

**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 North West Parents and Friends Association of Mentally Handicapped Children
Centre ID:	OSV-0001932
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association of Mentally Handicapped Children
Provider Nominee:	Evelyn Carroll
Lead inspector:	Stevan Orme
Support inspector(s):	Jillian Connolly
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 15 June 2016 09:15 To: 15 June 2016 19:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
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
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This unannounced inspection, the third inspection of the centre, was carried out to monitor compliance with specific outcomes as detailed in the table above. In addition, inspectors reviewed the actions the provider had undertaken towards achieving compliance since the previous inspection in November 2014. The designated centre is part of the service provided by the North West Parents and Families Association (NWPF) in Leitrim. The NWPF provides residential, day and education services to both male and female adults and children with an intellectual disability in counties Sligo and Leitrim.

How we gathered our evidence

As part of the inspection, inspectors spent time with two residents. Although unable to verbally express their views on the quality of the service they received, residents appeared relaxed and comfortable with the staff supporting them. Inspectors observed residents being treated by staff with dignity and respect. Staff interaction with residents occurred in accordance with their assessed needs.

Inspectors met with staff members, observed care practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files.

Interviews were carried out as part of the inspection with staff on residents' assessed needs, care practices and centre policies to inform the overall findings of the inspection as detailed in the main body of the report.

Description of the service

The provider had produced a document called the statement of purpose as required by regulation, which described the service provided. Inspectors found that the service was being provided as described in that document. The centre is located on the same site as a day service accessed by the residents, and a children's' respite service. The centre is situated close to local shops and amenities. The centre provides support and accommodation to both men and women with intellectual and physical disabilities. The centre supports two permanent residents, and five shared care residents. The centre will support no more than four residents at any one time. In addition to the main building, residents also have access to a secure garden as part of the centre.

Overall findings

Overall, inspectors found that residents' healthcare needs were being met and the provider had arrangements to ensure the safety of residents. However, residents had limited opportunities to participate in activities of interest to them or to engage with their local community.

The provider nominee and person-in-charge demonstrated adequate knowledge and competence and inspectors were satisfied that they were fit persons to participate in the management of the centre. However, inspectors were not satisfied that the provider had put systems in place to ensure that regulations were being consistently met; the details of which are described in the report.

Compliance was identified in areas such as:

- Resident preferences and personal plans were available in accessible formats (Outcome 5)
- Staff were knowledgeable and had undertaken training on the safeguarding of vulnerable adults (Outcome 7)
- Residents health care needs were supported effectively by the centre (Outcome 11)
- The centre's medication management was compliant with regulatory requirements (Outcome 12)
- The person in charge provides good leadership, and is engaged in the operational management and administration of the centre on a regular and consistent basis (Outcome 14)
- Staff completed mandatory training in areas such as, manual handling, fire safety, safeguarding of vulnerable adults and first aid. In addition staff had access to training specific to the needs of residents (e.g. epilepsy and positive behaviour management). (Outcome 17)

The inspectors found that a lack of effective governance and management systems at the centre had resulted in:

- Resident's contracts of care did not given sufficient detail on fees charged (Outcome 4)
- Residents goals were not aspirational or developmental in nature (Outcome 5)
- Fire procedures were not reflective of the centre's operation (Outcome 7)
- Restrictive practices used at the centre were not in accordance with best practice (Outcome 8)
- Health care interventions required updating to ensure residents' needs were fully met (Outcome 11)
- Staffing levels were not reflective of the centre's Statement of Purpose (Outcome 17)
- Policies were identified which required review to ensure currency and adherence to related national protocols (Outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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 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):

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

Findings:

Inspectors found evidence that contracts of care were discussed with residents' representatives as part of annual review meetings and were signed off accordingly. However, further review found that although contracts of care did list a monthly charge, this was a total sum and did not provide any detail on what areas of the service provision this related too.

Contracts of care stated that the centre would provide all meals when residents were at the centre, at no charge, and further stated that residents would be charged for meals provided while at day services. On the day of inspection, a resident did not attend the day service, but was provided with a meal from the day service. Staff told inspectors that the resident would be charged for the meal in contradiction to the contract of care.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that each resident had a personal plan which indicated their likes and preferences, and was available in an accessible format. Personal plans were regularly reviewed and updated and took into account changes in circumstances and new developments for the resident. Regular annual reviews occurred and these were attended by the residents' representatives and professionals involved in their support and care (e.g. behavioural therapists, occupational therapists and speech & language therapists). The recommendations from reviews were incorporated into the current personal plans for each resident.

