

**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 Brothers of Charity Services Clare
Centre ID:	OSV-0004759
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Julie Hennessy; Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 April 2015 09:00	28 April 2015 17:00
29 April 2015 08:30	29 April 2015 14:50

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

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

Summary of findings from this inspection

This reports sets out the findings of a two day, announced inspection to inform a decision of registration.

The centre is a three bedroom detached bungalow, that accommodates two residents in the main house, in the town of Ennis with gardens to the front and rear and an adjoining apartment that accommodates one resident. Over the course of the inspection, inspectors met with all residents, staff, the person in charge and the provider nominee. Practices were observed and policies, procedures and documentation were reviewed.

Overall, inspectors found that the residents received a high standard of individualised, person-centred care. Residents appeared happy in their own home and the staff with whom the inspector met demonstrated a good knowledge of the residents' needs and appeared to have a good relationship with the residents. Residents were aware of the inspection process. There was evidence of a clear management structure that clearly identified the lines of accountability in the service.

Overall, documentation was good, and gave a good insight to the resident, however some areas of improvement were identified in the areas of assessment and personal goal setting.

Areas that required minor to moderate improvement were identified in Outcome 1: Residents' rights, dignity and consultation; Outcome 2: Communication; Outcome 5: Social Care Needs; Outcome 7: Health & Safety and Risk Management; Outcome 8: Safety & Safeguarding; Outcome 10: General Welfare & Development; Outcome 12: Medication Management; Outcome 13: Statement of Purpose; Outcome 14: Governance & Management; Outcome 16: Use of Resources; Outcome 17: Workforce; Outcome 18: Records & Documentation.

These findings are discussed throughout the report and 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):

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

Findings:

There was documentary evidence of consultation with residents in regards the running of the centre, however this was with one resident only as the person in charge confirmed that a valid approach for ensuring an effective consultation process with the two remaining residents had not been devised. The person in charge stated that a process for same was under review to ensure that all residents' wishes, needs and preferences were elicited via a formal process.

There was evidence of consultation with all residents in development of their personal care plans. Residents had access to internal and external advocacy services. There was a folder available in the centre that included the names of internal advocacy representatives. Minutes of local advocacy meetings were available for inspections, the last minutes were dated 6 March 2015 and included relevant issues for residents such as the taking of photographs for specific internal procedures. There was an easy read document about self advocacy available in the centre.

There was a prominently displayed complaints procedure in the centre in an easy-to-read format. The centre maintained a complaints log. The complaints log recorded information relating to the complaint and this met the regulatory requirements. However, the complaints policy did not specify a person, other than the complaints officer, to ensure complaints were appropriately recorded and responded to, as required by the Regulations.

Inspectors observed resident and staff interactions and found that over the course of the inspection, staff treated the residents with dignity and respect and afforded

residents independence and autonomy in their care. Residents were facilitated to have private contact with family or friends. Inspectors were made aware that a personal audio monitor was in use at night to monitor potential seizure activity for one resident. However, it was not clear that the decision to use an intrusive listening device had only been deemed appropriate following the consideration of less intrusive measures.

The centre maintained an asset register for each resident. The person in charge discussed the new computerised system that had been recently implemented to ensure transparent management of residents' finances.

Laundry facilities were accessible should residents wish to do their own laundry. Residents' personal files set out how religious rights were facilitated.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were facilitated to communicate effectively. Personal care plans reviewed by inspectors outlined individual requirements, interventions and goals in relation to effective communication. When the information included in the personal file of the resident was utilised to communicate with the resident, it was found to be an effective tool. It was evident via a discussion with a resident, that they had been fully informed of the HIQA inspection and had been informed via the use of sign language that was unique to the resident.

Staff demonstrated an awareness of the different communication needs of residents and implemented the information contained in personal care plans. For example, staff were seen to be very proficient in the use of a resident's unique form of sign language, had developed a visual schedule and used communication diaries and photo books to ensure that the resident could communicate effectively.

Residents were facilitated to access assistive technology, aids and appliances, including 'electronic tablet' technology, to promote their full communication capabilities. Staff did report that residents could access external professional speech and language input. However, due to the lack of a formalised assessment process, it was not clear if this input had been fully accessed to ensure that the diverse communication needs were

being met in the most effective manner.

