

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Adelaide Road
Centre ID:	OSV-0001527
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Donnchadh Whelan
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 September 2016 10:30 To: 27 September 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. This monitoring inspection was carried out to monitor compliance with specific outcomes. As part of the inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of this inspection, inspectors spoke with two residents. Inspectors also met with three staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of two houses located in Co. Dublin. Services were provided to male residents over the age of 18. The centre is operated by Acquired Brain Injury Ireland.

Overall findings:

Residents expressed satisfaction with the service received and how they were supported to live their lives. Residents were actively involved within their local community. Autonomy and choice was promoted within the centre. Residents were very positive regarding the staff supporting them. Staff were familiar with the support and care to be provided to residents. Failings were identified in the assessment of residents' needs and subsequent personal plans. The inspector also found that the risk management policy was not implemented in practice. The annual review of the quality and safety of care was not specific to the centre and there was an absence of some policies and procedures. Overall, however, the provider had taken appropriate action to ensure that the needs of the seven residents could be met.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

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

Findings:

Not all aspects of this outcome were inspected. The inspector followed up on failings which had previously been identified.

An action arising from the previous inspection was that there was no person nominated to ensure complaints were recorded and responded to. The inspector reviewed the policy for the management of complaints and found that it had been updated following the last inspection. The policy stated that it is the responsibility of the local service manager to receive and respond to the complaint. In the event of a complaint not being resolved it is then progressed to the complaint's officer of the organisation. However within the policy there was no person nominated, independent of the pre mentioned, to ensure that all complaints are appropriately responded to and records of all complaints are maintained. Therefore the failing from the previous inspection is repeated at the end of this report.

Judgment:

Substantially 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):

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

Findings:

The provider had a system in place for the assessment of residents' health and social care needs. A finding from the previous inspection was that personal plans did not adequately identify the supports residents required to ensure all their health care needs were met, such as epilepsy. The inspector found that action had been taken to address this as per the action plan submitted by the provider. The inspector identified on this inspection that additional work was required to ensure compliance with regulation 5.

From a sample of personal plans reviewed, the inspector identified residents who had been admitted prior to the regulations coming into effect. They had not received an assessment of their health or social care needs prior to or on admission. Although, there were personal plans in place known as 'individual rehabilitation plans', they were not supported by an assessment.

The admissions' policy of the organisation stated that an assessment was conducted prior to residents moving into the centre. Following on from this the personal plan of a resident was developed over a 12 week period. Management confirmed that this was the practice. However, a personal plan reviewed demonstrated that there was a significant time frame between the initial assessment being completed and admission. As a result any changes in need in this time frame (10 months) were not identified in the assessment. This resulted in deficits in the personal plan. Management stated that additional information had been sought by the resident's previous placement however this had not been obtained as of the day of inspection.

Individual rehabilitation plans included skill building and opportunities for learning, such as managing finances and developing computer skills. These were reviewed on a quarterly basis by the resident's key worker. The inspector found some goals had not changed in a twenty one month period. Staff stated that this was due to residents maintaining skills. However a review of daily records of the care and support provided did not consistently demonstrate that residents were supported to achieve their goals.

The inspector reviewed the discharge plan of an individual no longer resident in the centre and found that it was clear and demonstrated that the resident was supported to

move out of the centre in a planned manner. The resident was involved in all aspects of the discharge.

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):

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

Findings:

Not all aspects of this outcome were inspected. The inspector followed up on a failing which had previously been identified.

The centre consists of two houses. An action arising from the previous inspection was that an en suite did not meet the needs of the resident residing there. The inspector observed that a hand rail had been installed to promote accessibility of the resident.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Findings:

The centre had systems in place for the assessment and management of risk. This included a risk management policy and assessment of clinical, environmental and operational risks. The inspector reviewed the risk management policy and found that it stated that mandatory assessments would take place to identify the measures and actions in place to control the following specified risks:

- The unexpected absence of any residents
- Accidental injury to residents, visitors or staff

- Aggression and violence
- Self harm.

The inspector found that this had not occurred in practice. The inspector found that of the risks assessments completed, the level of risk identified for residents was at times inaccurate. For example, the likelihood of an incident occurring was deemed as unlikely however a review of residents' personal plans demonstrated that it was possible. An assessment of risk of falls did not account for a resident sustaining three falls in a two month period. Furthermore the risk assessment had not been reviewed following the falls, therefore not assessing if the existing control measures were effective or proportional.

