

**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-0002519
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
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: 26 August 2015 10:30 To: 26 August 2015 18:30

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 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first monitoring inspection of this centre. The inspector met with the person in charge, residents and staff team on duty. Care practice and documentation such as personal care plans, health and safety and training records were reviewed. There was evidence that residents received a good quality service that was focused on promoting their independence and rights. Several residents described how staff supported them to achieve their goals and their maximum independence. They also described how they were able to make choices such as remaining in day services either on a full time or part time basis, having shared care options between the centre and home and taking part in household activities. Evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 was found and this was reflected in a number of positive outcomes for service users.

The centre is a large bungalow that was noted to be well organized with appropriate comfortable furniture in bedroom and communal areas. It can accommodate eight residents and was fully occupied. All residents have their own rooms and six rooms.

There was adequate communal space and to the rear and side of the building there was a large well cultivated garden. This was largely the responsibility of one resident whose main hobby was gardening.

The inspector saw that staff supported residents to maximize their independence and encouraged them to make decisions and choices about their lives. Residents had a range of day care opportunities and were supported to pursue their hobbies and interests. Residents were aware of the inspection and welcomed the inspector into their home. They outlined how they enjoyed living in the centre and how they spent their days, commenting positively on the assistance they received from staff. The inspector found that staffing levels were appropriate and met residents' support needs in terms of ensuring that social and health care needs were met and that residents had a good quality of life. The staff team were enthusiastic about their work, were well informed about adult protection and the rights of residents and records confirmed that all had completed training in managing behaviour that challenged.

Areas of non-compliance that were identified included some governance issues as no unannounced monitoring inspections in accordance with regulation 23 had commenced, the statement of purpose required review to indicate the number of residents accommodated and the information for agency staff available did not include all the schedule 2 required information . These and other matters are discussed further in the report and included in the Action Plan at the end of this 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:

The privacy and dignity of residents was respected and staff demonstrated good awareness of residents' particular choices and how they accommodated these on a day to day basis. For example staff described how they ensured residents had personal space and time on return from day care, how they facilitated personal choices for activity and one to one time when residents liked to have conversations.

Residents could have visitors at any time and could see them in the sitting room or their own bedroom. Staff had established good relationships with relatives and regular contact was maintained with them to ensure that they were kept up to date with changes.

Residents had a choice of activities to undertake, mostly outside the centre but where residents wished to spend time at home this was facilitated. One resident spent two days a week in the centre. There was emphasis on planning for the future and with the assistance of staff and in accordance with their preferences. Residents had sufficient space and storage to retain control over their possessions. There was a procedure in place on the management of residents' finances. The staff managed money on behalf of five residents and maintained records of all transactions. This included filing receipts and checking the daily balance reconciled with the transactions undertaken.

A complaints policy was available. An "easy read" version was available and staff said that residents were also encouraged to raise matters of concern at the weekly meeting and many used this option. A complaints record was maintained. This was noted to contain a number of issues that had been resolved. The narrative style of the record made it difficult to determine if the person making the complaint was satisfied with the

outcome which is a requirement of regulation 34 (2)(f)- Complaints Procedures.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

All residents had a communication assessment and the majority could communicate verbally with no assistance. Staff confirmed that where residents had difficulty in communicating or had limited verbal vocabulary that assistance was provided to ensure that they could understand and make decisions to their maximum capacity. Pictorial representations and photographs were in use and some staff including social work staff used talking mats as an intervention to good effect. Some care staff had completed the communication module as part of the Further Education and Training Awards level 5.

All residents had hospital passports that described their communication ability, capacity to make decisions and their support networks to ensure that staff were appropriately informed.

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:

All residents living in the centre had personal plans in place. A sample of these was reviewed by the inspector who found that they outlined residents' specific support needs, social care interventions and personal goals for achievement each year.

Assessments undertaken described residents' abilities in relation to activities of daily living including areas such as dressing, cooking and managing personal care. From these assessments there were plans developed that outlined support needs and the actions/interventions to be put in place to maximise independence and help residents achieve their goals and maximum participation in the activities of daily living. There were specific plans in place to address aspects of behaviour management and the ways problematic behaviour patterns were minimised and addressed to ensure good outcomes for residents. Residents who had specific vulnerabilities in relation to matters that included personal safety had good support from staff who ensured that they had time each day to talk about their problems and to enable staff to provide psychological and emotional support as required.

