| **Centre name:** | A designated centre for people with disabilities operated by L'Arche Ireland |
| **Centre ID:** | OSV-0003418 |
| **Centre county:** | Dublin 13 |
| **Type of centre:** | Health Act 2004 Section 39 Assistance |
| **Registered provider:** | L'Arche Ireland |
| **Provider Nominee:** | Mairead Boland Brabazon |
| **Lead inspector:** | Caroline Vahey |
| **Support inspector(s):** | None |
| **Type of inspection** | Unannounced |
| **Number of residents on the date of inspection:** | 6 |
| **Number of vacancies on the date of inspection:** | 1 |
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 un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 April 2016 10:00  
To: 20 April 2016 19:30

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

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**Summary of findings from this inspection**

Background to the inspection
This was the fourth inspection of the designated inspection and the second follow up inspection following a registration inspection in July 2015. The purpose of the inspection was to inform a registration decision and to follow up on the non compliances from an inspection in October 2015. A provider meeting was also held in October 2015.

How the inspector gathered evidence
The inspection took place over one day and as part of that inspection the inspector spoke to two residents and to four staff members. Residents reported they were satisfied with the service and with recent changes to living arrangements. The inspector observed staff interactions with residents at intervals during the day. The inspector also reviewed documentation such as personal plans, staff training, staff rosters, complaints records and policies and procedures.
Description of the service
The overall objectives of the service was to support residents in making a comfortable secure and safe home, providing appropriate support to meet residents' needs and to promote independence in order for residents to meet their full potential. Overall the inspector found the service provision was consistent with the objectives set out in the statement of purpose. The centre accommodated both males and females. There were six residents living in the centre on the day of inspection, and one vacancy.

The centre comprised of two units located on the same road which were close to local amenities. Public transport was available as well as a centre bus.

Overall judgements and findings
Residents outlined they were happy with living arrangements and the implementation of plans in order to achieve goals. The inspector found the care and support provided was consistent with the residents' needs, enabling residents to realise their aspirations.

The centre was in compliance or substantial compliance across a number of outcomes. The inspector found resident rights were upheld and the plans in place for residents promoted independence, contribution, education and new experiences.

While progress had been made in a number of outcomes, further improvement was required in personal planning to ensure support plans in place comprehensively guided practice. Training had not been made available to some new staff in behaviour support and safeguarding. The skill mix was not appropriate and additional nursing support was required. While the provider had taken some actions to improve the accessibility in the premises, further work was required.

These non compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of the 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:
The inspector found residents' right and dignity were upheld and residents were provided with appropriate support in order to maximise their independence in line with their aspirations and goals.

The actions from the previous inspection had been satisfactorily implemented. Behaviour support plans were in place and implemented where required. Plans were subject to regular review with new arrangements being implemented in order to support the residents and to decrease the likelihood of antecedents to behaviour. The implementation of changes to behaviour support plans had resulted in positive outcomes for residents. The inspector spoke to two residents who identified they were happy with their current living arrangements.

Personal plans were now in place reflecting residents' wishes and goals. Individual goals had been developed, for example, moving to independent living, holidays, managing finances and visiting different cities. Goals were reviewed at approximately two to three monthly intervals.

The inspector reviewed records of complaints since the last inspection. Complaints logged had been promptly managed to the satisfaction of the complainant.

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

**Findings:**
The inspector found the action from the previous inspection had been satisfactorily implemented and a policy on communication with residents was now in place.

**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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that each resident had a written contract outlining the service to be provided and the fees to be charged. However, one action from the previous inspection had not been satisfactorily implemented and the written agreement did not outline the additional fees to be charged.

The inspector found the criteria for admission clearly outlined the care and support the centre has the capacity to meet and also those needs the centre could not meet.

**Judgment:**
Substantially Compliant
Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Overall the inspector found some improvements had been made in the provision of personal plans however, further development was required to ensure goals with actions were clearly defined, and that up to date plans were in place to support assessed needs with sufficient detail in order to guide practice.

The inspector reviewed three personal plans as part of this inspection.

Individual goals had been developed in line with residents wishes and outlined the person responsible for supporting the resident in achieving their goals, these goals also outlined a date for review. However, the inspector found that goals did not clearly outline what residents hoped to achieve or the actions required to achieve these goals. For example, some social care goals named the goals as going on holiday, visiting the city centre, going to concerts and outlined the first step and action required in achieving the goals for example deciding on a date. However, no further details on actions were documented and opportunities to progress goals prior to review dates had the potential to be overlooked.

