

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|------------------------------|
| Centre name: | Realta Services |
| Centre ID: | OSV-0002616 |
| Centre county: | Sligo |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Teresa Dykes |
| Lead inspector: | Jillian Connolly |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 6 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|---------------------|---------------------|
| From: | To: |
| 26 April 2016 11:00 | 26 April 2016 18:30 |
| 27 April 2016 10:00 | 27 April 2016 17:00 |

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

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

Summary of findings from this inspection

Background to the inspection

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The centre had previously been inspected in September 2014. At that time it was one house within a larger centre. Following that inspection, the provider re structured the wider service. This resulted in this house becoming a standalone centre.

How we gathered our evidence

As part of this inspection, the inspector spent time with four residents and observed residents to be comfortable within their home and familiar with staff. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. The person in charge facilitated the inspection.

Description of the service

The centre is one house located on the outskirts of a town. The centre accommodated four residents on a full time basis and two residents were accommodated on a part time basis. Each resident had their own bedroom which was suitable in size to meet residents' needs with sufficient storage space for all personal belongings. The provider had produced a document called the Statement of Purpose, as required by the regulations. This document aims to describe the service provided. The inspector found that the overall findings of this inspection demonstrated that the provider was not providing the service, as described.

Overall findings

Staff were observed to engage with residents in a dignified and respectful manner. Residents were also supported to maintain positive relationships with family. However, the inspector found that there was an absence of appropriate supports in place to ensure that the service was safe and effective. This resulted in an absence of the following:

- Opportunities for residents to engage in activities in line with their interests and capabilities
- Opportunities for residents to access training and education
- Opportunities for residents to maintain links with the wider community
- Appropriate health and safety precautions
- Appropriate positive behaviour support
- Review of the quality and safety of care provided
- Staff supervision

The reasons for these findings are explained at the end of the report and the regulations that were not met are 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):

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

Findings:

The centre had policies and procedures in place for the receipt and management of complaints. The centre maintained a record of complaints however the inspector found that they were not managed in line with regulation 34. There was no record maintained of the outcome of the complaint and if the complainant was satisfied. Information informing residents of the name of the person nominated to respond to complaints was located in an accessible location.

Each of the residents had their own bedrooms which facilitated personal activities to be undertaken in private. The inspector observed staff to engage with residents in a dignified and respectful manner. Some residents had restricted access to their bedroom as two of the rooms were on the first floor. Residents could not access their bedrooms as they were unable to safely operate the lift independently and were reliant on staff to do so. There was an advocate available if required and their details were displayed in the centre.

There was a room available for residents to meet visitors in private if they chose to. The centre had recently implemented house meetings as a forum for consulting with residents. The inspector was unable to ascertain if this was an effective forum on the day of inspection, as there had been only one meeting.

The inspector found that records were maintained of residents' finances inclusive of receipts for items purchased. Residents' personal belongings were also documented. However this was not consistent. The inspector found that communal furniture had been

purchased by a resident. There was no evidence to support that this was the choice of the resident. This practice was also not supported by the policies and procedures of the Health Service Executive. HIQA was informed following the inspection that the resident would be refunded.

Residents had opportunities to engage in activities, however the inspector could not determine if they were in line with the interests and capabilities of residents. They were in the main group activities and passive. For example, a review of residents' daily activity records demonstrated that activities for a 23 day period were walks, reflexology, relaxing, bus trips, music and television. Residents did have the opportunity to access activities in a formal day service however this was limited and in one instance it was five afternoons in a 21 day period.

Judgment:
Non Compliant - Major

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that efforts had been made to provide information for residents in an accessible format. For example, a communication board had been created. There were guidelines in place to support staff to communicate effectively with residents. The inspector observed that staff were familiar with the communication needs of residents. Referrals had been submitted for residents' communication needs to be reassessed.

There were policies and procedures in place for communication with residents. The centre had a television and telephone.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that staff supported residents to maintain positive relationships with their family members. This included driving residents to meet with their family members. There was a visitors' policy in place and the inspector found that there were no restrictions in place for visitors.