The inspector found that staff used their knowledge and expertise to good effect in how they assessed residents and encouraged and supported their independence. For example, significant aspects of life such as contact with family, going to church, managing money and being valued were described in one personal plan. In another a resident had a copy of their personal plan and this described friendships, communication ability, behaviour patterns and work being undertaken to ensure that risk was minimised in relation to personal vulnerability.

Goals were noted to be realistic and addressed the development of skills, wishes to remain in the house and more personal wishes that related to relationships and family. A system was in place to review personal plans annually. Families and significant others were invited to review meetings and their contributions were included where relevant. Day care and recreational activities were available for residents during the day five days a week and there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. It was also evident that residents had developed good connections with the local area and there were examples of their involvement in activities in local resource centres described in personal plans. Residents took an active part in the running of the house and maintaining the garden and described for the inspector the varied tasks they undertook regularly.

The inspector saw that where it had been identified that residents needed to develop coping skills in different areas that there were programmes in place to achieve goals in a graduated planned way. There was an annual review system for personal plans and these were up to date. In the sample reviewed the majority of goals identified for the previous year had been realised however there were some where it was not possible to determine what work was being undertaken to achieve the objective set and in one case there was no information on how a change had been facilitated. The annual reviews did indicate that residents had attended social activities regularly, had spent time with family and had the opportunity to take part in activity on their own or in a group as staffing levels supported the choices made by residents.

Work/training and recreational activities were available for residents during the day five

days a week and there were some opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. It was also evident that residents had developed good connections with the local area and there were examples of their involvement in activities described in personal plans.

Judgment:

Substantially Compliant

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 inspector found that the centre was comfortable, spacious and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of residents while promoting safety, dignity, independence and well-being. The house had suitable heating, lighting and ventilation and was free from significant hazards that could cause injury.

It is owned and managed by a housing association and is located in a residential area a short distance from the shops and business premises of the local town. All residents have their own rooms complete with ensuite facilities of shower, toilet and wash hand basin which contributed to how privacy and dignity was promoted and respected. There was also a communal bathroom so residents could choose to have a bath. Bedrooms were suitably furnished and many residents had bought some furniture of their own. This together with items that included photographs, ornaments and personally selected bed linen contributed to ensuring that each bedroom reflected the choices and personal taste of residents. All rooms had a call bell system.

There was an accessible toilet located near the communal sitting, dining and kitchen areas. Residents had a choice of two sitting rooms and the inspector noted that all areas of the house were used well. The kitchen was spacious and contained all the equipment needed to store, prepare and cook food. There was a washing machine for residents to use and laundry was done on a rota basis so that residents had plenty of time to complete their washing.

Staff had an office area that was suitable for meeting together and undertaking administrative duties. There was secure space for washing powder and cleaning

chemicals however storage space for cleaning equipment was limited and some of this was stored in the bathroom which detracted from the usability of this area.

Judgment:

Substantially 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:

There was good emphasis on promoting the health and safety of residents, staff and visitors. Individual risk assessments were in place for residents. These included risk assessments for moving and handling manoeuvres, the use of wheelchairs, behaviours that present challenges including self harm and individual vulnerabilities. There were appropriate controls described and where risk related to residents' behaviours there were behaviour plans in place and regular support from psychologists where required. Programmes to reduce the incidences of problematic behaviours were noted to be used appropriately, regularly reviewed and there was good communication between varied multidisciplinary staff to ensure good outcomes for residents.

The inspector reviewed staff training records and found that staff had received training in safe moving and handling. A register of identified risks was maintained and control measures were documented to mitigate the risk identified. There was guidance provided to staff on how to maintain the risk register. Adequate infection control measures were in place and staff had training on hand hygiene according to training records reviewed. Thermostatic controls were in place to ensure hot water was dispersed at a safe temperature.

There was a programme of fire safety training and the majority of staff had attended training according to the records available however training records for two staff did not confirm fire safety training within the past three years. Staff could describe the actions they would take in the event of the fire alarm being activated and knew which residents needed support to leave the house. Fire exits were clear and unobstructed. There were personal evacuation plans in place for all residents and these were strategically located near fire exits so they could be accessed quickly in an emergency. Fire drills are carried out regularly and fire fighting and fire alert equipment was serviced at the required intervals. There were smoke alarms and a fire detection panel to alert staff and residents to a fire situation.

