take issues forward to the Rights Review Committee with the support of their Named Staff and all rights checklists are currently being reviewed and updated by the 21/11/2014
- Information has been put on display for the Citizens Information Advocacy Service for people with disabilities. The Senior Advocate for the Western Region contact details are also on display and she will also be invited to meet individuals

Proposed Timescale: 30/11/2014

Theme: Individualised Supports and Care

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

The measures in place to ensure residents' rights were not restricted required improvement. Residents' personal plans contained an assessment which showed that identified restrictions were not being addressed as per the centre's procedures.

Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

- All individuals will be registered to vote by the 30/11/2014. Once registered individuals will be supported to vote at the next election.
- In preparation for voting, individuals will be supported to meet their local candidates in conjunction with the Mayo Advocacy group.
- All Rights checklists will be reviewed and updated and will ensure each checklist is completed in full and processed as per the organisations procedures. This review will be completed in full by the 21/11/2014

Proposed Timescale: 30/11/2014

Theme: Individualised Supports and Care

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

There were no arrangements in place for consulting with residents regarding changes to the use of rooms in the centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

- A team meeting took place on the 29/10/2014 to discuss this issue with the team and to agree next steps in relation to the use of the rooms. This room will now revert back to the individuals in the house and only part of it to be used as a work space for staff. A clear rationale will be written up for this by the 05/11/2014 ;
- The house committee will be set up by the 07/11/2014 for individuals living in the designated centre and consultation on the use of all rooms in the house will be discussed and agreed through this forum with Individuals and their representatives.

Proposed Timescale: 07/11/2014

Theme: Individualised Supports and Care

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

Residents had not been given choice and control in regard to the storage of their medication.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

- The individual now has their medication stored back in their bedroom since the 26/09/2014
- The medication for 5 other individuals has been put back in to their bedrooms since the 29/10/2014
- 1 individual who wishes to have their medication kept in the office has a rationale written up for this since the 29/10/2014

Proposed Timescale: 29/10/2014

Theme: Individualised Supports and Care

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

Access to some activities was dependent on availability of transport. In addition, some residents were not being supported to access social occasions which occurred at night.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The lack of transport in one site in the designated centre has now been addressed which will address individuals being able to address social occasions that occur at night

Proposed Timescale: 29/10/2014

Theme: Individualised Supports and Care

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

There was no process in place to ensure complainants were aware of the appeals process.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

- The appeals process is currently available on the organisational formal complaints procedure but not on the informal complaints log. This procedure is due for review and this will be in place by 30/11/2014.
- Once the policy is finalised all advocacy groups will be communicated with in relation to the changes
- The finalised policy will also be communicated with through the organisational line management structure
- The PIC will review all informal complaints received to date with the complainants and will record if they are satisfied or not and advise of their right to appeal and how to do this and if they are not happy will progress the complaint as per the organisational procedure

Proposed Timescale: 30/11/2014

Theme: Individualised Supports and Care

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

The documentation did not state whether or not the complainant was satisfied with the outcome.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The informal complaints log does not currently have a section on asking if the complainant is satisfied with the outcome of their complaint or not
- This feedback has been forwarded to the organisation and this form will be amended when the procedure is reviewed and this will be completed by the 30/11/2014
- The PIC will review all informal complaints with the complainants and will record if they are satisfied or not, and if not will progress the complaint as per the organisational procedure

Proposed Timescale: 30/11/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have their communication needs and wishes assessed.

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:

- The Speech and Language therapist has supported staff to complete a Communication assessment using the communication profile for all individuals that require it
- Completed profiles were used to develop active communication plans as needed.
- The centre is developing a "Total Communication" system. Each person determines their preferred means of communication to inform their individualised communication plan.
- Each communication plan identifies present needs and ongoing work. These plans identify the present means of communication, use of visual/tactile schedule, how staff informs people regarding change of staff, use of Augmentive and Alternative Communication (AAC) and adaption to environment where an additional disability exists. Some other examples of communication supports from the plan include the use signs and assistive technology.
- A staff member who has skills in the area of communication is now supporting named staff/key workers in one site in the designated centre to progress these plans and has presented a visual schedule for each individual at a team meeting on the

05/11/2014. This is an ongoing support to implement the communication plans in the designated centre.

- In the other site in the designated centre one staff is supporting individuals with visual schedules in relation to offering choices at meal times and this will be in place by 15/11/2014
- All communication plans are to be reviewed on 26/11/2014 by the PIC, the staff team and the SLT.

Proposed Timescale: 26/11/2014

Theme: Individualised Supports and Care

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

A resident was not being supported to use assistive technology.

Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

This individual has now been facilitated to use assistive technology using the face time APP on the IPAD to contact her relative who is living abroad. This took place on the 19/10/2014 and an arrangement has been made to do this on a monthly basis. In addition this individual's named staff/key worker has implemented recommendations from their communication plan which involves the use of "talking tiles" which allows them to make choices, this will be fully up and running by the 07/11/2014

Proposed Timescale: 07/11/2014

Theme: Individualised Supports and Care

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

Some residents were not being facilitated to access assistive technology and aids and appliances to promote their full capabilities.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

Three individuals have now used an APP on an iPad to contact their relatives living abroad on the 15/10/2014 and on the 19/10/2014.

A new IPAD has been purchased for the service once we trialed it and is now in place since the 24/10/2014.

This will continue for these individuals on a monthly basis or more often if needed
Each individual will be supported to develop new skills through the use of this technology to enhance their independence

Proposed Timescale: 30/11/2014

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

Theme: Individualised Supports and Care

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

Some residents were not being provided with the support to develop and maintain personal relationships, natural supports and links with the wider community.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

- Links have started to take place as outlined in 10(3)(b) re use an APP on the IPAD
- In addition one individual has joined a local fitness group on the 16/10/2014
- In addition both sites in the designated centre now have access to transport to support the development of links with the wider community
- Community Maps will be introduced in to the designated centre for all individuals to identify new community links and this be in place by the 31/12/2014. This will also be aided by the use of volunteers

Proposed Timescale: 31/12/2014

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 fees payable by the resident was not documented in all residents' individual service contracts and it was not clear in the contract what the extra monthly charge paid by residents was for.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- The organisation is currently developing guidance that will provide adequate detail in relation to how individuals contributions is to be spent
- All Individual Service agreements will be updated by the 30/11/2014 to include fees payable by each individual and these will then be discussed with individuals and their representatives and then signed

Proposed Timescale: 30/11/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents' personal plans did not adequately outline the supports required to maximise the resident's personal development.

Action Required:

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

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

- One individual is currently attending an accredited VEC life skills course from their day service.
- Their named staff/key worker has linked with the link staff in the day service on the 22/10/2014 to get a progress update on this and will feed this information back to the team by the 05/11/2014
- Training is being provided to the team on Individual Planning on the 23/10/2014 and the 14/11/2014 that will equip staff with the skills to use the individual planning process to help individuals maximise their opportunities for personal development in accordance with their needs and wishes
- Progress on this will be reviewed at Circle of support meetings

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Improvement was required to the completion of personal plans and the identification of goals for residents.

Improvement was required to the oversight of residents' personal plans to ensure the

plans were completed adequately and updated as required.

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:

- Both teams in the designated centre have day 1 of a 2 day training event on the 23/10/2014 and the 2nd day will be on the 14/11/2014 on Individual Planning facilitated by the training department and PPIMS
- The purpose of this training is to equip staff with the skills to help with the identification of priorities for individuals and to complete individual plans in line with these
- The PIC will set up an audit tool to audit Individual plans every 4 months by 04/11/2014
- The PIC will ensure that all Individual plans are reviewed every 4 months as outlined in the organisations policies and procedures commencing from the 15/11/2014

Proposed Timescale: 12/12/2014

Theme: Effective Services

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

Residents were not being adequately supported to achieve identified goals.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- The role of the named staff/key worker is to support individuals to achieve identified goals and this will be included in the training on Individual Planning on the dates mentioned in 05 (1) b
- A circle of support meeting is being organised to support one individual to address unaddressed issues in relation the achievement of identified goals as outlined in the report and this will take place by the 12/12/2014
- All individuals will have an up to date Circle of support meeting by the 12/12/2014

Proposed Timescale: 12/12/2014

Theme: Effective Services

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

Meetings to assess the effectiveness of some residents' personal plans were not taking place in line with the frequency outlined in the centre's procedures.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- All individuals will have an up to date Circle of support meeting by the 12/12/2014
- Each service user will have IPS reviewed 4 times a year and the PIC will monitor that this takes place in their audit every 4 months

Proposed Timescale: 12/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Grab rails had not been provided in the bathrooms.

Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

Two referrals have been sent in to the Occupational Therapist and the assessment will take place by the 31/10/2014 with the work completed by the 11/11/2014

Proposed Timescale: 11/11/2014

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:

Immediate Action Plan:

The temperature of the water in one shower posed a risk of scalding to residents.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

This issue was highlighted during the inspection and was rectified on the 25/09/2014 while the inspection was continuing

Proposed Timescale: 25/09/2014

Theme: Effective Services

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

Improvement was required to the centre's risk register as some control measures were not adequate and some risks had not been identified and assessed.

