

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Charleville Cottage
Centre ID:	OSV-0002666
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Maureen Burns Rees
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
27 July 2016 09:40	27 July 2016 17:20
28 July 2016 09:35	28 July 2016 15:55

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

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

Summary of findings from this inspection

Background to inspection

This report details the findings of an announced registration inspection carried out over two days. The inspection was taken on foot of an application to register by RehabCare, the provider. A monitoring inspection by the Health Information and Quality Authority (HIQA) was previously carried out in the centre August 2015. At the time of the August 2015 inspection the centre was providing full-time crisis accommodation for a young person with intellectual disabilities.

How we gathered evidence

Inspectors met with residents, staff, the person in charge, and other persons participating in management over the course of the inspection. Policies and documents were reviewed as part of the process including a sample of health and social care plans, the complaints log, incidents and accident logs, contracts of care and risk assessments.

Inspectors spoke with three residents specifically about their personal plans, if they liked where they lived and did they feel safe. Inspectors respected residents' wishes and communication preferences during the conversations and followed the lead of the resident at all times. Residents said they liked coming on breaks to respite, they could ask the person in charge or a staff member for help if they needed it and if they had a problem they felt they could go and speak to anyone. They told inspectors the person in charge was someone that they could approach with a problem or concern.

Inspectors also spoke to a number of parents of children and adults that attended the service. Parents were very complementary of the service. One parent described the centre as "a God send, don't know what we would do without it. The kids love it, we are very happy".

Description of the service

The statement of purpose for the centre documented that the centre aimed to "provide a holistic service, supporting both the individual and their family, in a home from home environment for up to four individuals with a primary diagnosis of Autism or Asperger's Syndrome at a time. The individuals ranging from five years right into adulthood are referred to the service by the HSE". Overall inspectors found that the provider was providing a service in accordance with the Statement of Purpose.

The centre comprised of one detached well maintained single storey house in the suburbs of a town in Co. Offaly. The centre could accommodate up to four residents at any given time. The service supports as set out in the centre's statement of purpose is for residents Autism and Asperger's Syndrome and those with a dual diagnosis of Autism and Intellectual disability.

Overall judgment of our findings

Inspectors were satisfied residents were receiving a good service where residents' choices and needs were central to the supports in place for them during their respite stay.

Compliance and substantial compliance was found in 12 Outcomes. Moderate non-compliance was found in six outcomes. Improvements were required in relation to auditing of quality of service provided to residents. Personal plans for residents required improvement to ensure they set out the supports residents required during their stay. Some policies in place for the centre required updating to reflect contemporary practices and procedures in place.

These findings are discussed under each of the 18 Outcomes discussed in this report with an action plan and provider's response 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):

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

Findings:

Residents' rights, dignity and privacy were supported by policies, procedures and practices in the centre. Residents had access to advocacy services and regular consultation about the service they received. A complaints procedure was in place also, which had been adapted into an easy read version for residents. There were some improvements required in this outcome, this related to the complaints procedure for the centre and privacy options for one shower room in the centre.

The inspector observed staff interaction with residents noting that staff promoted residents dignity while also being respectful when providing assistance. Residents spoken with were complementary of staff working in the centre and feedback questionnaires received by the Authority completed by residents and their representatives was also positive.

Residents were consulted about how the centre was planned and run with regular house meetings taking place. An inspector reviewed minutes of a resident meeting that had occurred in July 2016 with adults that attended the centre. Items discussed included advocacy, complaints and the policies and procedures, safeguarding, activity planning and meal suggestions.

An independent advocate was also available if required by residents. The advocate's contact information was available in the centre also advocate service leaflets were made available. Staff working in the centre had received training in advocacy and were aware of the advocacy services available to residents.

There were comprehensive systems in place to ensure residents' personal finances were well managed and safe during their stay in respite. Receipts and financial logs were maintained for purchases made by residents that required specific financial management supports during their stay. Adults that attended the centre for respite were in the main independent with their financial management. In respect of children that attended the centre parents supplied children with spending money for their duration. This money was appropriately safeguarded during their stay through the use of financial logs and receipt checks.