The inspector reviewed the fire management systems. Records demonstrated that fire fighting equipment such as fire alarms; emergency lighting and fire extinguishers were serviced at regular intervals. The centre was provided with fire doors. However the inspector noted that they remained open during the inspection, with wedges in place and there was an absence of self closers. Fire drills were conducted at regular intervals and personal evacuation plans were in place for residents. Following the last inspection, the provider had made adaptations to the premises to ensure that all residents had a protected means of escape in the event of an emergency.

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):

No actions were required from the previous inspection.

Findings:

The provider had measures in place to safeguard vulnerable adults. This included policies and procedures which were reflective of national policy. Staff had also received training in the protection of vulnerable adults. Staff were aware of the procedures to be followed in the event of an allegation or suspicion of abuse. Residents were observed to be comfortable with staff. There were intimate care plans in place for residents.

There were policies and procedures in place for positive behaviour support. Positive behaviour support plans were completed by the appropriate allied health professional. Staff had not received formal training in positive behaviour support. The inspector was informed that this had been identified by the provider and was due to commence in the coming months. In the interim, staff stated that they were supported by Allied Health Professionals to be familiar with needs of residents.

There were no restrictive practices in place in the centre.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The inspector found that measures were in place to ensure that residents' health care needs were met. Residents were supported to access Allied Health Professionals if a need arose. There were plans of care in place to guide staff of the supports residents required to ensure that residents' needs were met for conditions such as epilepsy. The sample reviewed demonstrated that they were updated in the event of a seizure. A record of appointments was maintained for all residents' health care appointments.

Residents were provided with the opportunity to discuss their wishes in the event of them reaching the end of their life.

Residents informed the inspector that they were happy with the food provided in the centre. Staff stated that residents were encouraged to be involved in the preparation of food. The weekly menu was displayed in communal areas. Residents' dietary intake was recorded to demonstrate that the food provided was in line with their needs.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were policies and procedures in place for the ordering prescribing, storing and administration of medication. Staff had received training in medication management. The inspector observed that medication was stored in a secure location.

The inspector reviewed a sample of prescription and administration records. These were maintained in a booklet format. The prescription contained all of the necessary information and found that it contained all of the necessary information such as the name and date of birth of the resident. There was also a photograph available. Administration records demonstrated that medications were administered at the times prescribed. However the inspector noted that in one instance, there was a second prescription booklet for a resident. The medication was dated as being prescribed in September 2016. However the medication was being recorded in the booklet which contained the prescription dated March 2016. The inspector found that this practice presented a risk to a resident being administered medication from an out of date prescription. However in this instance, the risk was reduced as there had been no changes to the prescription.

Medication that was returned to the pharmacy was recorded and receipt of the medication was signed by the pharmacy. Medication audits were completed on a monthly basis. This was an action arising from the previous inspection. The inspector found that in the event of a medication error occurring, it was processed in line with policy.

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):

No actions were required from the previous inspection.

Findings:

There was a clear management structure in place in the centre. Following the registration inspection there had been a change in the governance and management structure in the centre. The roles and responsibilities of the person in charge had increased, with involvement in other designated centres. Management verbally assured the inspector that this would not affect the operation of the centre due to the presence of a frontline team leader. The person in charge reports directly to the national services manager. This individual is the person nominated on behalf of the provider for the purposes of engaging with HIQA. They were present for aspects of the inspection and demonstrated sufficient knowledge of the operation of the centre and their statutory responsibility.

Audits had occurred in the centre. This included six monthly visits to the centre by a individual nominated on behalf of the provider. However, on the day of inspection management stated that the last visits had not been unannounced. The provider submitted in writing post inspection that although the person in charge was aware the visit was occurring, they were not aware of the date and time. There was also an annual review of the quality and safety of care. However a review of the document demonstrated that it was not centre specific and encompassed the entire organisation. There for it was challenging to ascertain the actions identified specific to the centre. It did include the views of residents and their families.