There was no evidence the chimney flue had been cleaned.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The following work has taken place.

- The step in the utility room has been changed on the 26/09/2014, the step in the emergency exit has been completed on the 28/10/2014 following a risk assessment and the open fire has been included on the Hazard Identification sheet
- The chimney in both sites of the designated centre have been cleaned and a record of this is maintained in the check list folder in the designated centre
- The Hazard Identification sheets have been updated to reflect the above and will be audited by the PIC at least annually

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

Individual evacuation plans were not adequately specific to residents' requirements in the event an evacuation of the centre was necessary.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- Individual fire evacuation plans will be updated to reflect the findings of the fire drills in the service by the 15/11/2014 and will include the evacuation of individuals to the nearest exit in the event of a fire

- These plans will be monitored and reviewed in line with the review with the Emergency plan and any updates recorded as needed but at least annually

Proposed Timescale: 15/11/2014

Theme: Effective Services

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

Some staff had not received training in fire prevention.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The staff members concerned has been nominated for the fire training on the 21/11/2014

Proposed Timescale: 21/11/2014

Theme: Effective Services

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

A fire door in the centre contained paint on the intumescent strip.

Action Required:

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

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

All intumescent strips have been replaced on any fire doors that needed replacing and this was completed by the 13/10/2014

Proposed Timescale: 13/10/2014

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:

Some staff had not received up to date training in the management of behaviour that is challenging.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Staff that are outstanding for this training have been nominated and approved on the training for the management of challenging behaviour (MCB) and this will be completed by the 23/01/2015

Proposed Timescale: 23/01/2015

Theme: Safe Services

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

Not all residents requiring support with behaviours that challenge had positive behaviour support plans.

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:

The individual that has not a positive behaviour support plan in place has been referred to the behaviour support staff to assess if this is the required action to take for this individual. Once this assessment is completed staff will be supported with the implementation of the agreed guidelines and will work with the individual on this

Proposed Timescale: 30/11/2014

Theme: Safe Services

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

Immediate Action Plan:

The financial systems in place did not ensure that residents were protected from 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:

- An audit has taken place by the financial controller and a copy of this was submitted to Hiqa on the 13/10/2014.
- Follow up in relation to this and an action plan is in place to address these actions that is been monitored by the registered provider and the PIC by the 31/10/2014 and there is now an ongoing monitoring system is now in place
- This was also notified to HIQA Notifications through follow up reports dated 24/10/2014
- The organisation is also updating and reviewing existing practices and updating the procedure to reflect this

Proposed Timescale: 31/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The fridge used for storing medication requiring refrigeration was not locked and therefore was easily accessible to all residents and staff.

Action Required:

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

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

The fridge now has a lock in place since the 17/10/2014

Proposed Timescale: 17/10/2014

Theme: Health and Development

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

The arrangements in place for supporting residents to self administer medication were not adequate. Medication had been moved from being stored in residents' bedrooms to being stored in a staff office. The preferences and wishes of residents had not been accommodated safely.

Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

- The medication press for one service user has been moved back to their bedroom since the 26/09/2014
- The medication for 5 other individuals has been put back in to their bedrooms since the 29/10/2014
- 1 individual who wishes to have their medication kept in the office has a rationale written up for this since the 29/10/2014

Proposed Timescale: 29/10/2014**Outcome 14: Governance and Management****Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The person in charge did not have adequate knowledge to undertake the role of providing governance in relation to areas such as the completion and review of residents' personal plans, financial management and medication management.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

- The registered provider will implement a development plan with the PIC through a mentoring and coaching process over the next 2 months that will address the issues raised. This commenced on the 17/10/2014
- The areas that will be addressed are the governance of the designated centre and which will incorporate the financial management, medication management and completion and review of Individual plans.
- The PIC has set up an auditing system in relation to the areas highlighted and will be supported to develop and implement an action plan that will address the issues highlighted in the report by the 07/11/2014
- The PIC will receive additional support by their line manager in supervisory support on a monthly basis

Proposed Timescale: 31/12/2014**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The management systems did not ensure the service provided was safe, appropriate to

residents needs, consistent and effectively monitored.

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:

- In addition to 14(2) the registered provider has supported the PIC to set up an auditing system in relation to the areas of financial management, medication management and the completion and review of Individual Plans.
- The management systems being put in place will ensure the service provided is safe, appropriate to individuals and is consistent and effectively monitored. This will be in place by the 07/11/2014

Proposed Timescale: 07/11/2014

Theme: Leadership, Governance and Management

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

An annual review had not been completed satisfactorily.