Links with the wider community were limited. In the main, they consisted of eating out or going on bus trips. Food shopping was completed over the telephone and milk was delivered. Therefore residents were not involved in this activity.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a policy present for the admission of residents to the centre. The inspector found that admissions were in line with the procedure. For example, residents who accessed the service on a part time basis were admitted opposite each other. There was a written agreement in place between the resident and the provider. They were being revised as of the day of inspection, due to learning from regulatory activity in other services run by the same provider, therefore not all were available. However of the sample reviewed, they outlined the services to be received and the fees to be charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

A finding from the previous inspection in the centre was that the progress residents had made towards achieving their goals were not adequately documented. The inspector found on this inspection that this action had not been addressed.

The inspector reviewed a sample of personal plans. Each resident had an assessment in place which identified the health and social care needs of residents. This was further supported by an assessment which identified risks to residents, for example, the risk of choking. A plan of care was created, once a need was identified. However the inspector found that, in the main, plans of care had a health focus as opposed to a social care focus.

While goals had been identified for residents, the primary focus was on activities that residents already participated in, therefore not identifying supports residents required to achieve their potential. Examples documented in personal plans included attending the local library, attending day service or attending the local sensory room.

Personal plans had not been consistently reviewed annually.

There was also an absence of residents' involvement in their personal plans.

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):

No actions were required from the previous inspection.

Findings:

The centre was an eight bedded two storey house, which had four bedrooms on each floor. There was a kitchen, utility room, dining room and sitting room. The centre also had a staff office, bathroom and small sitting room. The inspector found the centre to be clean and suitable suitably decorated, with sufficient heat and light. The inspector observed the bedrooms to be personalised. Four of the bedrooms had en suite facilities. There was also a communal bathroom on the ground floor. The two spare bedrooms were used for storage and recreation activities such as arts and crafts.

The centre was purpose built, it was provided with the appropriate accessibility aids. The centre had a stairs and a lift, which had been serviced in 2014. There was a shared back garden with two other houses both operated by the provider. There was also an outside terrace on the second floor which was not in use.

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

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

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

Findings:

There were policies and procedures in place to ensure the health and safety of residents, staff and visitors. The Health Service Executive also had a risk management policy. The inspector found that this policy was not implemented in practice. For example, an environmental risk assessment had been conducted for the premises however, there was an absence of operational or clinical risks identified. The inspector

identified numerous risks which had not been identified including the ability of staff to administer medicines as required (PRN), absence of staff supervision and staff training. The upstairs outdoor terraced was also not in use and locked. The inspector was informed by staff that this was a risk to residents that had been identified. This was not supported by a risk assessment. The inspector found that staff who had completed the risk assessments had not been provided with adequate training in risk management.

There were policies and procedures in place for the prevention and management of infection. The centre was visibly clean and practices included the nightly washing of cleaning equipment such as mops. There was also a colour coded system in place for the safe preparation of food.

The inspector reviewed the fire management policy and found that it contained conflicting information to the procedure. For example, the policy stated that staff were to assist with neighbouring houses in the event of a fire. However, the procedure did not identify this practice. This had also not been simulated in a drill to identify if this was realistic or practical. Although staff had received fire safety training, they were not clear on the procedure as the inspector was provided with conflicting accounts.

Residents had personal emergency evacuation plans in place which identified the supports required in the event of a fire. Residents also had individual fire records maintained which demonstrated that residents could individually be evacuated in less than five minutes. However, a record of collective fire drills evidenced that in some instances it took up to ten minutes to evacuate residents. There were additional safeguards in place such as fire doors, self closers on doors and intumescent seals. Staff also had to complete regular checks of the fire alarm system, fire extinguishers and fire doors. However, the inspector found that these safeguards were not effective as some of the fire doors did not fully close. Furthermore, the weekly checks completed involved one item, such as one fire extinguisher. Therefore deficits identified by the inspector had not been identified in these weekly checks.

