

**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 Health Service Executive
Centre ID:	OSV-0003367
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Marie Matthews
Support inspector(s):	Thelma O'Neill
Type of inspection	Announced
Number of residents on the date of inspection:	76
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 March 2015 10:00	19 March 2015 18:30
20 March 2015 10:00	20 March 2015 16:30

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

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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of these residential units in the centre by the Health Information and Quality Authority. The Authority had previously inspected three other community houses which form part of this centre. This unit of the designated centre provides residential services on a full-time basis to 10 female residents' age between 44 and 65 who have mild to moderate intellectual disability. The designated centre was managed by the HSE Cregg Community Services, Sligo. As part of the inspection, inspectors met with the Service Area Manager, Clinical Nurse Managers, residents and staff members. Inspectors observed practice and with the consent of the residents reviewed documentation such as personal plans, medical records, policies and procedures.

The three houses are located on the outskirts of Sligo. Two of the houses were interconnected via a corridor and the other detached house is situated across the road in close proximity.

3 of the ten residents attended various community based day service and two attended a day service run by the organisation. Two residents had retired. Inspectors met all of the residents during the inspection and sought their consent to enter their home and to review personal plan and care support files. Staff interacted

with residents in a relaxed, friendly manner and displayed a good understanding of individual residents' needs, wishes and preferences. Some residents spoke with the inspectors during the visit and confirmed that they were happy living in their house and lived an active life.

Residents told the inspector they were treated with respect and were supported to lead independent lives. The inspectors found that residents were engaged in their local community and attended a range of local activities. Transport arrangements provided by the service however were shared with other residents and did not allow residents the flexibility to attend events when they choose unless residents paid for their own transport. Staffing levels also restricted the opportunities for residents to individually participate in social activities. Accessibility issues were identified in two houses as the kitchens provided were narrow and kitchen units were standard height and so not accessible to residents. One house did not have an accessible shower.

The inspectors found that residents' health needs were appropriately assessed and they received a good standard of care and support. Some aspects of health care required improvement as they were resulting in negative outcomes for residents. For example, the physiotherapist attending the service was on leave so residents did not have access to this service. Care plans had a health focus and were not available to guide the care residents with dementia.

Staff were trained in safeguarding residents and were able to identify the indicators of abuse and the procedures to follow in the event of an allegation of abuse. One resident with behaviour that challenges had not been referred to a psychologist and didn't have a behavioural support plan to assist staff to manage behaviour and reduce anxiety. Governance arrangements were under review and lines of accountability were not formalised. The resident profile in the centre was ageing and a coherent strategy in was not in place to meet the changing needs of these residents. Issues were also deficits in the staff training provided to staff. Non-compliances identified are discussed further in the report and included in the Action Plan.

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 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The age profile of the residents was between 44 and 65. Three residents in the centre attended community based day services in the Sligo area five days a week. Two residents attended a day service provided by the service on their main campus. The remaining 4 residents had retired and were facilitated with home based activities. One of these five residents, lived independently with minimal supervision and had support from a household staff member who assisted her with household chores including lighting the fire for her in the evenings.

Each resident had a personal plan. A copy was also available in an accessible format for residents with pictures of various activities attended by residents. Inspectors viewed a sample of resident's personal plans and found that they were person centred and there was evidence of a multi-disciplinary approach to care. Personal plans had a health focus and didn't give a holistic picture of the residents which captured their social, emotional, participation needs, preferences and preferred routines. The PIC identified that this was an area of work under development.

Inspectors saw that personal goals were identified and residents were supported to achieve personal goals. There were pictures in residents' bedrooms of the various activities they took part which included attending concerts and going on holidays. Some personal goals were limited and didn't state how they would be supported to achieve them or which staff member would be responsible for ensuring that the resident was assisted to achieve their current goals.

Judgment:

Non Compliant - Minor

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 three houses were clean and well maintained and had suitable heating, lighting and ventilation. The houses provided a comfortable and homely environment for residents which reflected their individual preferences. There were suitable kitchen appliances provided however accessibility issues were identified in two houses as the kitchen layout was narrow and kitchen units were standard height and not accessible to residents. One house did not have an accessible shower.