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 Registered Provider will support the PIC to ensure that the annual review is completed in full to ensure that the quality of care and support in the designated centre meets the required standards by the 30/12/2014. This work has commenced.
- The issue in relation to the completion of the annual review will be addressed through the coaching and mentoring process in place for the PIC.
- In addition this will also be discussed in supervisory support with the PIC'S line manager
- The Evaluation and Training department (ETD) will support the PIC to undertake a training needs analysis for the team looking at the existing skills in the team and needs of individuals being supported needs in line with the organisations procedure

Proposed Timescale: 30/12/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Issues identified such as the availability of training for staff and access to transport for residents were impacting the effective delivery of care and support in the centre.

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:

- Training is being provided for staff on the 23/10/2014 and the 14/11/2014 on Individual Planning
- In addition all staff have been nominated on the relevant training to address the identified training gaps in the report and to improve the delivery of care and support to the designated centre
- Transport for both sites in the designated centre has been arranged and is now in place

Proposed Timescale: 14/11/2014**Outcome 17: Workforce****Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some staff files required updating to reflect a staff members current position, a reference from a staff members most recent employer and a staff members date of commencement.

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:

- The PIC is updating staff files to reflect staff members current position on the 24/10/2014
- The reference for 1 staff member is being reviewed and will be in place by 01/11/2014
- A staff members date of commencement in employment has been amended on the 24/10/2014

Proposed Timescale: 01/11/2014**Theme:** Responsive Workforce**The Registered Provider is failing to comply with a regulatory requirement in**

the following respect:

The inspector was not satisfied that staffing levels were responsive to resident assessed 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:

- There will be an emphasis on improving the quality of Individual Plans to ensure standards are met which includes staff training on the 23/10/2014 and the 14/11/2014.
- All individuals will have up to date circle of support meeting by the 12/12/2014
- In addition the coaching and mentoring developed for the PIC and the setting up of an auditing template to monitor Individual Plans and other systems in the centre will also provide additional safeguards
- This foundation will provide the basis to determine the effective use of resources that is responsive to individuals assessed needs based on the number, qualification and skill mix of the staff employed in the designated centre

Proposed Timescale: 12/12/2014

Theme: Responsive Workforce

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

Training records viewed by the inspector indicated that some staff members had not received up to date training in fire prevention, moving and handling, behaviour support and protection and welfare and medication management..

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:

- The Evaluation and Training Department (ETD) will support the PIC to undertake a training needs analysis for the team looking at the existing skills in the team and needs of individuals being supported needs in line with the organisations procedure by the 30/11/2014
- In addition a plan will be in place by the PIC to ensure that there will be sufficient staff trained in the safe administration of medication in the designated centre by 19/11/2014
- All staff that were outstanding for fire training were nominated and approved for training will have completed this by 21st Nov
- All Staff have been nominated and approved for moving and handling training to be completed by the 9/12 /2014.
- All Staff have been nominated for MCB training to be completed by the 23/1 /2015.

- All staff have completed Protection and Welfare training on 6/11/2014.

Proposed Timescale: 23/01/2015

Theme: Responsive Workforce

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

Some staff had not received supervision in line with the frequency set out in the organisation's policy.

Action Required:

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

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

A plan is in place to ensure that all staff have received supervision in line with the organisation's policy by the 15/11/2014

Proposed Timescale: 15/11/2014

Theme: Responsive Workforce

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

Not all agreements with volunteers had been signed by the volunteer to indicate that they were aware of their role and responsibilities.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

All agreements have been signed by volunteers by 30/10/2014

Proposed Timescale: 30/10/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residents did not include the details of the next of kin for all residents.

Action Required:

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

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

The next of kin details for 1 individual has been updated on the 22/10/2014 and all others will be checked to ensure they are up to date

Proposed Timescale: 30/11/2014

Theme: Use of Information

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

Some residents' prescription sheets did not contain the resident's photograph, address and date of birth, the name of the general practitioner (GP), the prescribed route of the medication and the maximum dose of PRN (as required) medication.

Discontinued medications had not been signed and dated by the GP and there was insufficient information pertaining to the administration of some medications including what the medication was for and the prescribed dosage of the medication.

There was no signature sheet to identify the staff member who had administered the medication.

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:

- All prescription sheets have been updated to ensure that they contained individuals photographs, address and dates of birth, the name of the GP, the prescribed route of medication and the maximum dose of PRN medication since the 30/10/2014
- All named staff are linking with the relevant Gp to ensure that all discontinued medication have been signed by them and clear information of what the medication was prescribed for by the 31/10/2014
- A copy of all staff signatures is now available in the centres auditing folder and the medication signing sheet in the medication policy by the 07/11/2014

Proposed Timescale: 07/11/2014

