

**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 St John of God Community Services Limited
Centre ID:	OSV-0002883
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Pauline Bergin
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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:
25 August 2015 10:00	25 August 2015 18:30
26 August 2015 10:00	26 August 2015 15:30

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

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

Summary of findings from this inspection

This inspection of a designated centre operated by St John of God Carmona Services was conducted by the Health Information and Quality Authority (the Authority) following the application to register the centre.

As part of this inspection, the inspector met with the person in charge, staff and residents. The inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation and staff records.

The designated centre was a spacious bungalow set on extensive grounds in a pleasant locality and accommodated six residents. Overall the residents received a good standard of care and appeared to be comfortable in their home. However some improvements were required in premises, management of risk and personal planning. These issues are further discussed in the body of 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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were structures in place to promote the rights of residents, for example, staff were aware of the rights of individuals and had identified issues which may have been a restriction of rights for individuals and referred them to the rights review committee. However one of the main rights restrictions identified during the inspection had not been identified as such.

As discussed further under Outcome 6, the premises were unsuitable in relation to privacy and dignity. Residents had to pass through another resident's bedroom to access their own accommodation. During the inspection the inspector observed a resident and staff member passing through the bedroom of a resident who was trying to relax on their bed, but this matter had not been referred to the rights review committee.

There were effective systems in place to manage complaints. There was a policy on the management of complaints and this was available in a format accessible to residents and displayed in the centre. A log of complaints was maintained which included details of the nature of the complaint, actions taken, and a record of whether the complainant was satisfied. There was a system in place whereby any complaints which could not be managed locally would be escalated.

Family and residents' meetings were held at which people were consulted about the organisation of the designated centre. Topics covered at these meetings included activities, staffing and personal care delivery.

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):

No actions were required from the previous inspection.

Findings:

Each resident had a communication profile in their personal plan, and if required a more detailed 'communication passport'. This included information about the best way to communicate with people, and their ways of communicating, including the meaning of behaviours or expressions. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate and respectful.

Some information for residents was displayed in pictorial format, including the staff on duty, the menus and the schedules for some residents.

Residents had access to media if preferred, for example, televisions and computers. One resident had multisensory equipment in their room.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Links with families and friends were maintained by the centre. Visits home were facilitated, including staff support if required, and families were supported to visit the centre, including providing transport in some cases.

Families were involved in the lives of their relatives, by the development of personal plans, and by family meetings. There was evidence of ongoing communication with families.

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):

No actions were required from the previous inspection.

Findings:

Written contracts of care were in place for all residents, which outlined the services offered and any fees charged. They also included items provided by the service and an inventory of the possessions of the individual. Contracts had all been signed by family members.

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):

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

Findings:

Personal plans were in place for each resident, they were indexed and began with an 'about me' section which outlined significant information about people, included a health assessment and an assessment of personal care needs. The healthcare needs assessment now led to an appropriate plan of care for the most part, and all the healthcare needs identified during the previous inspection now had a corresponding plan of care. However, assessments were not comprehensive and one of the healthcare needs of a resident reviewed by the inspector had not been assessed appropriately, and there was no plan of care in place. This is further discussed under outcome 11.

There was still no meaningful assessment of social care needs of residents, any goals which were included were vague and did not lead to any actions. In addition there was still a goal outstanding since the last inspection in March, whereby a hand-held computer had been acquired for one of the residents, but they had still not had any skills teaching input in relation to using it. The agreed action plan supplied by the provider from the last inspection was that this would have been completed by 31st May 2015.

Personal plans were not available in an accessible version for residents, although some steps had been taken towards making plans accessible. For example, intimate care plans were available in an accessible version, and there were some photographs in plans.

There had been some improvement in the monitoring of a meaningful day for residents, staff reported that there were now more activities available, and a significant piece of work towards making the local swimming pool accessible to one of the residents had taken place by staff who advocated on the resident's behalf. However, recording of activities was sporadic and whilst a list of preferred activities was in place for residents, an afternoon drive seemed to be the most frequent event. These drives sometimes included stops for ice cream or a walk, but there was no evidence that this activity was meaningful for most residents.