Records demonstrated that fire safety equipment such as the fire alarm, emergency lighting and fire extinguishers were serviced at regular intervals.

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:

There were policies in place for the protection of vulnerable adults. Staff had received safeguarding training. HIQA had been notified of an allegation/suspicion of abuse since the previous inspection. The inspector found that it was progressed in line with National policy.

The inspector found however that the procedure to be followed as per national policy was not consistently implemented. The inspector reviewed a sample of residents' records and found that residents' had been documented as having bruising. The inspector found that there was no rationale identified for the cause of the bruising. The incidents were not recognised as potential indicators of abuse and therefore had not been addressed as per the safeguarding policy.

Residents residing in the centre required positive behaviour support. There were policies and procedures in place to guide practice in this area. The inspector reviewed a sample of personal plans and found that they did not identify all of the behaviours that residents engaged in. Therefore there was an absence of appropriate supports identified to alleviate the cause of the behaviours.

A review of daily notes also identified instances in which restrictive practices had occurred, including the administration of p.r.n medicines (a medicine only to be taken as the need arises) for behaviours in response to behaviours that challenge. The behaviour support plan did not identify this as a reactive strategy to be used by staff. Records did not support the rationale for the administration of the medication, therefore not demonstrating that it was the least restrictive option available and was used for the shortest period of time. Not all staff had received training in positive behaviour support or breakaway techniques. This training was identified as necessary in resident's individual risk assessments as a safeguard to residents and staff. Therefore control measures were not effectively implemented in practice.

A record of restrictive practices was maintained in the centre however it did not identify the administration of p.r.n medicines for behaviours.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the records of accidents and incidents. As unexplained bruising had not been identified as an indicator of abuse, they were not progressed in line with policy. Therefore they were not notified to the Chief Inspector within three working days as required by Regulation 31.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents did not attend a formal day service. Recreational activities were supported by residential staff. The inspector found that although there was a policy in place for access to education and training, this was not promoted for residents in the centre. Residents engaged in group activities and there was an absence of assessment or supports identified for skill building and development. Examples of goals identified included going on a day trip and shopping.

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):

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

Findings:

Residents had regular access to their General Practitioner (GP). The inspector found that residents had access to a range of Allied Health Professionals if a need was identified. Examples of Allied Health Professionals included Physiotherapy, Occupational Therapy and Speech and Language Therapy. Residents were also supported to attend appointments in acute settings.

Residents' personal plans had a health focus which identified the supports residents required to ensure that their needs were met. In the main, the inspector found that these interventions were implemented in practice. For example, a resident identified as a risk of pressure sores had the appropriate equipment provided as a preventative measure. However, the inspector identified interventions which were not consistently implemented. For example, the fluid intake of a resident was not recorded as per their plan of care.

Residents' weights were also not recorded at the intervals identified in residents' personal plans.

The inspector discussed the weekly menu with staff who confirmed that food served was in line with staffs' knowledge of the likes and dislikes of residents as opposed to pre planning. Staff stated that there was nothing on the menu which residents did not like and that alternative options would be served if required. However there was no assessment in place to support this.

The inspector observed mealtimes and observed that the food provided was modified in line with the assessed needs of the residents.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were policies in place for the ordering, prescribing, storing and administration of medicines; however it was due for review in August 2015. There were procedures specific to the practices of the centre which had been developed in 2014. The inspector observed medication to be stored in a secure location.

A sample of prescription records reviewed demonstrated that they contained all of the necessary information required, including the name, date of birth and photograph of a resident. The maximum dosage of p.r.n medicines (a medicine only to be taken as the need arises) was also stated. The signature of the prescriber was not consistently present for all discontinued medicines. The administration records facilitated for all of the necessary information to be recorded.

Medication was stored in a secure location. There was a separate storage in place for medicines which were returned to the pharmacy. A log was maintained of all medicines returned to the pharmacy.

Residents' personal medication plans did not identify all instances in which p.r.n medicines should be administered. Furthermore they did not state when additional support from emergency services should be obtained if emergency medicine for seizure activity was ineffective.