A complaints log was maintained in the centre. Inspectors reviewed the log and found that complaints were documented and followed up in a timely way with the complainant in line with the organisation's policies and procedures. However, parents spoken to during the course of the inspection were not aware of the policy or procedures. Equally the complaints procedure for the centre was not displayed in a prominent area within the centre. While it was in a user friendly format for adult residents that could read it was not in a similar format for children that attended the centre.

Privacy options in the centre were robust in most areas. All bedrooms were single occupancy and were provided with privacy locks for residents to use as they wished during their stay. Equally all bathroom, shower rooms and toilets were provided with privacy thumb turn mechanisms to ensure residents had privacy when using the facilities.

However, in one instance a shower and toilet facility did not have robust privacy measures in place due to the configuration of the room whereby it had two access doors. One door led to the hall and another that led to a bedroom. This meant that while the door could be locked for privacy it could still be accessed from the adjoining bedroom door if a resident was using the facility. The provider was required to address this privacy issue.

Activities available for both adult and child residents that attended the centre were suitable and age appropriate. Residents were involved in making decisions about the activities they engaged in during their stay and plans were made to ensure residents were supported to engage in their chosen activities in a group or on an individual basis. Some activities available included over-night stays, bowling, going to the pub, library, cinema, swimming or day trips to various venues such as the Japanese Gardens.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' communication needs and supports were met in some parts however, there were inadequate systems in place to ensure residents' individual communication needs had been identified.

The person in charge had ensured many policies and information documents had been made into easy read formats to ensure accessibility of information for residents. They had drafted easy read versions of the complaints procedure, residents' guide and residents' rights. There was however, a necessity to make some of this information more children friendly to cater for the needs of children attending the service.

Residents attending the centre had access to televisions, radios, the internet and written communications during the stay. They were also supported to use the telephone in the centre and use their own mobile phones and hand held electronic devices, such as electronic tablets, during their stay.

Staff were not aware of current communication support recommendations for children that attended the centre for respite. Some children had reviews and were recommended supports by allied health professionals, however, these recommendations were not maintained in the centre.

Judgment:

Non Compliant - Moderate

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

Findings:

Positive relationships between residents and their families and the wider community were supported.

There was an open visiting policy in the centre. Staff outlined that as residents were in respite for short periods their families or friends generally didn't visit. Three individual residents spoken with indicated that there would be no issue if they wanted to have visitors in the centre. The inspector observed that there was sufficient space in the centre for residents to have visitors. Each of the residents had their own room and there was a separate dining and sitting room.

Two parents interviewed as part of the inspection outlined that they were provided with sufficient information about the centre and their child's well being. The inspector reviewed a sample of files and noted that there was some documentation of contact with families but that other verbal contact when confirming admission was not always recorded. Staff outlined that parents would be contacted by phone to confirm admission and asked if any change of status but that the latter would not always be recorded. There was no evidence that children were involved in personal plan meetings or reviews (Discussed further and actioned under outcome 5).

Residents were involved in some activities in the local community during their respite stay. These included bowling, cinema, walks in a park, shopping and going out for meals. There were a number of toys and board games in the centre for children's use on the weeks they attended.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

Findings:

Admission and discharge to the service was timely. However, each resident did not have an agreed written contract which dealt with the support welfare and care of the resident.

There was an admission policy on place. Admissions to the centre were in line with the statement of purpose. There were no formal dependency levels documented but it was evident that the staff team were knowledgeable about each of the clients and grouped individuals to attend respite together based on their wishes, needs and safety. The inspector reviewed the register and noted that children and adults were not admitted on respite at the same time. Staff reported that they tried to group residents together based on their age and friends. The three residents spoken with outlined that they enjoyed the company of the other residents that they attended respite with.

The majority of files did not have a contract of care. The person in charge reported that approximately four contracts were completed. There was evidence that contracts had been sent to all families. However, these had not been returned and there was limited documented evidence of efforts made to retrieve same. Inspectors reviewed a contract on file and noted that it stated no fees would be charged for the service. It did state that residents would be required to have pocket money for activities which was at the discretion of residents' parents how much they sent into the centre with their child.

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:

While each resident had a personal plan, which included an assessment of needs they were not adequate to meet the needs for residents who were using the centre as a respite service. From the sample reviewed they did not set out enough information which would guide staff practice and support residents during their stay in the centre.