Although personal plans did include annual goals for residents, inspectors found that goals were not aspirational or developmental in nature and centred on day-to-day activities such as having a haircut or going on outings. Inspectors also found that goals identified in 2012 were still being undertaken currently. Annual reviews failed to sufficiently address the effectiveness of the goals and did not illustrate whether or not goals were achieved or had aided in maximising residents personal development or independence.

Inspectors also reviewed daily care notes and found that residents had not fully participated in activities in accordance with their likes, interests and developmental needs. Although residents attended the on-site day service, opportunities to access their local community were low from the assessment of information available to inspectors. Activities listed over a two-week period for two residents mainly involved 'table top activities' and journeys in the centre's transport. Although each resident had a comprehensive assessment in place, this centred predominantly on the healthcare needs of the person and did not address their social needs in relation to the supports required to access developmental or leisure opportunities in their local community.

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:

Inspectors found that risks relating to residents healthcare and positive behaviour management were assessed and regularly reviewed by staff. However, risk assessments relating to poor communication between staff, medication errors and residents absconding did not give sufficient detail on how the risk would be managed by the centre.

The centre was equipped with suitable fire safety equipment such as an alarm, call points, fire doors, emergency lighting and extinguishers. These were regularly checked to ensure they were in working condition by centre staff and external maintenance contractors. However, the effectiveness of these measures in the event of a fire was mitigated as inspectors observing doors being wedged open or secured through a 'hook and eye latch' to the wall. Inspectors found that a risk assessment had not been conducted on the effectiveness of the front door security to allow adequate means of escape in the event of a fire.

The centre's evacuation procedure did not reflect the operation at the centre in the event of a fire. The centre was staffed at night time by a waking night nurse and a sleep over staff member. Both staff were required due to the needs of the residents in the event of a fire evacuation. The centre's fire evacuation protocol did not clearly state that the sleep over staff was not located in the designated centre, and instead would be located in the children's respite service next door. In the event of a fire, the waking nurse would alert sleep over staff on the need for assistance. The centre conducted fire drills at a range of times during the day, including at times of minimum staffing, but did not include the sleep in staff being alerted from the children's respite centre.

Each resident had a personal emergency evacuation plan, although plans did not give detail on staffing levels to evacuate residents when a wheelchair or sliding sheet was required.

Staff were trained in fire safety, and those interviewed were able to tell inspectors what the centre's procedure was in the event of a fire, although from a review of training records inspectors identified that not all staff had received training.

Judgment:

Non Compliant - Major

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):

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

Findings:

From records reviewed, inspectors confirmed that all staff had received training in safeguarding vulnerable adults. In discussions with inspectors, staff were able to explain what would constitute abuse and the procedures they would follow if they suspected abuse.

Inspectors found that the centre had access to a behavioural therapist and behaviour support plans were reviewed regularly.

The centre had introduced a log of all restrictive practices in operation at the centre and when these were implemented and the reason why. Inspectors reviewed records relating to the use of restrictive practices. The records reviewed did not clearly indicate alternative measures to be undertaken before the restrictive practice was used as a last resort. In addition, records relating to two occasions when the restrictive practice was used did not show alternative measures had been undertaken prior to the practice being used. Furthermore, records did not indicate that the practice had only being used for the shortest duration necessary. Staff assured inspectors that a particular restrictive procedure would only be used while the resident was agitated, and once the resident relaxed it would be removed. However records indicated on one occasion it had been used for over ten hours.

Inspectors further found that the centre's kitchen door was locked at certain times of the day due to the needs of a specific resident. While the use of this restriction had been assessed, the assessment did not indicate how the restriction would be implemented without impacting negatively on other residents.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Each resident had a comprehensive assessment undertaken of their healthcare needs. Supporting evidence was reviewed showing that their needs were monitored and addressed in a timely manner by staff. Inspectors saw evidence of health issues being identified and staff providing care as appropriate. Records and discussions with staff at the centre showed that residents were able to access a range of allied healthcare professionals as and when required.

Residents' medication was regularly reviewed by their general practitioner. Permanent residents at the centre accessed a local doctor's practice and staff felt they were happy with their doctor. In the event of this not being the case staff assured inspectors that residents could access another doctor within the practice.