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):

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

Findings:

It was evident that residents were well supported in maintaining family and personal relationships and links with the community. There was evidence of residents going to their family home for overnight stays on a regular basis and evidence that residents could maintain links with siblings who lived abroad via the use of the internet and online communication services. Residents' personal plans included leisure activities with family members such as regular rounds of golf.

Another resident had established a friendship with a close neighbour with the support of staff and the person in charge told inspectors that this neighbour attended important occasions such as the resident's birthday celebrations.

Good community links had been established and the activities that residents had access to were accessed via general community services such as local supermarkets, horse riding, swimming, gym and farm work.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There had been no recent admissions, transfers or discharges to or from the centre. There were policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of residents. The person in charge demonstrated strong knowledge of the process when explaining same to inspectors. The person in charge and senior management told inspectors that up until recently a formal assessment process had not been undertaken prior to admitting new residents. They stated that this had been reviewed and a new 'discovery tool' was now being implemented to ensure that residents' needs, wishes and preferences were fully assessed to ensure that service would meet all residents' needs.

Each resident had a contract of care that met the requirements of the Regulations. Easy to read versions were also seen in the resident's file.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed a sample of personal care plans and it was clear that residents were consulted with and participated in the development of personal plans. An individual personal plan had been developed for each resident which included a comprehensive life story, family support network and important background information.

An individualised personal care plan had been developed for each resident which outlined resident's needs in many areas including health services, education, life long learning and employment support services, social services, personal support network, transport and mobility. Goals and objectives were outlined in the personal care plans viewed. There was evidence of residents' involvement in agreeing/setting residents' goals. There was also evidence of individual goals having been achieved.

However, key workers who were responsible for supporting residents in pursuing goals were not clearly identified as first names only were recorded. Many of the goals and objectives were long-term aspirations and inspectors did not see evidence of short-term targets that would ultimately lead to the achievement of the long-term aspiration. For example, a goal was identified to achieve financial independence by April 2017 but there was no evidence of interim short and medium term goals to lead to this end.

There was a lack of a formalised assessment of health, personal, social care and support needs of each resident which would then form the basis of the personal care plans.

There was evidence of multidisciplinary team involvement in residents' care including physiotherapy, speech and language therapy, general practitioner (GP), psychiatry and psychology services.

The person in charge confirmed that personal care plans were subject to a review on an annual basis or more frequently if circumstances changed. Inspectors saw evidence that the review was carried out with the maximum participation of each resident. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the personal care plans and amendments were made as appropriate. However, there was a lack of formalised multi-disciplinary input in the review.

The process of the review required streamlining as the documentation in the file was not always easy to follow. For example, once the review was completed, it was not clear what documentation support staff should adhere to as it was difficult to differentiate between the personal care plan review and the personal care plan. This was discussed in detail with the person in charge and a senior manager, who both agreed that further work was required in this area to ensure information was easily retrievable in this regard.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre was in line with the centre's statement of purpose. All parts of the main house were accessible to the residents residing there and appropriate arrangements were in place for the person who resided separately in the apartment adjoining.

The centre was clean, suitably decorated and well maintained. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were sufficient furnishings, fixtures and fittings and ample private and communal space. Bedrooms had built in storage space and although one resident had many personal belongings stored outside of these designated spaces, the person in charge stated that this was the resident's preference.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. There were enough toilets, bathrooms and showers to meet the needs of the resident and rooms were of a suitable layout for the needs of the resident. A contract was in place for the disposal of waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that the health and safety of residents, visitors and staff was promoted and protected.

The centre had an emergency plan in place to respond to loss of power/heating, fire, severe weather, missing persons etc. The safety statement for the centre was dated 8 July 2014. The centre's risk management policy was implemented throughout the centre and had measures and controls in place for the following four mandatory risks: aggression and violence; self harm; injury to residents, staff or visitors and; unexplained absence.