Each resident had a personal plan which included an assessment of need. While an assessment had been carried out, in some instances associated support plans were not adequate or in place for needs identified. For example, support plans to guide staff in the specific dietary management requirements for a resident was not in place. There were a lack of communication support plans in place to guide staff, this is further elaborated on in Outcome 2.

Staff working in the centre knew the residents well and had knowledge of residents' personalities and preferences. However, personal plans did not adequately reflect this. Agency staff also worked in the centre from time to time who would not know the residents as well as regular staff. Personal plans did not set out enough information to ensure residents' needs could be met in relation to their choices, communications or preferences should a new or unfamiliar staff member be required to support them.

Residents' personal plans were not in an accessible format for residents or geared towards their age and abilities. Personal plans were maintained in a written format and stored in the staff office. No personal plan had been adapted into a format which would provide residents with a copy of their own personal plan which they could refer to if they wished.

The person in charge had begun a process whereby residents were consulted with as to what activities they would like to participate during their stay in respite. In many

instances residents identified they would like to go away on trips or to visit specific places of interest for them which were not always achievable for them without supports. These had been identified as respite goals for residents. However, these goals were not documented in residents' personal plans with detailed plans of how they would be achieved and by when.

Personal plans also lacked evidence of allied health professional recommendations. Children attending schools for example were supported by multi-disciplinary professionals and had recommended support plans in place for them. However, those plans were not maintained in their personal plans in the centre. The person in charge outlined that she planned to liaise with the school multi-disciplinary teams in the start of the new school year to collate this important information which could be used to support residents during their stay in respite.

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 location, design and layout of the centre was suitable for its stated function.

The centre was clean, suitably furnished, decorated and well maintained. The centre had recently been decorated and refurbished in a number of areas. The inspector noted that there were no radiator covers on a small number of radiators. The person in charge reported that these were due to be fitted the following week. The centre had a kitchen which had sufficient cooking facilities and equipment. The residents also had access to a sensory room which was well equipped in a separate building in the back garden.

Each bedroom which was nicely decorated and met the needs of the residents accessing respite services. Each resident had their own room with suitable storage facilities. The centre provided an adequate number of toileting/shower and bathing facilities for residents during their stay. There was a range of games and arts material available for residents to use in the house. The house had suitable heating, lighting and ventilation.

There was a laundry room in a separate building at the back of the centre which was small but well maintained and clean. Staff outlined that some residents would use same to launder bed linen. There was a secured area to the side of the house for the safe storage of general and recyclable waste.

There was a large, well maintained spacious back garden which provided ample space for children availing of respite to play. There was a swing, slide, climbing frame, trampoline, go-kart and seating area.

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):

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

Findings:

The health and safety of residents and staff was promoted and protected. However precautions against the risk of fire were not adequate and the risk management policy did not contain all of the requirements of the regulations.

There was a risk register in place that was reviewed and updated at regular intervals. There was a safety statement in place with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the provider's maintenance department and records showed that requests were attended to promptly. The inspector reviewed a sample of individual risk assessments for residents which contained a good level of detail, were specific to the resident and had appropriate measures in place to control and manage the risks identified.

There was a risk management policy in place dated 2014 which was due for review by the provider. The inspectors noted a number of the requirements set out in regulation 26 were not included in the policy. The PIC reported that this would be addressed as part of the policy review.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. There was a information technology system used to report all incidents which also recorded actions taken. The person in charge outlined that incident trend reports were submitted and reviewed at regional level to promote learning across the wider service. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

Overall, there were a low number of incidents reported.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy in place. The inspectors observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used in the centre and securely stored. There was a cleaning schedule in place and records maintained of tasks undertaken.

There were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre. Alcohol hand gel was available for use. There was a separate hand washing sink in the kitchen. Posters were appropriately displayed. The inspector reviewed training records which showed that staff had attended hand hygiene training.

There were sufficient precautions in place against the risk of fire, however, fire drill arrangements were not adequate. The centre had a designated fire officer. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre.