Judgment:

Non Compliant - Moderate

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:

The risk management policy available was a HSE national policy. However, it was not organisational specific and did not reflect the practices in place to identify and manage risks in line with the day to day procedures of Cregg Services. A Health and Safety Statement was also available which was reviewed in January 2014.

There was evidence that arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. A log of accidents and incidents was available in the centre. Inspectors reviewed the log which showed a high number of instances of challenging behaviour incidents in one house. Staff members said these incidents involved a resident who no longer resides in the centre. Inspectors identified that staff had not completed training to assist them to manage behaviours that challenged so as to minimise resident's anxiety and incidents.

There were also a number of manual handling accidents recorded and staff files reviewed by inspectors confirmed that most staff had no completed manual handling

training in the last two years. An action is included in the outcome on staffing to address this. One resident sleeps alone and was unsupervised at night. Staff on duty told inspectors she contacted the staff supervising the other two houses if she needs assistance. Whilst this resident told inspectors she felt very safe in the house and was very protective of her independence, inspectors found that the communication system to support this resident to contact staff at night required review, particularly in light of this resident's care needs.

Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services' vehicle safety officer.

Appropriate fire equipment and emergency lighting was located throughout the centre and there was evidence that equipment was regularly. Weekly and monthly fire safety checks were recorded in the centres fire register. Fire exits were through the houses front and back doors and these were unobstructed. There was evidence that the staff took part in regular fire evacuation drills documented in the centres fire register. A personal emergency evacuation plan (PEEP) was also documented in each resident's personal plan which described the assistance they would require in the event of an evacuation. Inspectors saw that a copy of this was also kept near the entrance to the centre.

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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. A policy was available for the prevention, detection and response to allegations of abuse. It included procedures to guide staff on the different forms of abuse and their responsibility if they suspected any form of abuse and the procedure for managing an allegation or suspicion of abuse. The name and contact details of the designated contact person was included in the policy.

Inspectors observed that the staff interacted with residents in a caring respectful and dignified manner. The staff members interviewed were aware of their responsibility to report any allegations or suspicions of abuse. The PIC confirmed that there were no allegations of abuse currently under investigation. Staff had completed training on

protection which was provided by the services senior social worker. Those residents who could communicate told inspectors that they felt safe in the centre and could talk to staff.

There was a policy available to guide staff on responding to challenging behaviour. Inspectors reviewed the personal plan of a resident who presented with behaviour that challenged. Although a comprehensive care plan was available, a behavioural support plan was not available to provide guidance on reactive and preventative strategies to minimise the incidence of the behaviours and the input of a psychologist or the clinical nurse specialist in behaviour had not been sought and as previously stated staff working with residents had not completed training in this area to assist them.

Judgment:

Non Compliant - Moderate

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:

The centres Statement of Purpose described community based activities attended by residents including trips to the park, bowling, the cinema, swimming, gardening and visiting local restaurants. Inspectors confirmed through interviews with residents and through documentation available that residents took part in the social activities described.

However, the deployment of staff to the centre was three staff between two houses during the day. As a resident's mobility assessment stated that she required the assistance of three staff for certain care, this impacted on the residents opportunities to participate in individual social activities and their choices were dependent on the availability of staff to support them. This was further impacted by the limited availability of transport which meant that residents accessing community activities had to pay for their own taxis.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed residents' personal plans and medical files with the consent of residents. Inspectors found that residents in the centre were supported to achieve and enjoy the best possible health. Residents had an annual medical review by a General Practitioner and inspectors saw that any health conditions were appropriately monitored. Where medical treatment was recommended inspectors saw that it was facilitated. Each resident had a written personal plan in place. Support health services such as speech and language therapy, occupational therapy, the dentist, and chiropody were available to where residents required an input. Some residents had diabetes and there was evidence that blood glucose levels were regularly monitored and that they were supported to attend a diabetic clinic.

A comprehensive nursing assessment was completed yearly for each resident and risk assessments were available for issues such as the risk of falling. One resident had epilepsy and inspectors saw that written protocols were in place to guide staff in the event of the resident having a seizure. Risk assessments had been completed and were documented in the care plans which identified the risks and the control measures in place. Residents with impaired sight had been reviewed by the National Council for the Blind and had been provided with assistive equipment as a result.