The person in charge had conducted a number of risk assessments for the centre including, amongst others: fire, chemicals, manual handling, smoking, infectious disease, medication management and lone workers. There were six monthly health and safety checks of the premises and these were then complimented by monthly 'safety

toolbox' checks that were reviewed prior to team meetings.

The person in charge maintained an incident/accident book, that was subdivided into sections for each resident. Any incidents or accidents were entered into the book in the first instance by the staff member who had witnessed the event. The record was then brought to the attention of the person in charge. The person in charge was required to bring all such incidents/accidents to the attention of the regional manager. As such, there was oversight of each incident or accident by the person in charge and the regional manager. The inspector found that there was learning from these events.

As discussed further in outcome 12, investigations following medication incidents were not multi-factorial. The learning identified focussed only on staff competence and did not consider a systems failure.

There was a prominently displayed fire evacuation procedure in the centre. Staff were also aware of what actions to take in the event of a fire. The person in charge oversaw a system of daily, weekly and monthly checks of fire safety which were seen to be up to date. These included inspections or visual checks of fire doors, escape routes, fire alarms, carbon monoxide alarms. All residents of the centre had a personal emergency evacuation plan. Fire drills were carried out at regular intervals in the centre. The documentation related to the drills recorded the date and time of the drill as well as the number of people present and the time taken to evacuate. The inspector found that there was learning from the fire drills as it was documented what had gone wrong during the drill, such as residents refusing to leave the centre. However, there was scope to improve the documentation to ensure that corrective actions were adequately recorded in response to issues identified. The person in charge was clearly aware of the identified issues and discussed the actions that were being put in place to improve the next drill.

The centre had a fire alarm, emergency lighting and fire fighting equipment. Fire servicing records were up to date.

There was a vehicle in use by the centre to cater for transport needs. An annual questionnaire was completed for staff to determine whether or not there were any changes to their driving circumstances that the provider should be aware of. These were on file for all staff except one.

The inspector found that there were sufficient infection control measures in place in the centre. Staff had training in food safety and hand hygiene. However, there were no formal arrangements in place that provided links to an identified infection control professional to ensure formalised arrangements were in place in the event of any outbreak should it so occur. This was discussed in detail at the feedback meeting.

Judgment:

Substantially 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):

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

Findings:

There was a policy on and procedures in place for the prevention, detection and response to abuse which staff were trained on. There was a policy in place for providing personal intimate care and the centre had developed a specific protocol for the resident residing in the centre. There were measures in place to keep residents safe and protect them from abuse and staff who spoke with the inspector demonstrated knowledge of their responsibilities if any concerns arose. However, not all staff were clear on where their responsibility ended and whilst all staff spoken with stated they would report the concern, not all were clear on how they should interact with the person accused. The person in charge was advised of this by inspectors.

There was a designated officer in the service appointed to investigate any concerns reported to them. The person in charge discussed the systems in place to protect residents from abuse. The person in charge stated that an open culture to reporting was promoted and that the subject of abuse was a matter addressed at staff meetings. She also stated that she conducted unannounced visits to the centre, however these were undocumented and did not consist of a formal structure.

There was a policy in place for behavioural support and a policy for the use of chemical restraint. Efforts had been made to identify triggers that may cause the resident to communicate via behaviours that may be challenging for staff. Behavioural management plans were under development via a robust assessment process and were seen to be at an advanced stage, however, an actual plan was not in place. The person in charge stated that once the assessment had been completed by the designated support worker who had a qualification in psychology, the information gathered would be reviewed by the multi-disciplinary team, including the principal psychologist, to determine the most suitable interventions. This was confirmed by senior management.

Risk assessments had been developed for some identified behavioural issues, for example, challenges that presented whilst travelling by car and verbal aggression. Where behaviours that challenge had escalated for one resident, it was evident that the access to the principal psychologist was available and minutes of the meetings with this professional and their recommendations were available for review.

Where it had been decided that environmental restraint was required, there was

evidence that this had been done in line with the centre's policy to ensure best practice. For example, there was evidence that the principal psychologist had been involved in the implementation and review of the restrictive practice. Alternatives had been considered in almost all instances except where a listening monitor was in use as previously discussed in outcome one. Where restrictive practices were in place in response to the needs of one resident, it was evident that the needs of other residents had been considered and appropriate measures put in place. For example, a piece of equipment was kept in a locked cupboard as it posed a risk to one resident. The resident to whom it did not pose a risk held a key to the cupboard and was able to access the equipment at any time.