The inspectors found that there was adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan in place which adequately accounted for their mobility and cognitive understanding. The assembly point was observed to be signposted in the front yard. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Inspectors reviewed records of fire drills undertaken. These showed that drills were not undertaken on a regular basis and that only six residents had participated in a fire drill in the past 12 months.

Staff spoken with, were knowledgeable about manual handling requirements. Training records reviewed by the inspectors showed that all staff had attended manual handling training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection had been addressed adequately. Some improvements were required in relation to intimate care and behaviour support management plans for residents to guide staff.

There was a policy in place on the prevention, detection and response to abuse. All staff had received safeguarding vulnerable adult training and also training in children first.

Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. Residents spoken with during the inspection said they liked coming to the centre and that they felt safe and could speak to the person in charge or any staff member if they had a concern. Residents were encouraged to advocate for themselves, know their rights and encouraged to make a complaint which provided further assurances that the centre was a safe place for residents to live in. Feedback from residents and their families was positive and residents spoken with said they liked respite and felt safe.

During their stay residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy and systems in place for the management of behaviours that challenge. All staff had received training in management of potential and actual aggression.

There were behaviour support management plans were not in place for all residents that required them. While behaviour support plans were in place they required improvements. Behaviour support plans outlined certain triggers which could cause residents to engage in behaviours that challenge. The plans informed staff in how to identify such triggers. However, they required more information to guide staff on what to do in order to support the child or adult if and when they engaged in behaviours that challenge to ensure consistency in staff approach and a therapeutic supportive response to the adult or child should such instances occur.

Some children that attended the service for respite required supports with intimate care. Inspectors reviewed a sample of intimate care support plans in place and also spoke with staff in how they supported children in these practices. Intimate care plans in place were not detailed and did not outline the actual supports that staff implemented in practice. For example, staff spoken with indicated they support children to be as independent as possible and provided verbal prompts to guide them in carrying out their personal hygiene. However, intimate care plans did not document this practice or detail the skills children had and what they needed specific support with.

A restraint free environment was promoted in the centre. Some restrictions in place were necessary for the management of health and safety risks, for example cleaning

products were locked away when children attended the centre. However, there were no limitations to residents accessing their environments and outside spaces.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

Findings:
There was a policy on access to training, education and development. A number of those attending respite were engaged in an educational or training programme. Some others were employed by local businesses.

Residents availing of respite were found to engage in a number of social and leisure activities, both inside and outside the centre. Examples included using the sensory room, use of swings, climbing frame and trampoline in back garden, walks in a local park, cinema, bowling meals out and shopping. The centre had a range of games and arts materials available. A log of activities undertaken was maintained.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

An inspector reviewed a sample of health care plans for residents in the centre and found residents were supported to have their health needs met during their respite stays. However, there was a lack of allied health professional recommendations and guidance in residents' healthcare plans which in turn ensured health care supports being implemented were in line with residents' current health and nutritional needs.

Residents stayed for short periods of time in the centre. Generally residents' healthcare needs were managed in their homes or as part of the multi-disciplinary/primary care team involved in supporting them both in their homes and in their schools.

Residents' health and nutritional needs were outlined in their personal plans and support planning was in place to guide staff how to support the child or adult during their stay in respite. Residents could also avail of on-call medical treatment and emergency services in the locality if required.

Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This information formed the decision making around what menu choices were for residents each day/week.

Some children attending the centre required specific healthcare considerations in relation to their dietary needs and requirements. For example, children that required specific diets to manage allergies were supported during their stay. Staff had received training in the use of emergency medication administration in the event of the child experiencing a severe allergic reaction. Staff spoken with could outline the foods the

child was allowed and those prohibited.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management. Improvements were required in relation to auditing of medication management procedures in the centre to ensure quality standards were in place and ongoing.

All prescribing and administration practices were in line with best practice guidelines and legislation. Staff involved in the administration of medications had attended safe administration of medication training. Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

Residents' medications were stored securely in the centre. Individualised small lockable cupboards were located in the office of the respite centre and locked at all times when not in use. There were no controlled drugs in use at the time of this inspection.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. However, the maximum dose of PRN medication in a 24hour period was not specified on the administration charts.