Judgment:

Substantially 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 inspector found that there was an appropriate number of staff to meet the needs of residents. On the day of inspection, the inspector found that the majority of residents were absent as they were engaging in activities in line with their interests and capabilities. A review of rosters demonstrated that the staffing roster was flexible. Staff confirmed that their working hours were flexible and based on the needs of residents including supporting residents to attend healthcare appointments and social events. The person in charge stated that there were relief staff available if the need arose. Residents informed the inspector that they were happy with the staff. The inspector found that staff were able to speak with confidence regarding the support residents required.

Training records were reviewed by the inspector. They did not demonstrate that all staff had received training in the protection of vulnerable. However the provider contacted HIQA following the inspection to state that records held in central offices demonstrated that they had received this training. Staff had received training in the prevention and management of fire and manual handling. Not all staff had received training in emergency medication in the event of a resident experiencing a seizure. Management stated that this was scheduled for relevant staff.

Formal staff supervision occurred. Team meetings also occurred on a regular basis. Records demonstrated that relevant issues were discussed and they were a structured forum for communication.

Judgment:

Substantially 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):

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

Findings:

Not all aspects of this outcome were inspected. The inspector followed up on failings which had previously been identified.

An action arising from the previous inspection was that the policies as required by Schedule 5 were not in place. While on this inspection, the majority of policies were available, there remained an absence of the policy in place for access of education, training and development and provision of information to residents. Therefore the failing is repeated at the end of the report.

The policies for the prevention of abuse, complaints and risk management policies had been reviewed which was a requirement of the previous inspection. However as evidenced in this report there remained non compliance with the complaints' policy and the risk management policy was not implemented in practice.

The inspector also reviewed the directory of residents and found that it had not been updated following the discharge of a resident

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:

Jillian Connolly
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:	Adelaide Road
Centre ID:	OSV-0001527
Date of Inspection:	27 September 2016
Date of response:	28 October 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:

There was no person nominated, independent of the complaints' officer, to ensure that all complaints are appropriately responded to and records of all complaints are maintained.

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

1. Action Required:

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

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

Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained. The National Standards Coordinator has been nominated.

Proposed Timescale: 31/10/2016

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:

Changes in need were not identified in the in assessment process. Some residents did not have an assessment completed.

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:

Residents Individual Healthcare Plan Forms are being reviewed to reflect changes in need and circumstances.

Proposed Timescale: 15/11/2016

Theme: Effective Services

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

Daily records did not demonstrate that residents were supported to meet their personal goals.

3. Action Required:

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

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

Daily record form will be amended to demonstrate that residents are supported to meet their personal goals.

Proposed Timescale: 30/11/2016

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:

Mandatory assessments, as identified, in the risk management policy had not been conducted. Of the assessments of risks conducted, the level of risk identified was inaccurate.

4. 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:

The Risk Management Policy and the current Risk Assessments Rating System is currently being reviewed.

Proposed Timescale: 15/11/2016

Theme: Effective Services

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

Fire doors did not have self closers installed. The inspector observed that wedges were used to keep fire doors open.

5. Action Required:

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

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

Self-closers are currently being sourced. Costs will be agreed with the National Services Manager and installed following approval.

Proposed Timescale: 30/11/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Medication was recorded as being administered from an out of date prescription.

6. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The PIC will ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and that only one medication booklet is in circulation at any one time.

Proposed Timescale: 17/10/2016

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 annual review of the quality and safety of care was not specific to the designated centre.

7. Action Required:

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

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

The annual review of the quality and safety will be made specific to the designated centre.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had received training in the administration of medication required in the event of a seizure.

8. 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:

All staff have been scheduled to receive training in the administration of medication required in the event of a seizure.

Proposed Timescale: 30/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There was an absence of the following policies:

- Access to education, training and employment
- The provision of information to residents

9. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The relevant policies and procedures referred 1) Access to Education, Training and Employment is covered in Policy 3.5.5 Access to Education, Training and Development, which was reviewed on June 2015 and the provision of information to residents is covered in the Communications Policy 2.4.3, which was reviewed in June 2015. That policy will be renamed Provision of Information to Persons Served for clarity.

Proposed Timescale: 30/11/2016

Theme: Use of Information

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

The directory of residents did not accurately reflect the residents present in the centre as of the day of inspection or state the date of discharge for a resident.

10. Action Required:

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

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

The Directory of residents is now reflecting the residents present in the centre as of the day of inspection.

Proposed Timescale: 17/10/2016