A monthly stock check was conducted on receipt of medicines however, there were no audits conducted of medication practices to demonstrate that they were safe and effective.

Judgment:

Non Compliant - Moderate

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:

As part of the application to register the centre, under the Health Act 2007 (as amended), the provider submitted the centre's Statement of Purpose to HIQA. The inspector reviewed the document and found that it did not describe the size of the individual rooms in the centre as required by Schedule 1. The inspector also determined that the cumulative findings of the inspection demonstrated that the centre was not

meeting the aim of the centre as identified in the document which was to provide 'opportunities for self expression and personal development enabling each person to achieve their full potential in a fulfilling and meaningful manner'.

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:

The person in charge was present to facilitate the inspection. The person in charge demonstrated that they had the knowledge of the legislation and their statutory responsibilities. They also had the appropriate qualifications and experience to fulfil the role. However, the inspector found that due to the person's role within the wider organisation they were not in a position to fulfil their statutory responsibility. The person in charge stated that they were not a regular presence in the centre and tried to attend the centre on a monthly basis.

The absence of the person in charge was evident in the findings of this inspection. The primary responsibility of the day to day running of the centre was assigned to the staff nurses on duty. Staff nurses stated that they were not allocated protected time to complete audits and due to the supports residents required there was insufficient time in their working day. The inspector found that while some audits were completed, they were once off practices and they did not identify all deficits in practice. For example, the financial audit completed was related to the resources allocated to the centre as opposed to the systems in place for the management of residents' finances. The audit of residents' personal plans did not identify that residents were not actively involved in the development of plans. The review of incidents and accidents was not centre specific and included all centres within the governance structure. The audit completed for positive behaviour support identified in January 2016 that staff did not have the appropriate training. This had not been addressed.

There had been no unannounced visit completed by the provider as required by Regulation 23.

An annual review of the quality of safety of care was given to the inspector. The annual review comprised of statements. These statements were not supported by evidence. Therefore the document was not a review of the quality and safety of care provided in the service as required by regulation.

Following the inspection, HIQA informed the provider of the deficits identified with the governance and management of the centre. The provider assured the Chief Inspector that this would be reviewed and more robust arrangements implemented.

The inspector found that when staff had raised concerns to management, they had not been adequately addressed. For example, staff nurses had identified the challenge with ensuring that residents' records were maintained and audits had occurred. The findings of this inspection substantiated the concern. This had not been acknowledged or addressed.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days. Therefore there was no requirement to inform the Chief Inspector as required by Regulation 32.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre had sufficient food, heat, light and furnishings. There was also transport available for use by residents. There was no internet access available in the centre. The inspector found that this limited residents and staff ability to effectively communicate with the wider organisation. Staff were required to drive to the central offices which was approximately thirty minutes away. This limited the availability to provide direct support to residents. The inspector also found that it limited the information being transferred between the centre and senior management in an efficient manner. For example, accident and incident forms had to be hand delivered.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

A review of rosters confirmed that staffing levels were as stated in the Statement of Purpose. The centre had three staff on duty from 08.00 to 20.00 hours and two staff on duty from 20.00 to 08.00 hours. Due to the shared care arrangement, the maximum number of residents in each house was generally five residents. At times all six residents were present. A review of rosters confirmed that additional staff was obtained at these times.

The inspector was not assured however that the skill set within the centre was sufficient to meet the needs of residents. For example, the staffing on duty at night was two care staff. The policy of the centre was for registered nurses to administer medication. All long term medication was prescribed as being administered between 08.00 hours and 20.00 hours. Care staff had been provided with training for emergency medication in the event of a seizure. However staff were not trained to administer other forms of PRN. Some residents were documented as requiring considerable amount of PRN between 08.00 hours and 20.00 hours. However this could not be administered post 20.00 hours.

The arrangements in place to administer this medication post 20.00 hours were not clear.

A review of training records demonstrated that staff had completed mandatory training including manual handling, fire training and safeguarding of vulnerable adults.