Medication administration charts had a key system whereby staff could document if a resident had refused medication or were away from the centre, for example. However, inspectors identified staff were not implementing this system of documentation adequately. For example, where a resident had been in the centre in the morning and received their medication, staff had made an entry that the medication was administered. The resident was not in the centre that evening as they had gone home. However, staff had not documented this on the administration record and there was a blank entry.

Without accurate administration of medication documentation in place there was a risk that medication errors, such as medication not being administered as prescribed, could be missed. Furthermore, medication management audits were not being systematically implemented at the time of inspection. Therefore, medication administration documentation issues such as the one identified by inspectors had not been identified.

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:

A written statement of purpose was available and it broadly reflected the day-to-day operation of the centre, the services and facilities provided in the centre.

The person in charge confirmed that he kept the statement of purpose under review and had updated it to reflect current structures and practices in the centre.

However, the statement of purpose did not indicate the name of the nominated provider for the service.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Effective management systems were in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose. There were systems in place to monitor the effectiveness of the delivery of service to residents however, there were improvements required.

The person in charge had been appointed to the service in April 2016. She had the necessary skills, experience and training to provide a good quality service for children and adults attending the centre. The person in charge had over 25 years experience of working in social care services both in Ireland and London. Previous to her appointment as person in charge of the centre she had worked as person in charge for another designated centre. At the time of inspection she had completed here first year of a two year diploma in Autism Studies in University College Cork.

The person in charge demonstrated ability to implement her role effectively. High standards of person centred supports for residents and families were found on this inspection. Residents, parents and staff spoken with were highly complementary of the person in charge and said they found her to be approachable, helpful and supportive.

The person in charge was engaged in completing key performance indicator (KPI) reports to management in relation to the service meeting its targets in providing a service. KPI reports drafted by the person in charge also included the monitoring of incidents in the centre and reporting on these at conference meetings with the health and safety committee for the organisation.

While there was evidence of auditing implemented by the person in charge, those audits measured how the service was meeting its operational targets. Improvements were required to ensure internal audits also included assessment of the quality of care and welfare supports residents were receiving during their stay.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. Inspectors reviewed the reports of these visits and the annual review of the centre.

This auditing system assessed the quality of care and experience of residents living in the centre. Following the previous unannounced visit, for example, it was identified that support plan assessments were not comprehensive, not all residents had intimate care plans in place and a lack of local medication management policy in place. Actions were identified for the person in charge to address. However, at the time of inspection some of the actions identified had still not been fully addressed. The action plans from the 6 monthly and annual review audits did not identify specific time frames for when the actions should be completed.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by the regional manager who in turn reported via the national head of operations to the provider nominee who has overall governance and management responsibility. The regional manager has responsibility for oversight of a number of designated centres in the area. She was identified as a person who would be participating in management and participated in the inspection also.

The person in charge was also supported by two team leaders allocated for the centre who assumed responsibility for the operational running of the centre in her absence. Inspectors met with one team leader during the inspection and found her to be very knowledgeable of residents support needs and operational policies and procedures for the centre. Overall inspectors found robust governance and management structures in place for the centre.

The provider nominee for the centre had assumed their role earlier in 2016. The provider nominee was knowledgeable of the centre and had a good understanding of the regulations and their regulatory responsibilities. They had an extensive background in quality and auditing and had brought about a number of improvements to the provider led auditing system within the organisation.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

Findings:
The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

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

Findings:

The centre was found to be sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. Two separate staff interviewed and the person in charge reported that there were sufficient resources to support those availing of respite. The centre held and managed its own budget. There were adequate facilities in place. There was evidence that funding had recently been requested for a sensory garden.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were recruitment procedures in place. However, some documentation as required by schedule 2 of the regulations were not found to be on file for some staff. There was a recruitment and selection policy in place, dated March 2016. The inspector reviewed a sample of four staff files and found that evidence of the person's identity, including a recent photo was not on file for two of the files reviewed and qualifications were not on file for two staff members.

The staffing levels were sufficient to meet the needs of those availing of respite in the centre. There was an actual and planned staff rota. There was a shift planner document for each shift which detailed staff requirement for service user support and activity. The inspectors noted agency staff were used for one shift per week. The inspectors found there was good experience and skill mix within the staff team. A small number of staff did not have formal qualifications. The person in charge reported that the provider

would support staff. A number of staff had worked in the centre for an extended period which meant that those availing of respite had continuity in their care givers.