Picture menus were available to assist residents to choose from a menu of meal options. Residents ate some meals in local restaurants and coffee shops. Inspectors observed one mealtime in the centre which was a social event. Meals were appetising and varied and available in sufficient quantities. There was a good supply of snacks provided for residents between meals.

Some residents had impaired mobility and care plans reflected this, they were not assessed by a physiotherapist. The physiotherapist attending the service was on leave at the time of inspection and alternative arrangements had not been made to provide the service. Care plans and daily communication notes reviewed by inspectors confirmed that the advice of any specialists who reviewed inspectors was incorporated into residents' daily care.

Assessments completed for residents with dementia were not adequately assessing the residents' current level of ability or the functions they had retained and inspectors identified that the service did not have a coherent strategy in place to meet residents changing needs.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Resident medication was securely stored in each house. The processes in place for the ordering, storing and disposing of medicines were safe and in accordance with current guidelines and legislation.

Individual medication kardex's were appropriately prescribed by a General Practitioner and reviewed as part of the individual personal plans. Some residents were assessed as been able to self-medicate and inspectors saw that staff prompted and supported these residents to ensure they took their medication regularly. Inspectors also saw that staff adhered to appropriate medication administration practices, including supervising residents when self-medicateing.

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):

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

Findings:

The governance structure for the service was under review but at the time of inspection. A Service Area Manager was identified in the centres' Statement of Purpose (SOP) as the person in charge of the service. This contradicts the information notified to the Authority in a section 69 notification submitted by the provider. Inspectors were told that the provider planned to appoint a clinical nurse manager as a person in charge of each house. These arrangements were not confirmed and the PIC was requested to notify the Authority of any changes to the governance arrangements once agreed. There was

evidence that the PIC had an active role in managing the centre and had completed several inspections in preparation for the inspection.

The service is managed by the provider nominee for the Health Service Executive (HSE) for Cregg Service. She is a qualified intellectual disability nurse with 36 years experience in the field of Intellectual Disability. She had kept her clinical skills up to date and held a masters degree in Social & Rehabilitation Studies and a diploma in Management. In her absence a community coordinator/ clinical nurse manager level 2 provided cover. Inspectors were advised that the senior management team for the service met monthly to discuss the management of community services. This involved Director of Services, two Area Managers, the senior Social Worker, H.R. and Finance personnel and other senior members of MDT.

On a day to day basis a Clinical Nurse Manager (CNM2) and was responsible for the 10 residents in the three houses inspected. She was also responsible for four other units. A CNM 3 also employed by the service was based in one of the houses but she did not have any managerial responsibilities for residents in these houses.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the level and deployment of staff required review. A nurse and two care assistances /student nurses were rostered on duty each day between 8am - 8.30pm. The PIC said she tried to ensure staff familiar to residents worked in the houses. An additional 13.5 hours support was provided by a housekeeping staff member and was shared between the 3 houses. As previously discussed under outcome 5 and 10, the deployment of staff sometimes limited the resident's choices. For example, the staff nurse on duty had to be available to administer medication as care assistants had not completing training in this area. This meant that she had to be available to these residents at times when medication was administered even if this coincided with another resident's social activity.

A Clinical Nurse Manager Level 2, also employed as a clinical nurse specialist in dementia, was based in the house occupied by a single resident but did not have a

supervisory role.

Two care assistants supervised the three houses at night between 8.15pm – 8.30am and an additional staff member worked in the evenings between 6.30pm and 12 midnight. The arrangements for supervision of one house at night time required review, as although this resident valued their independence, their care dependencies were increasing with age.

Staff files made available to inspectors and were found to contain all the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Staff training files reviewed however confirmed that staff had not up to date training on managing behaviours that challenge or in safe moving and handling.

Judgment:

Non Compliant - Moderate

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:

Marie Matthews
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 Health Service Executive
Centre ID:	OSV-0003367
Date of Inspection:	19 March 2015
Date of response:	02 July 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 05: Social Care Needs

Theme: Effective Services

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

Some personal plans reviewed had a health focus and didn't give a holistic picture of the residents which captured their social, emotional, participation needs, preferences and preferred routines

Action Required:

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

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

Each resident will have a holistic Multi Disciplinary team assessment which will include their social preferences and participation needs and this will be achieved through the "Listen to Me". All new residents will have the appropriate assessment prior to admission.