Where residents had specific healthcare needs such as epilepsy, inspectors saw evidence of reviewed comprehensive information on the management of seizure activity, as well as protocols in relation to the administration of emergency epilepsy medication. Although emergency epilepsy medication protocols did state the maximum dose to be administered in a 24-hour period, it did not state timeframes between each prescribed dose, if required.

Comprehensive healthcare assessments were in place for residents with specific medical conditions and staff were knowledgeable in this area. Information was available on the dietary needs of residents. Residents' care plans showed that agreed healthcare supports were undertaken and their effectiveness reviewed regularly.

Inspectors noted that resident's weights were being recorded monthly although this did not occur consistently and records did not specify how often residents should be weighed. Personal plans stated that food diaries should be completed for certain residents and this had not consistently occurred.

Inspectors examined evidence in relation to a resident being assessed for dementia. However, no records were available to indicate the outcome of that assessment and the interventions to be adopted.

Staff told inspectors that dependent on abilities, residents were supported to prepare their own meals. They said that during the week, the main meal was provided at day services but evening and weekend meals were selected based on the residents' personal preferences. Where residents were unable to verbalise their preferences, staff informed inspectors that they indicated their choice through the use of photographs or objects of reference.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

A medication management policy was in place at the centre to guide practice and included arrangements for the storage and administration of medication. Inspectors reviewed the prescriptions and medication administration records and found these to be clearly written and compliant. Medications were stored appropriately and arrangements were in place with the local pharmacy for the disposal of out of date stock.

Medication was administered by nursing staff. Where residents required the administration of emergency epilepsy medication, clear protocols were in place and staff had undertaken specific training in relation to this.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the statement of purpose and found this did not reflect the centre accurately as interviews with the person in charge and staff confirmed that between 10:00 - 16:00 staff were relocated to the adjoining day service. Arrangements were not recorded on how residents would be supported at the centre while staff are at the day service, although the person in charge told inspectors that staffing would be made available to enable residents to stay at the designated centre. This arrangement was observed by an inspector as two residents did not attend the day service on the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found there were clear management arrangements in place at the centre. The provider representative known as the 'Service Manager' although based in Sligo, regularly visited the centre and was known to both residents and staff. The provider representative regularly met with the person in charge to discuss the operation of the centre. Documentation relating to these meetings was reviewed by inspectors and related to the operation and management of the centre.

The Service Manager as the provider's representative had conducted unannounced six monthly visits which assessed the quality of care and support at the centre.

Inspectors read the centre's annual quality and safety of care and support review, which included the outcomes from unannounced visits conducted by the person in charge as well as complaints, and the views of residents and families. The provider explained to inspectors that if they were unable to facilitate the views of residents' representatives during the unannounced visits, this was achieved through alternative methods such as organisational social events and an annual family survey. Inspectors reviewed the family survey conducted by the provider which indicated that residents' representatives were happy with the centre.

The person in charge is full-time and although based in the adjoining day centre, is known to both residents and staff at the centre. The person in charge when interviewed informed inspectors that they visit the centre daily to monitor the needs of residents. This would include unannounced visits, as well as conducting audits in areas of service delivery such as fire safety and residents' plans of care. The person in charge also showed inspectors the annual audit plan for the centre, which covered all areas of service delivery to be audited by themselves and/or other assigned competent staff such as the nurse on duty, who on a monthly basis would conduct an audit of medication management at the centre.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed staff files and found these to be compliant with regulatory requirements. Documentation reviewed and discussion with staff and the person in charge confirmed that staff received mandatory training as well as training specific to the needs of residents at the centre. However, the training records reviewed highlighted that two staff had not completed fire safety training at the centre.

Documentation reviewed and staff discussions further confirmed that formal supervision arrangements had commenced at the centre from February 2016.

Inspectors reviewed the centre roster, which confirmed discussions with the person in charge in relation to staffing. The centre was staffed by a registered nurse at all times, with an additionally 1-2 care assistants on duty dependent on the needs of residents or level of occupancy at the time. In the event of the centre being at full occupancy, there would be 2 - 3 staff on duty including the registered nurse. At night-time, residents are supported by a waking nurse between the hours of 20:15 - 8:15, with a care assistant undertaking a sleep in duty.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Inspectors reviewed all policies at the centre, and found these to be compliant in the majority. However, the centre's policy on the prevention, detection and response to abuse had not been reviewed in line with regulation and was not compliant with national policy on the safeguarding of vulnerable adults.