Staff had received mandatory training in the management of behaviour that is challenging.

Restrictive practices and behavioural support plans were not subject to audit to ensure appropriate implementation of same and to benchmark the centre's practices against current, evidence based practice in this area.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

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

Findings:

There was a policy on access to education, training and development. Whilst arrangements were in place to meet residents' general welfare and development needs, these arrangements were not based on a robust assessment to establish educational/employment and training goals and thus ensuring that all options were being explored to ensure that each resident was achieving their maximum potential. This issue had been highlighted to the service in 2013 after an external audit had taken place.

Educational/employment/training goals were not always clear in the residents' personal plans as the goal wasn't always reflective of the resident's wishes, needs and capabilities. This was discussed in detail with the person in charge and at the feedback meeting at the close of inspection.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents' overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

Inspectors reviewed a sample of residents' files and there was evidence of timely and frequent access to their GP of choice. In line with their needs, residents had ongoing access to allied healthcare professionals including chiropody, occupational therapy, mental health, dental and chiropody. Records of referrals and reports were maintained in residents' files.

There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

Inspectors saw that residents received support at times of illness and there was a process in place to ascertain residents' wishes in relation to end of life care and funeral arrangements.

The inspector observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control, healthy eating and smoking cessation. Residents were supported to attend a healthy eating course.

Inspectors observed that there were adequate quantities of food and drink; that was properly and safely prepared, cooked and served. Staff with whom inspectors spoke confirmed that a choice was provided to residents for all meals, mealtimes were flexible and snacks were available at all times. Residents were encouraged to participate in the shopping on a weekly basis. A number of residents were supported in preparing and cooking their own food and that there was adequate provision for residents to store food in hygienic conditions.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

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

Findings:

Medications for residents were supplied by local community pharmacies. Staff confirmed that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured

in a locked cupboard in each premises and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection.

An inspector observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Staff with whom inspectors spoke confirmed that no residents were self-administering medication at the time of inspection.

Resident specific medication administration procedures had been developed where appropriate. The procedures were person centred and gave clear guidance to staff in relation to administering medications to the resident and the steps to be followed if the resident refuses to take medication

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

The results of a medication management audit were made available to inspectors. The audit identified pertinent deficiencies and inspectors confirmed that actions had been completed.

Training had been provided to staff on medication management and the administration of buccal midazolam.

Staff with whom inspectors spoke confirmed that there was a checking process in place to confirm that the medicines delivered corresponded with the medication prescription records. However, during the course of the inspection, an inspector identified a medication error. The prescription record had not been updated to reflect a change in dose of a medication. This was brought to the attention of the person in charge, who immediately who carried out an investigation and identified the reason as to why this had occurred prior to the close of the inspection.

An inspector reviewed a sample of medication incident forms and saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. However, the investigation was not multi-factorial and this is covered in outcome 7.

Judgment:

Non Compliant - Moderate

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

Findings:
The statement of purpose did not meet the requirements of the Regulations. For example, it did not clearly set out the specific care needs the centre intended to meet, it didn't set out the maximum number of residents that the centre could accommodate. The information regarding specific therapeutic techniques and the arrangements for their supervision required development as did the arrangements for residents to engage in social activities, hobbies and leisure interests. These issues were discussed in detail with the person in charge.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There were management systems in place to ensure that the service provided was safe, consistent and effectively monitored. An annual review had been completed in January 2015 and an external consultant had been involved in the development of the tool. There was evidence of findings and actions to be taken and it was clear that a number of these actions had been completed.

An unannounced visit had been completed in the summer of 2014 and a report had been produced as required. The provider nominee stated that staff were facilitated to exercise responsibility for quality and safety via the management structure, annual performance reviews, reviewed of incident reports in the centre and unannounced visits to the centre. The provider gave an example of whereby he had visited the centre, unannounced, in February 2015.