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):

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

Findings:

Some improvements had been made to the premises in accordance with some of the agreed actions following the previous inspection. The part of the garden which was unsafe due to uneven flagstones had been made safe and some repairs had been made to garden walls. Inside the house the storage of files had been improved so that the living room was now homely and comfortable. However, the extensive and poorly maintained fencing and sheds in the back garden remained although the agreed action from the previous inspection had been that this work would have been completed by 30th June 2105.

The layout of the building remained inappropriate to accommodate the number and needs of residents. The only access for residents in one part of the building to their accommodation was via one of two bedrooms occupied by other residents. The inspector observed a resident and staff member passing through the bedroom of another resident who was attempting to relax on their bed.

The organisation had plans to extend and rectify the living accommodation, and whilst the first stages of these plans had not yet been completed in accordance with the timeframe agreed following the previous inspection, the provider gave assurances that the final completion date would still be reached.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for all residents, all fire safety equipment including the alarm had been tested regularly, and a fire safety audit had been conducted which outlined required actions and the person responsible for these.

There were risk assessments in place, for example, in relation to activities, challenging behaviour and restrictive interventions. Environmental risks had also been identified, and a risk register was maintained. A risk policy was in place which included all the

information required by the regulations.

Accidents and incidents were reported and recorded appropriately, the recording form included details of the incident, actions taken and further actions required to prevent recurrence. The actions required in order to prevent future incidents had been implemented.

However an ongoing risk to a resident which was reviewed at the previous inspection was again not being managed appropriately. The resident was at risk of injury during the night or whilst resting in bed from both epilepsy and from falls whilst mobilising unsupervised. The action plan response given by the provider further to the previous inspection was the introduction of a bed alarm which would alert staff to any movement. Whilst the person in charge reported that this had been put in place in accordance with the agreed action plan, it had been removed some time later as staff felt the bed was too large for the equipment to be effective. There was no satisfactory management plan in place to replace this system, and the report from the night prior to the inspection identified that the resident had got up and arrived in the kitchen before staff were aware that they were awake. Therefore the inspector found that satisfactory systems were not in place to manage this risk.

Documentation relating to this risk was ambiguous, the sequence of events that led to the removal of the alarm equipment was not clearly identified, and there was no clearly documented decision making process around the risk. The Person in Charge undertook to manage this risk, and a satisfactory plan was submitted to the Authority in the days following the inspection.

Systems were in place in relation to infection control, hand hygiene training had been made available to staff, facilities were readily available, cleaning equipment was appropriately stored and the designated centre was visibly clean.

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):

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

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. A policy was in place in relation to the protection of vulnerable adults, and the designated person in relation to allegations of abuse was clearly identified and displayed in the centre.

There was a financial management plan in place for each resident in relation to the management of their spending money, any purchases were recorded with a receipt and a signature. Each resident had a financial management plan which clearly identified any supports needed.

Some improvements had been made in the management of restrictive interventions, and there had been a reduction in their use. There were protocols in place in relation to any restrictions, for example the use of bed rails. The application and removal of any restriction was clearly recorded, and a restraints register was maintained.

Intimate care plans were in place for residents who required them, and these were available in an accessible version to assist understanding.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

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):

No actions were required from the previous inspection.

Findings:

Residents appeared to be comfortable in their home, and to be compatible with each other. There was sufficient support for residents to be together or to have time alone as they wished.

Families and friends were included the organisation of the centre, and visits were welcomed and facilitated.

While a schedule of activities appeared to be in place for residents, there was insufficient evidence that these activities were based on the assessed needs of residents, or that they were meaningful to them as discussed under outcome 5

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that most of residents' healthcare needs were met. Residents had access to a General Practitioner (GP) and there was input from other healthcare professionals, for example, speech and language therapists, physiotherapist and occupational therapists. An annual seating assessment was conducted for each resident who required it.