A training programme was in place for staff which was coordinated by the providers training department. There was a staff training and development policy in place dated May 2014. Training records were available in the centre which showed that staff were up to date with mandatory training requirements with the exception of three staff on leave. Three staff had not attended refresher Children First training since 2013.

Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. The inspectors observed that a copy of the standards and regulations was available in the centre.

There were staff supervision arrangements in place these had recently been established. There was a policy in place for supervision which stated it should occur every six weeks. The inspectors reviewed a sample of supervision records for four members of staff and found that they were of a good quality.

There were no volunteers working in the service.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The centre had adequate recording systems and templates in place regarding individuals who accessed respite in the centre. However, some policies and procedures had not been reviewed every three years to ensure they were up-to-date and reflective of best practice and changes in operational management systems within the organisation.

Resident's files were reviewed by the inspectors and found overall to be in accordance with Schedule 3 of the regulations. However, photos of residents on some files were not recent photos as per the requirement of the regulations.

A formal directory of residents was not maintained in the centre. A list of those accessing the service was maintained with dates accessed centre maintained in the centres diary.

The inspectors found that the centre had a comprehensive suite of local procedures in place that guided practice to a satisfactory standard. However, none of the local procedures were dated or signed. There was a number of other policies used across the service. The inspectors noted that the missing person policy had not been reviewed since 2010.

The safeguarding policy for the organisation was dated January 2013 it had not been updated to reflect changes the organisation had implemented to be in line with the national safeguarding policy for vulnerable adults. The organisation's safeguarding policy required review to reflect the new abuse prevention and management strategies that were currently being implemented at an operational level.

The inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
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:	Charleville Cottage
Centre ID:	OSV-0002666
Date of Inspection:	27 July 2016
Date of response:	19 September 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:

In one instance a shower and toilet facility did not have robust privacy measures in place due to the configuration of the room where by there was a door which led to the hall and another that led to a bedroom.

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 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The PIC has engaged a suitably qualified individual who has ordered a thumb lock for the shower room door in question and this will be fitted on receipt of the lock.

Proposed Timescale: 16/09/2016

Theme: Individualised Supports and Care

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

Parents spoken to during the course of the inspection were not aware of the policy or procedures.

2. Action Required:

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

The PIC has scheduled review meetings with all families and each family will receive a copy of all documentation relating to the care of their family member at the service.

Proposed Timescale: 31/12/2016

Theme: Individualised Supports and Care

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

The complaints procedure for the centre was not displayed in a prominent area within the centre.

3. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The PIC has placed the Complaints Procedure in a prominent position which is accessible to all service users.

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:

While the complaints procedure was in a user friendly format for adult residents, it was not in a similar format for children that attended the centre

4. Action Required:

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

The PIC has scheduled a meeting with the organisation's Complaints Officer and will develop a Complaints Process poster in a child friendly format accessible to all children availing of the service.

Proposed Timescale: 30/09/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Staff were not aware of current communication support recommendations.

5. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The PIC will ensure that all service user support needs will be reviewed and updated in consultation with families and other disciplines who are involved in the support provision of each service user. This in turn will be clearly presented in each Support Plan and all staff will receive guidance on how to support each individual.

Proposed Timescale: 07/11/2016

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:

Each resident did not have an agreed written contract which dealt with the support welfare and care of the resident.

6. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The PIC will provide each service user and family with a Contract of Care at the scheduled review. All details will be clearly explained and a signed copy will be provided to the service user and their family. The original will be placed in each service user's file.

Proposed Timescale: 31/10/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents' personal plans were not in an accessible format or geared towards their age and abilities

7. Action Required:

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

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

In consultation with each service user and their family and other relevant disciplines involved in the support provision of each service user, the PIC will ensure that a comprehensive Support Plan is completed for each service user. This Support Plan will be presented in an accessible format for each individual.

Proposed Timescale: 07/11/2016

Theme: Effective Services

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

Personal plans lacked evidence of allied health professional recommendations.

8. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The PIC will ensure that all disciplines who are involved in the care provision of service users are involved in their review. As part of each review, relevant professionals will be invited to attend.