Inspectors also identified that the centre's policy on incidents in the event that residents go missing had not been reviewed since February 2012.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Stevan Orme
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 North West Parents and Friends Association of Mentally Handicapped Children
Centre ID:	OSV-0001932
Date of Inspection:	15 June 2016
Date of response:	28 July 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contracts of care did not give sufficient detail on service and charges under the total monthly charge to residents.

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 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contracts of Care will be reviewed to include additional detail on service charges in line with our reviewed Statement of Purpose. These will be discussed with families during the months of August and September in relation to the revised contents so as they will be ready for signing at the annual reviews.

Proposed Timescale: 30/09/2016

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:

The comprehensive assessment for each resident did address the social needs in relation to supports to access opportunities in their local community.

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:

Reviews of Person-Centred Plans have commenced to include a section on aspirational goals, taking into account each individuals needs, abilities and choices. The annual reviews scheduled will address the effectiveness of the goals in consultation with families. These goals will be SMART, i.e. specific, measurable, attainable, realistic and time framed.

The review of each service-users Comprehensive Assessment of Need will include further focus on leisure opportunities in the local community.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Annual reviews did not examine the effectiveness of goals identified for residents

3. 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:

Annual reviews scheduled for Sept/Oct 2016 will examine the effectiveness of reviewed goals for each service-user in consultation with their families.

Proposed Timescale: 31/10/2016

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:

Identified risks relating to the centre were not fully assessed in relation to impact on residents.

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:

- Risks identified on the day of inspection have been addressed through an updated risk assessment, a memo to staff on 22nd July, 2016 and GP and Psychiatric review held on 29th July, 2016 in relation to one service user. Completed
- Policy on Absconding to be reviewed at QSRM scheduled for September 2016
- Management of all identified risks will be on the Agenda to further develop the identification and management of all risks within the Service.
- A Critical Incidental Plan is in place to deal with responding to emergencies.
- Risk Management and Emergency Planning Policy and Procedure IH061_03 is in place which includes a large section on Absconding and was reviewed in March 2015.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Personal emergency evacuations plans (PEEPs) did not give sufficient detail on the supports required in the event of a fire.

5. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

PEEPS have been reviewed to include evacuation using the minimum staffing where a wheelchair or sliding sheets are required.

Proposed Timescale: 29/07/2016

Theme: Effective Services

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

The fire procedures did not reflect the requirements of the centre.

6. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- The Fire Safety Policy has been reviewed to include site specific procedures to be carried out for fire drills or in the event of a fire.
- This protocol also includes information on sleepover staff being located in the Respite House.

Proposed Timescale: 29/07/2016

Theme: Effective Services

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

The centre did not ensure adequate arrangements for the containment of fire.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- 2 newly employed staff have now received certified fire training.
- Thumb-turn locks have been fitted to front and back door for easy escape in the event of a fire.
- A risk assessment has been completed on the practice of having doors wedged or hooked open while awaiting the installing of magnetic-release doors, which is scheduled to be completed by mid August, 2016

Proposed Timescale: 15/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The records of restrictive practices did not show that they had been used for the shortest period necessary and that alternative measures had been considered.

8. Action Required:

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

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

All restrictive practices have been reviewed at team meetings and are now discontinued.

Proposed Timescale: 29/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Resident weight management programmes were not followed as agreed in 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:

- The Nutritional and Hydration Policy IH083 has been reviewed outlining the rationale for weighing service users. Completed
- Frequency of weight recording is included in the PCP audit to ensure weight management programmes are being followed. Completed
- At a meeting on 20th July, 2016 staff were advised of the outcome of the inspection in relation to weight management. Completed
- Each service users personal plan will include how frequently any service user should be weighed based on the rationale.
- Frequency of weight recording will be included in the PCP audit to ensure weight management programmes are being followed
- MUST training scheduled for 12th October, 2016

Proposed Timescale: 15/10/2016

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 centre's practices did not reflect the statement of purpose.

10. 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 reviewed to reflect the Centres' Practices.

Proposed Timescale: 29/07/2016

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 fire safety training.

11. 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 now received Fire Safety Training

Proposed Timescale: 29/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies were not reviewed at intervals of three years, or where necessary to ensure compliance with best practice.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures was discussed at QRSM meeting and agreed on 6th July, 2016 and distributed to all Centres for implementation. Completed
- Procedures on absconding are outlined in The Risk Management and Emergency planning policy and procedures. Completed
- Absconding Policy will be discussed and reviewed at our next meeting in September 2016.

Proposed Timescale: 30/09/2016