There was no formal staff supervision in place as of the day of inspection. The inspector was informed that this was due to commence once management had received training. However, in the interim, due to the absence of management in the centre there was an absence of informal supervision. Staff meetings had occurred however they were infrequent with the last meeting occurring in November 2015.

The inspector reviewed a sample of staff files and found that they did not contain all of the items as required by Schedule 2 of the regulations. Not all files contained two written references. It was also not clear the position a staff member held, the work that staff performs and the numbers of hours the person is employed per week.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

There was a directory of residents maintained in the centre.

The records as required by Schedule 3 and 4 were maintained in the centre.

The policies and procedures as required by Schedule 5 were maintained. However, the medicines policy and the nutrition policy had not been reviewed in a three year period as required. The policy on the recruitment, selection and Garda vetting of staff had not been reviewed since 2007.

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| Judgment: Non Compliant - Moderate |
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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

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|----------------------------|-----------------|
| Centre name: | Realta Services |
| Centre ID: | OSV-0002616 |
| Date of Inspection: | 26 April 2016 |
| Date of response: | 2 August 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:

Restrictions to residents' rights to freedom of movement within their home were not acknowledged.

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 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

- Restriction to residents right of freedom of movement will be reviewed to ascertain the impact of the restriction on residents

Person Responsible: Person in Charge

Proposed timescale: 1/11/2016

- The communication strategies of residents have been referred for review with the speech & Language therapy services.

Person Responsible : Person in charge

Proposed Timescale : 1/11/2016

- A referral will be made to the Learning Disability Service Manager for alternative accommodation that is more appropriate for 2 of the residents.

Person Responsible: Person in charge

Proposed timescale: 14/09/2016

Proposed Timescale: 14/09/2016

Theme: Individualised Supports and Care

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

Communal furniture was purchased by residents without their consent.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- The Residents money previously used to purchase communal furniture has been reimbursed into the residents account

Person Responsible: Person in Charge

Proposed Timescale: 28/07/2016

Theme: Individualised Supports and Care

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

Activities were not in line with the interests and capabilities of individual residents.

3. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

- A full review will take place of the residents current day service, Social, and recreational activities. This will be done in line with residents capabilities, interests, and preference. The outcome of the review will be implemented by 1/12/2016.

Person Responsible: Person in Charge

Proposed Timescale: 20/12/2016

Theme: Individualised Supports and Care

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

Records of complaints did not document the outcome and if the complainant was satisfied or not.

4. Action Required:

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:

A new complaints log will be developed in line with regulation 34, and will document details of complaints, the investigation undertaken, action taken to resolve the issue raised and the complainants satisfaction with the outcome.

Person Responsible: Person in Charge

- Training to be given to all staff on 'your service, your say' complaints policy, in order to deal effectively with a complaint, to progress it, and conclude it in a timely manner.

Person Responsible: Person in Charge

Proposed Timescale: 01/11/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Residents links with the wider community were limited.

5. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

- A system will be put in place to review and evaluate current activities in the community.

Person Responsible: Person in Charge

- The PIC will ensure to provide opportunities for each individual resident to engage with the wider community. This will be done in conjunction with the will and preference of each individual.

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

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:

Residents' assessments had a primary focus on their health care needs.

6. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Residents assessments to be reviewed from a global perspective, taking into account their biological, psychological, and social needs.

In the meantime the PIC will ensure that the social needs of each resident is been met through their Person Centred Plans, which encompass personal goals based on the will and preference of each resident.

Person Responsible : Person in Charge

Proposed Timescale: 01/01/2016

Theme: Effective Services

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

All aspects of personal plans were not reviewed annually.

7. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The PIC will ensure that an effective system is put in place to ensure all aspects of residents personal plans are reviewed annually or as needed.

The PIC will carry out an audit before 30/9/2016 on Person-centred plans.

Person Responsible: Person in charge

Proposed Timescale: 01/12/2016

Theme: Effective Services

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

Residents did not participate in the development of their personal plan.

8. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Residents assessments to be reviewed from a global perspective, taking into account their biological, psychological, and social needs. This will be done in collaboration with the resident, their key worker, and their family.

Person Responsible: Person in Charge

Proposed Timescale: 01/12/2016

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:

Not all risks were identified in the centre, therefore there was an absence of control measures.

9. 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:

- A full review will take place around Health and Safety to identify all risks.

Person Responsible: Person in Charge

- A review will be done on the risk register, individual risk assessments, and the safety statement.

Person Responsible: Person in Charge

- A review of the fire evacuation has taken place and a review of the PEEP plans is underway.

Person responsible: Person in Charge

A review took place by the Fire Officer on 6/7/2016 and an fire evacuation plan was developed

Proposed Timescale: 01/11/2016

Theme: Effective Services

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

Fire doors and self closers were not operating effectively therefore there was a risk that in the event of a fire it would not be adequately contained.

10. 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:

- The issue with the door has now been resolved.

Person Responsible: Person in Charge

- The fire officer will do a review of all fire doors and Fabrics before 30th September 2016

Person Responsible: Person in Charge, provider

Proposed Timescale: 28/07/2016

Theme: Effective Services

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

Fire drills did not demonstrate that residents could be evacuated in an appropriate time frame.

11. 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:

- The fire evacuation procedure has been reviewed and updated to ensure all persons can leave the designated centre in safe and effective time.

Person responsible: Person in Charge

Proposed Timescale: 28/07/2016

Theme: Effective Services

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

The procedure to be followed in the event of a fire was not clear.

12. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- The PIC will ensure that the fire evacuation plan is documented in a clear and transparent way to ensure the safety of all persons in the designated centre.

Person Responsible: Person in Charge

Proposed Timescale: 01/11/2016

Theme: Effective Services

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

The arrangements in place for testing fire equipment did not ensure that all fire equipment was tested at regular intervals.

13. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

- A schedule will be put in place to ensure prompt and appropriate testing of all emergency equipment as recommended.

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

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:

Staff had not received appropriate training in the management of behaviour.

14. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

A training Schedule is in place to enable all staff to be trained in Studio3.

This training has been scheduled for 16th & 17th October 2016

Person Responsible: Person in Charge

Proposed Timescale: 17/10/2016

Theme: Safe Services

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

Records did not support that restrictive procedures were used for the shortest duration of time possible and were the least restrictive.

15. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- A full review to be carried out on all positive behaviour support plans.

Person Responsible: Person in Charge

- ABC recording charts are now in place which will support the rationale for the use of PRN meds.

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

Theme: Safe Services

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

All efforts were not made to identify and alleviate the cause of a residents behaviour.

16. 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:

ABC recording charts have commenced to ensure every effort is made to identify and alleviate behaviours of concern. This will ensure the use of the least possible restrictive practices.

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

Theme: Safe Services

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

Unexplained bruising was not recognised as an indicator of abuse and therefore was not investigated in line with policy.

17. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

- The PIC will ensure that all incidences of unexplained injury and allegation/suspicion of abuse will be dealt with in accordance with the national safeguarding policy.

Person Responsible: person in Charge

- This PIC will ensure that all staff have up to date training in the protection of vulnerable adults.

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The Chief Inspector was not notified of suspicions of abuse.

18. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

- The PIC will ensure that all incidences of unexplained injury and allegation/suspicion of abuse will be dealt with in accordance with the national safeguarding policy.

Person Responsible: Person in Charge

- This PIC will ensure that all staff have up to date training in the protection of vulnerable adults.

Person Responsible: Person in charge

Proposed Timescale: 15/09/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents were not provided with opportunities for education, training and employment.

19. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- In conjunction with Bio/psycho/Social assessment, a review will be carried out on the education, training and employment opportunities of each resident, taking into account their will and preference. The outcome of the review will be implemented by 1/1/2017

Person Responsible: person in Charge

Proposed Timescale: 01/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Interventions identified in residents' personal plans were not consistently implemented.