There were risk assessments and procedures in place for lone working and for managing

episodes of violence and aggression.

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:

The designated centre has a policy in place that outlines how vulnerable adults are protected. The policy described the responsibility of staff to identify and report any suspicions or allegations of abuse. Staff were knowledgeable about the types and indicators of abuse. They were aware of situations that may have to be reported to the Gardai and that any allegations had to be recorded. The staff were aware of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including how they should report incidents. They knew the designated person identified in the centre's policy, and were aware of her role. Staff had completed training in protection of vulnerable adults and all eight staff including agency staff had completed training on the new safeguarding procedures in March 2015 to ensure their knowledge was up to date. There were no incidents or allegations of abuse being investigated at the time of this inspection.

The organisation had a policy that described how people who exhibit behaviours that challenge were supported. As described earlier there were some residents supported by behaviour management plans. There was good information on the problems that presented so that staff could identify problems early and manage them safely while protecting privacy and minimising restrictions. There was evidence that staff in the house worked together and followed management plans put in place to effect good outcomes the inspector was told. Residents were assisted and supported to develop self-awareness, understanding and skills needed for self-care and protection. Some residents had attended a "stay safe" programme and a safeguarding programme to help them understand their vulnerability and appropriately protect themselves.

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):

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

Findings:

There were appropriate assessments of health care problems and interventions were put in place to ensure that residents could enjoy good health. Staff and residents described good access to the local General Practitioner's (G.P.'s) and to specialist doctors such as psychiatrists and there was information available to confirm this in the files reviewed. An out of hour's (G.P.) service was also available. The inspector found that health checks were undertaken and specialist referrals were made as required and followed up if needed. Allied health services including dental, physiotherapy, speech and language therapy and support from community psychiatric nurses were available when needed. The age range of residents accommodated was 30 to mid 70s. Residents who were older had the choice to discontinue day care but some chose to continue and were noted to be leading a fully active lifestyle in accordance with their choices.

The inspector reviewed a 'hospital passport' document that was available in resident's files. This provided essential information for hospital staff should residents require transfer to hospital and included medical conditions, communication problems and other significant factors that would help personnel who did not know the resident provide care more effectively.

Food and nutritional requirements were assessed and monitored and residents were able to provide their views on the menus and indicate their particular preferences. Staff described how they organised the menu and ensured variety for evening and week end meals. The inspector noted that the fridge was well stocked and there were sufficient quantities of fresh and dried food available to prepare a variety of dishes to meet residents' needs. There was regular monitoring of weight to detect fluctuations and staff were aware of the indicators that required referral to allied health professionals and medical staff.

There were good health promotion initiatives in place to ensure residents maintained good health and to address problems in a holistic way when they arose. Exercise and healthy eating plans were encouraged to help manage weight and these were found to be successful although there was a deficit in the information available as to how a significant weight loss had been achieved. Ongoing conditions such as asthma were noted to be well managed with residents regularly followed up at the asthma clinic in the local community hospital. Mental health problems were monitored well and there was regular input from mental health professionals. On a day to day basis there were

daily interventions by staff for some residents that included time to talk and describe feelings and frustrations with the aim of reducing distress and anxiety. This was noted to have a positive outcome according to the daily records and evaluations maintained.

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:

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administering medicines to residents. A monitored dosage system was in use. The inspector found that medication was dispensed safely and that administration records contained all the required details.

Residents were able to choose their pharmacist as described in legislation although the majority of residents accessed one pharmacy. There was minimal use of medication to address behaviour problems or distress at the time of inspection. There were protocols in place for the safe administration of medication and there was information available on each medication in use to guide and inform staff and advise on side effects. Care staff had procedures in place to guide their practice when administering medication which was usually in the morning before residents left for day time activities. Staff confirmed that training had been provided on how to use the monitored dosage system when it was introduced. The inspector found that when residents visited their doctors that their medication was regularly reviewed.

There were appropriate systems in place for medication for mental health issues that required particular controls. Nursing staff were familiar with the arrangements and ensured that residents attended for the regular blood tests required. The management of epilepsy was in accordance with good practice guidance. Five residents had this condition, three had active symptoms but were found to be well controlled. Emergency supplies of anti seizure medication were available in the centre and in day services and there was a system in place to check the supply regularly to ensure it was in date.