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:

Personal plans did not set out enough information to ensure residents' needs could be met in relation to their choices, communications or preferences should a new or unfamiliar staff member be required to support them.

9. Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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:

In consultation with each service user and their family and other relevant disciplines involved in the support provision of each service user, the PIC will ensure that a comprehensive Support Plan is completed for each service user. This Support Plan will be presented in an accessible format for each individual.

Proposed Timescale: 07/11/2016

Theme: Effective Services

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

Goals were not documented in residents' personal plans with detailed plans of how they would be achieved and by when.

10. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

The PIC will ensure that all actions identified through the review of Support Plans with each service user will be outlined in an Action Plan and all information to each action clearly documented. As service users are supported to advance the actions this will be reflected in the documentation.

Proposed Timescale: 07/11/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Fire drills were not undertaken on a regular basis and only six residents had participated in a fire drill in the past 12 months.

11. 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 weekly fire drills are carried out with all service users and a variety of situations are utilised. All service users will be supported through this process and individual PEEPs will reflect this information.

Proposed Timescale: 28/07/2016 and weekly thereafter.

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:

Behaviour support plans required more information to guide staff on what to do in order to support the child or adult if and when they engaged in behaviours that challenge.

12. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The PIC will continue to schedule monthly meetings with the Behaviour Therapist and in consultation with families and other disciplines involved in the support provision will develop Behaviour Supports Plans for each service users requiring this identified support.

Proposed Timescale: 31/10/2016

Theme: Safe Services

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

Intimate care plans in place were not detailed and did not outline the actual supports that staff implemented in practice.

13. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The PIC will ensure that Intimate and personal Care plans are developed for each service user in consultation with the service user and their family. Each Plan will be presented in a manner that respects the dignity and bodily integrity of each service user.

Proposed Timescale: 07/11/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Medication safety and management audits were not being systematically implemented at the time of inspection.

The maximum dose of PRN medication in a 24hour period was not specified on the administration charts.

14. 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) The PIC has commenced carrying out Medication Audits in the service. 02/08/2016

b) The PIC will ensure that all Medication Kardex are reviewed and updated to reflect the maximum dose of PRN medications is clearly stated. 30/09/2016

Proposed Timescale: 30/09/2016

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 statement of purpose did not indicate the name of the nominated provider for the service.

15. 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 PIC has inserted the name of the Provider Nominee in the Statement of Purpose and Function.

Proposed Timescale: 06/09/2016

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:

Improvements were required to ensure internal audits included assessment of the quality of care and welfare supports residents were receiving during their stay.

16. 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:

An unannounced visit to the service will be carried out using the new guidance from HIQA for organisations in respect of unannounced inspections

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 action plans from the 6 monthly and annual review audits did not identify specific time frames for when the actions should be completed.

17. 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:

The PIC will review the most recent organisational unannounced audit and identify outstanding actions.

A further unannounced visit to the service will be carried out and any actions will be detailed with a timeline. This will be maintained and updated by the PIC

Proposed Timescale: 31/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some documentation as required by schedule 2 of the regulations were not found to be on file for some staff.

18. 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:

All documentation as required by Schedule 2 has been placed in the relevant staff files.

Proposed Timescale: 29/07/2016

Theme: Responsive Workforce

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

Three staff had not attended refresher Children First training since 2013.

19. 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:

The PIC has scheduled staff members who require refresher training in Children First.

Proposed Timescale: 16/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies and procedures had not been reviewed every three years to ensure they were up-to-date and reflective of best practice and changes in operational management systems within the organisation.

20. 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:

All schedule 5 policies are under review in line with the organisations new Policy on Policies which adheres to the review of policies at minimum every 3 years.

Proposed Timescale: 31/12/2016

Theme: Use of Information

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

A formal directory of residents was not maintained in the centre. A list of those accessing the service was maintained with dates accessed centre maintained in the centres diary.

21. Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The PIC has completed a Directory of Residents for the service.

Proposed Timescale: 15/08/2016

Theme: Use of Information

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

Photos of residents on some files were not up-to-date

22. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
The PIC will ensure that a photograph of each service user will be placed in their file.

Proposed Timescale: 31/10/2016