Proposed Timescale: 25/07/2015

Theme: Effective Services

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

Some personal goals were limited and didn't state how they would be supported to achieve them or which staff member would be responsible for ensuring that the resident was assisted to achieve their current goals.

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:

An annual review template has been devised and will be in place for all residents. This will ensure recommendations are recorded and followed up. All personal goals have been reviewed and include a community focus and skills building approach where appropriate. A recoding template will be used to identify person responsible and agreed timescales.

Proposed Timescale: 31/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The kitchens in two houses were not accessible to residents. One house did not have an accessible shower.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Occupational Therapist will review the area. The use of the dining room will be reviewed to provide some accessibility for residents. Housing agency contacted and accessibility issues highlighted. Report to follow. In addition a referral will be made to the Local Implementation Group to source more appropriate accessible accommodation.

Proposed Timescale: 30/12/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The communication system to support the resident living on their own to contact staff at night required review.

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:

Risk assessments have been reviewed for all residents. An emergency response safeguarding measure has been put in place for residents who require this type of support.

Proposed Timescale: 30/07/2015

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:

A behavioural support plan was not available to provide guidance on reactive and preventative strategies to minimise the incidence of the behaviours and the input of a psychologist or the clinical nurse specialist in behaviour had not been sought.

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:

A referral has been sent to the CNS who will conduct a Behavioural Assessment and development of necessary plan if required. All other residents who display behaviours of concern have a behaviour support plan in place.

Proposed Timescale: 13/07/2015

Theme: Safe Services

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

Staff working with residents with behaviour that challenged had not completed training in this area.

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:

A monthly schedule has been developed to deliver Studio 3 Management of Challenging Behaviour to all staff. 37.5% of staff have completed the training.

Proposed Timescale: 30/12/2015

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:

The deployment of staff and the limited availability of transport impacted on the residents opportunities to participate in individual social activities and their choices around same .

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:

An additional staff has been put in place which facilitates increased opportunities for social, education and training.

A minibus is available at all times. This will be enhanced by the use of local wheelchair accessible taxi when required.

Proposed Timescale: 30/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Although some residents had impaired mobility and care plans reflected this, they were not assessed by a physiotherapist

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The physiotherapist will assess all residents who have impaired mobility. These will be recorded in the care plan.

Proposed Timescale: 30/07/2015

Theme: Health and Development

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

Assessments completed for residents with dementia did adequately assessing the residents' current level of ability or the functions they had retained and the service did not have a coherent strategy in place to meet residents changing needs.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A review will be undertaken of the appropriate assessment and management plans for each service users who present with symptoms of dementia to ensure appropriate healthcare is delivered. The Provider will meet with the relevant stakeholder to discuss the development of a coherent strategy for service users with dementia.

Proposed Timescale: 30/09/2015

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 governance structures and lines of accountability were not confirmed for the centre and needed clarity.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A Director of Services has taken up post since 2nd June 2015. Management systems have been reviewed in the designated centre. The PIC's have been identified and relevant paperwork has been submitted. The PPIM's have been requested to complete the required paperwork. There is currently a delay in completion of this due to IR difficulties.

Business case submitted to increase the skill-mix to implement the proposed changes. Quality walk round's are carried out on a daily basis by the CNM's, Director & provider. Team meetings and CNM's to have regular meetings with Managers to clarify roles and responsibilities.

Proposed Timescale: 30/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The level and deployment of staff required review as it was limited the resident's choices.

The arrangements for supervision of one house at night time required review due to the residents dependencies.

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:

A business case has been submitted to address the staffing issues based on the changing dependency needs of all residents. A workforce review will be undertaken.

Proposed Timescale: 30/10/2015

Theme: Responsive Workforce

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

Staff had not up to date training on managing behaviours that challenge or in safe moving and handling.

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:

37.5% of staff have completed training in Managing Challenging Behaviour. A monthly schedule has been developed to deliver Studio 3 Management of Challenging Behaviour to all staff.

90% of staff have completed online training in Moving and Handling. 37.5 % have completed practical Manual Handling. A training schedule to deliver on site manual handling is planned

A training schedule has been developed to ensure compliancy with all mandatory

training.

Proposed Timescale: 30/12/2015