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.

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 (SOP) submitted prior to the inspection was reviewed by the inspector. It described the majority of the information required however it needed to identify the maximum number of residents accommodated and who is responsible for the management of complaints about the service.

The aims of the service and the facilities to be provided for service users were outlined.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge was responsible for this centre and for another centre a few miles away. She reported to the service manager for disability services for the area who in turn reported to the nominated person on behalf of the Health Service Executive. There were regular clinical governance meetings where persons in charge and managers met to discuss the operation of services.

There were arrangements in place to ensure that staff had access to guidance and

support from senior staff during the day. The availability of senior staff outside of regular working hours in the event of an emergency needed to be formalised to ensure that staff knew who to contact in the event of an emergency. At present staff said they would contact the person in charge or the service manager but there was no formal on call system in place.

There was some evidence that the quality of care and experience of the residents was monitored on an ongoing basis and staff said that they responded to views expressed by residents and made changes in accordance with their wishes where possible. Residents commented positively on aspects of the service including the food provided, the activities and support from staff. The weekly meetings were used to elicit residents views and staff said they incorporated the views of residents in to day to day practice which was confirmed by residents.

However, a system for unannounced visits and formal reviews to assess the quality of care, outcomes for residents and compliance with legislative requirements was not yet in place. The required unannounced six monthly visits to the centre had not commenced and a report on the safety and quality of care and support provided to residents as required by regulation 23 (2) Governance and Management had not been completed.

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 found that there was an adequate number and appropriate skill mix of staff available to meet the support needs of residents. There is a nurse on duty daily until 21.30 hours. There is a carer on waking night duty and two carers are on duty in the morning to assist residents to get up and prepare for their day care activity. Some residents spend days at home and staff are available to ensure that they are adequately supported and able to take part in house activity or go out as the wish.

The person in charge said that the introduction of waking night staff is a recent development and that new staff will be required to ensure that appropriate staff

numbers and skill mix who are familiar to residents are available throughout the day and night.

There was confirmation that staff received ongoing training to meet the needs of residents and records of training were available. The inspector saw that training on topics such as medication management, the protection and safety of vulnerable adults, child protection, moving and handling, hand hygiene and the audit system had been provided to staff. The examination of records indicated that there was no confirmation of fire safety training for two staff and it is a requirement of this report that confirmation that all staff have had fire safety training is provided. There was some use of agency staff however the person in charge did not have evidence of their qualifications however garda clearance had been provided. Information on qualifications had been requested from the agency.

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:

Geraldine Jolley
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-0002519
Date of Inspection:	26 August 2015
Date of response:	04 February 2016

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:

The format for the records of complaints made it difficult to determine if the person making the complaint was satisfied with the outcome when the complaint was investigated.

1. Action Required:

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

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

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

The complaints record will be reviewed and updated to meet the requirements.

Proposed Timescale: 31/01/2016

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:

There were some personal plans where it was not possible to determine what work was being undertaken to achieve the objective set and in one case there was no information on how a change had been facilitated.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A complete review of personal plans will be actioned to ensure the required regulations are met.

Proposed Timescale: 29/02/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Appropriate storage for cleaning equipment was not available and the arrangement for storage in the bathroom restricted the use of this area.

3. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

PIC will ensure alternative storage arrangements are facilitated within the centre to comply with the regulation.

Proposed Timescale: 31/03/2016

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:

Training records reviewed did not confirm that all staff had received had received fire training.

4. Action Required:

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

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

PIC will ensure that all staff complete annual fire training, dates have been secured for January and February 2016

Proposed Timescale: 29/02/2016

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 required review to describe the maximum number of residents accommodated and who is responsible for the management of complaints about the service.

5. 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:

The Statement of Purpose has been updated to include the above information.

Proposed Timescale: 17/12/2015

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:

An annual report on the quality and safety of care provided to residents was not yet available.

6. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the quality and safety of care and support will be completed by the Registered Provider.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

There were no arrangements for undertaking unannounced visits to the service as required.

7. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced visits will commence in January 2016 and will be completed bi-annually thereafter with a written report completed following same.

Proposed Timescale: 31/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Evidence that agency staff employed had appropriate qualifications for the work they were required to undertake were not available.

8. 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:

PIC has requested the agency to make this information available.

Proposed Timescale: 31/01/2016