There were plans of care in place for many of the assessed needs of residents, including the management of epilepsy, and prevention of recurrent healthcare issues. However, a resident who had been identified as being at risk of becoming nutritionally compromised did not have a plan of care in place, there was no structured record kept of food intake

and there was no record maintained of the weight of this resident. There was therefore insufficient evidence that this healthcare issue was appropriately managed.

The inspector was satisfied that a plentiful and nutritional diet was offered to residents. Meals were planned in advance with the residents at a weekly meeting, and pictures of various meals were available to assist communication. The kitchen was well stocked, and snacks and drinks were readily available. Mealtimes were as sociable occasions for those residents who wished to dine together, and choice was facilitated by various methods according to the communication needs of residents.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

While there was evidence of structures and processes in place in relation to the management of medications, for example, there was a medication management policy in place, together with a local protocol, and staff were aware of their content.

Medication was managed by the use of blister packs, ordering and storage was managed appropriately with daily checks in place.

Documentation relating to the management of medications for residents was in place, including prescriptions for 'as required' (PRN) medications and administration recording sheets. Staff had received training in the safe administration of medications, and an audit was undertaken regularly by the pharmacist.

Judgment:

Compliant

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The statement of purpose included all the requirements of the regulations and reflected the service offered.</p>
<p>Judgment: Compliant</p>

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. A structure of meetings was in place with communication systems between each.

A series of audits had been conducted, including unannounced visits, which had identified actions for improvement, and there was a detailed and structured annual review of the quality and safety of care and support available.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had a clear knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation and provided evidence of continuing professional development.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to notify the Authority of certain absences. No such absences were anticipated. There were satisfactory deputising arrangements in place in the event of the absence of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The designated centre was well furnished, decorated and equipped. There were two vehicles for the sole use of the centre, both of which could accommodate the mobility needs of residents. Staffing levels were adequate to meet the needs of residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The current staffing levels and skills mix were appropriate to the needs of residents, and the inconsistencies in staffing numbers identified during the previous inspection had been addressed, and staffing levels were now based on the needs of residents.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their needs and preferences and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

An annual system of performance development was in place, together with a system of staff appraisals.

Staff training was up to date, including protection of vulnerable adults, fire safety training, safe administration of medications, and training specific to the needs of residents, for example, in the management of epilepsy. Staff files contained the required information under Schedule 2 of the regulations.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

All records to be kept in the designated centre in respect of each resident were in place, and the records required under Schedule 4 were available and were examined by the inspector. However, several of the policies required under Schedule 5 were either not in place, were in draft form or were out of date. For example, the policies in relation to intimate care and behaviour support were out of date and the required policy on access to training and development was still in draft form.

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:

Julie Pryce
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 St John of God Community Services Limited
Centre ID:	OSV-0002883
Date of Inspection:	25 & 26 August 2015
Date of response:	27 October 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:

Each resident's privacy and dignity was not respected in relation to his or her personal space.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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:

1)The building works which will give all three Residents private access to their own bedrooms will be completed by 30th June 2016.

2)In the meantime an interim protocol was put in place on the 27th October 2015 to promote dignity and respect for two residents using their bedrooms during the day so that they are not disturbed by staff or another resident accessing her bedroom.

3)Three Rights Restriction Referrals will be submitted to the Human Rights Committee for the three Residents due to the premises not being conducive to their privacy needs. These will be submitted by 31st October 2015.

Proposed Timescale: 30/06/2016

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:

Assessments were not comprehensive.

2. 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:

A structured care plan for "Meaningful Activities" will be assessed for each Resident by identifying the following supports:

1)Communication Supports: The P.I.C. will complete an Audit on the Total Communication Standards in Kilpedder D.C. by the 5th November. A meeting has been organised with Speech and Language for the 19th November to put in place any additional supports identified by this Audit.

2)Natural Supports: Individual Meetings with family members will be schedule to take place annually for each Resident to review and identify meaningful Social goals.