20. 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:

Individual care plans to be reviewed to ensure all aspects of their care is implemented and recorded as recommended in their care plans.

Person Responsible: Person in Charge

Proposed Timescale: 01/09/2016

Theme: Health and Development

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

There was an absence of assessment to support that residents' meals were in line with their likes and choices.

21. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

- A review will take place around residents mealtimes, taking into consideration residents likes, preference, and dietary needs. This will be done by introducing a system to determine individual likes and preferences

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

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:

Not all medicines which had been discontinued were signed by the prescriber. It was not clear the circumstances in which PRN should be administered.

22. 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:

- A new system will be developed to ensure that all medications are ordered, stored, administered and disposed off in accordance with national policy and Regulation 29 (A) (B).

Person Responsible: person in Charge

Proposed Timescale: 15/09/2016

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 was not operating in line with the Statement of Purpose. The document did not state the room sizes.

23. 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 will be reviewed and updated to include room sizes as required by schedule 1.

Person Responsible: Person in Charge

Proposed Timescale: 01/11/2016

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 person in charge was not full time and did not have the capacity to ensure effective delivery of service.

24. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge

of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

●A PIC has been appointed and will be based in the designated centre. She will be in post from 1/9/2016.

Person Responsible: Person in Charge, Provider

Proposed Timescale: 01/09/2016

Theme: Leadership, Governance and Management

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

The management systems in place did not demonstrate that the service provided was safe and effective.

25. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

●A PIC has been appointed and will be based in the designated centre. She will be in post from 1/9/2016.

Person Responsible: Person in Charge

Proposed Timescale: 01/09/2016

Theme: Leadership, Governance and Management

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

There were no unannounced visits complete by the provider.

26. 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:

●A person has been nominated by the provider to carry out unannounced visits in the designated centre at least once every 6 months or more frequently if required.

Person Responsible: Person in Charge

- An unannounced visit will be carried out and documented by 31st October 2016.

Person Responsible: Person in Charge

- Newly appointed provider will be in place by 1st September 2016

Person Responsible: Provider

Proposed Timescale: 31/10/2016

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 supported by evidence.

27. 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:

- Annual review of quality and safety of care has commenced and will be issued no later than 31st October 2016.

Person Responsible: Provider

Proposed Timescale: 31/10/2016

Theme: Leadership, Governance and Management

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

Staff had raised concerns however they had not been adequately acknowledged or addressed.

28. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

- Newly appointed Person in Charge from 1st September 2016 (Already on site)

Person Responsible: Person in Charge, provider

- The PIC will ensure that all future concerns raised will be dealt with efficiently and effectively in line with policy.

Person Responsible: Person in Charge

Proposed Timescale: 15/09/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

An absence of internet access impacted on the ability for staff to support residents.

29. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- Internet access has been requested and should be operational by 15 September 2016.

Person Responsible: Person in Charge.

Proposed Timescale: 29/07/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The skill set and the hours of work for staff were unclear.

30. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The PIC will undertake a review of staff skill mix and hours of work based on the individual needs of the residents.

Person Responsible: person in Charge

Proposed Timescale: 01/12/2016

Theme: Responsive Workforce

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

Not all of the information as required by Schedule 2 was maintained in the centre.

31. 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:

- The PIC will ensure all information and documents as required by schedule 2 will be kept in the designated centre.

Person Responsible: Person in Charge

Proposed Timescale: 01/10/2016

Theme: Responsive Workforce

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

Staff supervision was not adequate.

32. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- Newly appointed Person in Charge from 1st September 2016 (Already on site)

Person responsible: Person in charge

- The newly appointed PIC now on site will ensure that staff appraisal will commence and be ongoing.

Person Responsible: Person in Charge

Proposed Timescale: 01/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies and procedures were not reviewed at three year intervals.

33. 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:

A review will take place of all policies and procedures, ensuring the most up to date policies are available to all staff in accordance with best practice.

Person Responsible: Person in Charge

Proposed Timescale: 01/11/2016