The person in charge attended regular management meetings and agenda items were communicated back to frontline staff via house meetings. The person in charge told inspectors that senior management, including the provider nominee, attended the service's advocacy group meetings approximately every quarter.

Audits were seen to be completed, for example, review of incidents within the centre and a review of medication management. However, the audit programme was not comprehensive and required development to ensure it was robust and captured all aspects of quality of care, for example, audits did not include a review of restrictive practices or any other aspect of the service other than those aforementioned. The management team discussed ways in which they were planning to develop the auditing process of complaints.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

There was a full time person in charge of the designated centre and the centre was managed by a suitably skilled manager. The person in charge confirmed that she had undertaken a qualification in health / social care management. The person in charge demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She was the person in charge of three centres in total and said that she was well supported in her role. Staff spoken with were supportive of the person in charge.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There had been no occasions whereby the person in charge had been absent for 28 days or more. There were suitable arrangements in place for when the person in charge would be absent. The inspector met with the staff members nominated to deputise for the person in charge and they were able to demonstrate knowledge of the additional duties that would be their responsibility in that instance.

Inspectors were informed by the provider nominee that plans were underway to ensure that all persons participating in management received formal training and qualification to ensure they acquired all skills necessary to fully discharge the role.

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):

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

Findings:

The centre had specific resources allocated to the running of the service in this centre.

The centre was well resourced in regards facilities to support the residents in fulfilling the activities of daily living. However, following a recent fire drill, additional controls were required to ensure that residents were supported in the centre at all times. This had an impact on individual residents, in that if one resident wanted to go out and the other did not, there was not sufficient staff to facilitate each request and both residents had to stay in the centre. The person in charge discussed arrangements that were underway to address this issue. For example, an additional staffing resource had been allocated to the centre for 19.5 hours per week and was due to start the week after the inspection. However, this resource would not be scheduled to work seven days per week, therefore not fully resolving the issue.

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):

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

Findings:

The inspector was satisfied that the centre had a sufficient number and skill mix of staff to meet the needs of the resident in the centre. There was a planned and actual rota which matched the shift pattern outlined by the person in charge. The inspector observed staff interacting with the resident in a warm and respectful manner. The person in charge maintained a training matrix which monitored staff training needs.

The inspector found that the procedures for ensuring new staff were competent to undertake duties in an unsupervised capacity were not robust. The person in charge confirmed that at the time of the inspection a formal assessment process to ensure competency was not in place. However, the person in charge showed inspectors new arrangements which were due to be implemented to ensure that staff were competent to work alone with residents. For example, a minimum timeframe was set out for new staff to shadow existing staff, this included morning and evening shifts. A competency framework had been developed that would be completed by support staff working with the new staff member.

The person in charge told the inspector that staff underwent annual performance appraisals, and this was confirmed by a member of staff. A random sample of appraisals were seen in staff files. The person in charge stated that she conducted random, unannounced visits to the centre to monitor the service. These arrangements were not formal or structured and inspectors found that they required review to ensure that provider nominee and person in charge were ensuring that residents were receiving their required supports at all times, given that support staff mainly worked in an unsupervised capacity with vulnerable residents.

The inspector reviewed a sample of staff files which were held in a location separate to the designated centre. All of the files reviewed were found to have the documentation as required by Schedule 2 of the Regulations. There were monthly staff meetings and minutes are kept of these meetings. Items discussed at the meetings include incidents/accidents, regulation by the Authority, resident meals, medication.

The person in charge stated that FETAC Level V training is required from all new support new workers recruited to the service, however, it was not clear that this was formal arrangement. Where existing staff did not have formal qualifications, formalised arrangements were required to ensure that all staff received a standard baseline of education to ensure that they had the required knowledge and skills to meet the needs of the residents.

There was one volunteer in place and Garda Vetting and references were on file for this person. Whilst a written agreement outlining roles and responsibilities was in place, it required updating as it referenced a resident not residing in the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Overall, the inspector found that the centre practised good record keeping and that records were easily retrievable.

The centre had a directory of residents which contained all of the information as required by the Regulations. The inspector reviewed the policies required under Schedule 5 of the Regulations.