3)Travel Supports: In using the Social Activities Assessment Tool the PIC and Supervisor will identify how the Resident likes to travel. It will identify the purpose of a drive (including the sensory stimulation) and what takes place when out and about. These activities will be evidenced in more detail to include the benefit to the resident

and record the experience enjoyed by the resident.

4)Social Goals: A Social Activities Assessment will be completed for each Resident identifying their preferred social activities. As part of this assessment we will indicate the evidence we have to establish their preferred social activities. A review of their Life Goals will be conducted at their family meeting with members of their circle of support in order to get a holistic view on their dreams and desires.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Personal plans did not reflect all of the needs of residents.

3. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- A review of the Residents Personal Care Plans will take place by the 31st December 2015 (as noted above).

- A new assessment tool "Social Activities Assessment" will be completed for all residents to ensure that the Personal Plans meet the needs of all resident.

- The following will be put in place for each Resident.

- The Using your Environment Assessment (from the Occupational Therapy Department) will be updated to include one Daily Living Skill for each resident to be put in place.

- A Planning Form for each Residents identified Social Goals will be completed which will inform their Meaningful Day Schedule of Activities.

- Initially a weekly Review of the Social Goals will be completed by Team leader. When this is well established the review will take place monthly.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Personal plans did not outline the supports required to maximise residents' potential.

4. 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:

- In consultation with Speech and Language Department and the Occupational Therapy Department an Action Plan has been put in place with the key-worker to assist the resident to use her hand held tablet.
- This Action plan will provide a Protocol and Guidelines for staff to support the resident to learn this new skill.

Proposed Timescale: 01/12/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Personal plans were not available in a version accessible to residents.

5. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- Each residents plan will be reviewed by the Supervisor to identify where a pictorial supports can be added in order to make the plans more accessible to the residents.
- The Supervisor will liaise with the key-worker to establish an Action Plan to have these elements of the Personal Plan photographed and incorporated into the resident personal Plans.

Proposed Timescale: 31/05/2016**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 premises were not designed to meet the needs of residents.

6. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

of residents.

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

- Extension work to correct the living area for three residents will take place at the most suitable agreed time by the residents and their representatives.
- This extension and re-construction of the current environment will ensure that the premises is designed to meet the needs of the residents once completed.

- This extension work will be completed no later than 30th June 2016 taking into consideration the various stakeholders involved in the construction and refurbishment process.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

Parts of the garden were in a state of disrepair.

7. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

- The fencing around the premises will be inspected and any poorly repaired fencing will be removed.
- Any remaining fencing will be brought up to an acceptable standard.

Proposed Timescale: 31/12/2015

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:

Not all risks had been managed effectively.

8. 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 for two residents safety at night with Epilepsy have been updated,

are in place and included on the Risk Register.

- One resident with epilepsy has a new monitoring system which was sourced immediately following the inspection.
- The system is a companion monitor radio sound which alerts staff to movement with a non-evasive sensor.
- This monitoring system was put in place on 9th October 2015 to be reviewed for its effectiveness on 9th November 2015.
- Staff have been trained to use this system.
- The monitoring system is working well and a 2nd system has been ordered for another Resident.
- 15 minute night checks are in place until all equipment is in place for the two residents.
- Risk Assessment to be updated to include all new monitoring system once in place.

Proposed Timescale: 20/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all healthcare needs were addressed in the personal plans.

9. 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 nutritional care plan has been put in place for one Resident in consultation with her G.P. (by 28th October 2015)
- This Plan will include the daily recording of food intake and a monthly weight recording for the resident.
- The 'Malnutrition Universal Screening Tool' has been obtained to use in the event that the resident suffers significant weight loss.
- An additional two Nutritional Care Plans will be put in place for two other residents who were identified to be in need of same.

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the policies and procedures required under Schedule 5 were in place.

10. 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:

- All Policies and procedures will be brought into date by 31st December 2015.
- Any Policies and Procedures that are not in place from Schedule 5 will be put in place for use in the Designated Centre.

Proposed Timescale: 31/12/2015