Personal plans were developed however, the inspector found the details outlined in some plans was either basic or not updated to reflect a change in circumstance. Plans had been developed in relation to residents' physical needs. These plans were basic, did not outline the supports required to meet assessed needs, did not outline all of the treatments or interventions in place and did not detail the on-going monitoring required in order to assess the effectiveness of interventions and potential decline in conditions. The inspector found these non compliances were consistent across all physical health care needs for example, mental health, intimate care, weight management, urological and gynaecological needs. However, the inspector did find that staff members spoken to were knowledgeable on the interventions required and in place to meet these needs.

The inspector also found that conflicting guides were in place in personal plans. For example, a personal plan contained a behaviour support guide from 2012 which was in conflict with the support needs set out in a current behaviour support plan. Two risk
management plans had not been reviewed or updated to reflect the current control measures in place.

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

**Findings:**
The inspector found some works had been completed since the last inspection however, accessibility of the premises in order to ensure maximum independence for wheelchair users remained an issue. Some redecoration was also required.

Remedial works had been completed to improve accessibility in and out of the centre since the last inspection. However, accessibility inside the centre required improvement. The provider had engaged an architect since the last inspection and a report was completed on the recommended alterations to the premises. The inspector reviewed a plan in place to complete the recommended works and also spoke to the provider nominee. The provider nominee outlined the progress of the plan to date and the inspector found progress was being made within the specified timeframes. Funding was yet to be secured for this project.

A bedroom in one unit had not been redecorated, as specified in the action plan response from a follow up inspection on 28th October 2015.

Two actions from the previous inspection were satisfactorily implemented. The damp area in the sitting room of one unit had been repaired and redecorated. In addition, the laundry room in this unit had been completed and was fully accessible for all residents.

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

Findings:
Overall the inspector found improvements had been made in the provision of behavioural support to ensure the safety and well being of all residents. However, improvement was required in the provision of safeguarding training and training in behavioural support.

One action from the previous inspection had not been satisfactorily implemented. The inspectors reviewed records of staff training and found four staff had not received training in challenging behaviour including de-escalation and intervention techniques. The inspector found there was no plan in place to provide this training. In addition not all staff had received training in the centre's safeguarding policy and procedures.

The safeguarding policy had been updated since the last inspection and the inspector found the policy in place was comprehensive and in line with national guidelines.

Behaviour support plans were in place where required. The inspector spoke to a volunteer staff who was clear on the strategies to prevent incidences of challenging behaviour and to respond to incidences of challenging behaviour. Behaviour support plans were subject to regular review, with positive and appropriate actions taken following these reviews, resulting in positive outcomes for residents.

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

**Findings:**
The inspector found the supports required to assist residents in achieving their education, training and development goals were in place.

An assessment had been completed by an external professional for each resident and included an assessment of personal, educational and employment needs. Goals were developed in line with residents' individual aspirations and interests. For example, managing finances, completing state examinations, independent living, having a job in the centre and social outings. The inspector found goals were implemented. For example, the inspector spoke to two residents who described the activities they were engaged in to complete goals.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found the statement of purpose had been updated to include the centre’s governance arrangements. However, the specific care and support needs outlined in the statement of purpose were not reflective of the needs the centre intended to meet. In addition, floor plans did not outline the size of rooms and the staffing complement in whole time equivalents was not reflective of the staffing in the centre.

The statement of purpose was reviewed a minimum of annually.

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

**Findings:**
The inspector found that improvements had been made to ensure the service provided was safe and consistent however, further improvement was required.

While the provider had employed additional staff, a nursing post remained vacant. The provider nominee outlined the service was actively seeking to recruit nursing staff. The inspector found gaps in the provision of training in safeguarding and in challenging behaviour with no plan in place on the day of inspection to address these issues. In addition an annual review of the quality and safety of care and support which had recently been completed identified all staff had received training in safeguarding.

Improvements had been made in response to safeguarding concerns and the provision of behavioural support with prompt and appropriate actions taken to minimise the risk of reoccurrence. The person in charge completed a quarterly report for the provider nominee of all incidents occurring in the centre including safeguarding issues. The report detailed the actions taken to minimise further risks. The provider nominee responded where required on the additional actions to be completed in response to incidents.