The centre's complaints policy had been recently reviewed however, further review was required. For example, the policy stated that there was a 12 month timeframe by which complaints could be made. The provider nominee confirmed that this was not the case and that complaints could be made at any time. Information contained in the policy regarding the receipt of anonymous complaints required review to ensure that it clearly set out the response from the provider who assured the inspector that all complaints, anonymous or otherwise would be investigated in full. As discussed in outcome one, it was not clear as to who was nominated to oversee that all complaints were appropriately investigated and records maintained of such.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Gemma O'Flynn
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 Brothers of Charity Services Clare
Centre ID:	OSV-0004759
Date of Inspection:	28 April 2015 and 29 April 2015
Date of response:	23 June 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:

It was not evident that a resident's privacy and dignity were fully considered prior to the introduction of a personal listening device as it was evident that not all less intrusive measures had been considered in the first instance.

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 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Less intrusive measures are being considered to aid in monitoring an individual's health needs at night-time. 1st June 2015
- Review this appliance with the Clinical Psychologist regarding restrictive practice interventions review. 16th June 2015
- A less intrusive appliance will be purchased by 15th July 2015

Proposed Timescale: 15/07/2015

Theme: Individualised Supports and Care

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

It was not clear in the centre's policy that a person separate to the person nominated to deal with complaints had been appointed to oversee the management of complaints.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- The complaints policy will be reviewed and amended to include a nominated person independent of person/s dealing with complaints to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Proposed Timescale: 19/06/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Due to the lack of a formalised assessment process, it was not clear if the specialist input had been accessed to ensure that the diverse communication needs were met in the most effective manner.

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:

- Resident meetings will commence for all individuals being supported. 30th July 2015.
- The existing assessment tool will be reviewed in the area of communication to ensure that the diverse communication needs are being met in the most effective manner and will identify if communicate needs require specialist input.

Proposed Timescale: 30/10/2015

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:

There was a lack of a formalised assessment of health, personal, social care and support needs of each resident to form the basis of the PCP.

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:

- Resident meetings to commence for all individuals being supported. 30th July 2015.
- The existing assessment tool will be reviewed in the area of health, personal, social care and support needs of each resident to form the basis of the PCP. This will be reviewed annually.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

There was a lack of formalised multi-disciplinary input in the review.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

- Ensure that personal plan reviews involve multidisciplinary input.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Key workers who were responsible for supporting residents in pursuing goals were not clearly identified as first names only were recorded

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- The full names of those responsible for pursuing objectives in the plan within agreed timescales will be identified.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Residents' personal development was not fully maximised as interim short and medium term goals were not outlined in order to achieve long term aspirations.

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:

- Commence residents meeting for all individuals being supported. – 30th July 2015
- A review of individual plans will take place and ensure that short, medium and long term goals and aspirations are outlined in each domain.

Proposed Timescale: 30/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Annual checks on the driving status of all staff were not up to date.

Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

- Driving status documentation has been sent to all staff within the service to be completed to ensure vehicles are driven by persons who are properly licensed and trained.

Proposed Timescale: 15/07/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Investigations following medication incidents were not multi-factorial and did not consider a systems failure.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- Develop a multi – factorial guidance sheet to guide in investigations regarding recording and investigation of, and learning from, serious incidents or adverse events involving residents in particular medication incidents.

Proposed Timescale: 27/11/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were no formal arrangements in place that provided links to an identified infection control professional to ensure formalised arrangements were in place in the event of any outbreak should it so occur.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- Explore options available to services with respects to establishing a formal arrangement with an infection control professional for the advice, guidance and support in relation to infection control.

Proposed Timescale: 27/11/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behavioural support plans although at an advance stage of development, were not complete, to ensure that all staff adhered to a consistent and appropriate approach.

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:

- Continue to develop and finalise behavioural support plans for each individual being supported.

Proposed Timescale: 30/08/2015

Theme: Safe Services

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

Restrictive practices were not subject to audit to ensure that the centre's practice was in line with current, evidence based practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- An initial screening audit is being completed on restrictive practices in the organisation and will be included in a report to the service leader by 30th July 2015.
- The Restrictive Practice policy will be reviewed to reflect the implementation of annual audits on restrictive practice.

Proposed Timescale: 29/02/2016

Theme: Safe Services

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

Alternatives had not been considered in all instances, for example, the use of a listening monitor.

Action Required:

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

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

- Less intrusive measures are being considered to aid in monitoring an individual's health needs at night-time. 1st June 2015
- Review this appliance with the Clinical Psychologist regarding restrictive practice interventions review. 16th June 2015
- A less intrusive appliance will be purchased by 15th July 2015

Proposed Timescale: 15/07/2015

Theme: Safe Services

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

Although all staff had received appropriate training, not all staff were aware of where their responsibility ended if a concern arose.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- The designated person will meet with the staff team for a training session regarding safeguarding residents and the prevention, detection and response to abuse. 30th July 2015
- A review will take place of all staff training regarding safeguarding of vulnerable adults and a decision will be made regarding the requirement for staff to attend this training again be it full training or refresher training. 27th August

Proposed Timescale: 27/08/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Whilst arrangements were in place to meet residents' general welfare and development needs, these arrangements were not based on a robust assessment.

Educational/employment/training goals were not always clear in the residents' personal plans as the goal wasn't always reflective of the resident's wishes, needs and capabilities.

Action Required:

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

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

- Resident meetings to commence for all individuals being supported. 30th July 2015.
- The existing assessment tool and plans will be reviewed in the area of education, training and employment to ensure that residents are supported to access opportunities for education, training and employment. 30th October 2015

Proposed Timescale: 30/10/2015

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:

A medication prescription record had not been updated to reflect a change in dose.

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:

- The medication prescription record has been updated to reflect the change in medication to be administered. 30th April 2015
- Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. 30th July 2015

Proposed Timescale: 30/07/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet the requirements of the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

Proposed Timescale: 30/05/2015

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:

The centre's audit programme required development to ensure it captured all aspects of the services and supports delivered to residents.

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:

- An initial screening audit is being completed on restrictive practices in the organisation and will be included in a report to the service leader by 30th July 2015.
- The Restrictive Practice policy will be reviewed to reflect the implementation of annual audits on restrictive practice.

Proposed Timescale: 29/02/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

During the evening time and at weekends, if one resident wanted to go out and the other did not, there was not sufficient staff to facilitate each request and both residents had to stay 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:

- Review resources in place and make required changes to ensure the effective delivery of care and support in accordance with the statement of purpose.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Records of qualifications were not in all staff files viewed.

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:

- These records were placed on file on day two of the inspection.

Proposed Timescale: 29/04/2015

Theme: Responsive Workforce

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

The arrangements for supervising staff working in a lone capacity with residents required review to ensure they were robust and ensured that residents were receiving a safe and quality service at all times.

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 new competency framework to be implemented and carried out with each new staff in line with the induction procedure for the service. 30th May 2015

- A formal structured duty rota will be developed further to give guidance surrounding unannounced and announced visits during evenings and on Saturdays. 30th August 2015
- A log of all visits will be kept. 30th May 2015

Proposed Timescale: 30/08/2015

Theme: Responsive Workforce

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

The person in charge stated that FETAC Level V training is required from all new support new workers recruited to the service, however, it was not clear that this was formal arrangement.

Where existing staff did not have formal qualifications, formalised arrangements were required to ensure that all staff received a standard baseline of education to ensure that they had the required knowledge and skills to meet the needs of the residents.

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:

- Explore options regarding training for staff that hold no formal qualifications with the view to completing appropriate training as part of a continuous professional development programme.

Proposed Timescale: 30/07/2016

Theme: Responsive Workforce

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

Whilst a written agreement outlining roles and responsibilities was in place, it required updating as it referenced a resident not residing in the centre.

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:

- Review the written agreement and design a separate agreement for each individuals being supported.

Proposed Timescale: 30/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The complaints policy required review to ensure it fully reflected the practices in the centre in regards the management of anonymous complaints and the timeframe in which a complaint could be made.

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:

- The complaints policy will be reviewed and amended with regard to the management of anonymous complaints and the timeframe in which a complaint could be made.

Proposed Timescale: 19/06/2015