The person in charge and the person participating in management facilitated supervision for staff at approximately two monthly intervals.

**Judgment:**
Non Compliant - Moderate

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

Findings:
The inspector found the centre was sufficiently resourced to meet the needs of residents and to support residents in achieving their individual personal plans.

The provider had employed additional staff since the last inspection and the inspector found there were sufficient staff numbers on duty at all times. The skill mix in relation to nursing support is addressed in Outcome 17.

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

Findings:
The inspector found there were sufficient staff to meet the needs of residents however, improvement was required in the provision of nursing support.

One action from the previous inspection had not been satisfactorily implemented. While additional staff had been employed, the service had not employed additional nursing support. Deficits were identified in the development of health care plans with insufficient skilled staff to develop these plans. The provider outlined the ongoing recruitment process in place to try fill this post.

Training had been provided since the last inspection on the provision of behavioural support. Some newly recruited staff members had not received training, and this is discussed in Outcome 8. Staff spoken to were knowledgeable on the support plans in place for residents displaying behaviours that challenge.

The inspector reviewed staff rosters. Four staff were scheduled to work morning shifts and five staff in the afternoon. Four staff were scheduled on duty at night time on a
sleep over arrangement. The documentation maintained in relation to rosters was updated since the last inspection and clearly outlined the staff on duty. The inspector also found the staffing arrangement ensured a continuity of care for residents in the centre.

**Judgment:**
Non Compliant - Moderate

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**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found most required records were maintained in the centre however, improvement was required to ensure records for missing persons were complete.

There were no records completed for missing persons as per the centre policy.

Policies on communication with residents, provision of information to residents, access to education, training and development and the creation of, access to, retention of, maintenance of and destruction of records were complete and available on the day of inspection.

Copies of incident and accidents reports were maintained in the centre including those pertaining to incidents of challenging behaviour.

**Judgment:**
Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Vahey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>20 April 2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreement did not outline the additional fees to be charged to residents.

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The written agreement now outlines the additional fees to be charged to residents.

Proposed Timescale: 13/05/2016

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:
Some personal plans were not updated to reflect changing needs.

Two risk management plans had not been updated to reflect current practice.

A personal plan contained a behaviour support guide from 2012 which was in conflict with the support needs set out in a current behaviour support plan.

2. 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:
All risk management assessments will be reviewed.
Resident’s personal plans will be updated in order to reflect current support needs.
The behaviour support guide from 2012 has been removed.
A new audit system will be put in place to facilitate the quarterly review of personal plans.

Proposed Timescale: 30/07/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not comprehensively outline the support required to meet the assessed needs of residents.

Personal plans did not outline treatments or interventions in place or the ongoing monitoring required.

3. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.
Please state the actions you have taken or are planning to take:
Resident’s personal plans will be updated in order to reflect current support needs. A new audit system will be put in place to facilitate the quarterly review of personal plans.

Proposed Timescale: 30/07/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre required upgrading to ensure maximum accessibility for residents.

4. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The plan to date and future strategy is as follows:

An Architects report was recently commissioned to address accessibility concerns and inform plans to address same.

Remedial work was / and will continue to be carried out in both centres to improve accessibility.

A design/ architect firm have been engaged to work with the residents and staff to develop a plan for enabling a future remodelling of the centre(s). This design will be based on active resident participation and their wishes.

The provider is actively sourcing funding for the remedial works.

Proposed Timescale: 30/07/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One bedroom in the centre required redecoration.

5. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.
Please state the actions you have taken or are planning to take:
The back bedroom will be redecorated.

Proposed Timescale: 30/06/2016

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:
Four staff had not received training in challenging behaviour including de-escalation and intervention techniques.

6. 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:
All staff will receive training in the management of behaviour that is challenging (including de-escalation and intervention techniques). Dates for training are currently being arranged with STUDIO III to facilitate this.

Proposed Timescale: 10/07/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had not completed training on the centre's policies and procedures on safeguarding.

7. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
All staff will receive training on the centre's policies and procedures on safeguarding. Safeguarding Training is planned for 15th June 2016.

Proposed Timescale: 30/06/2016
### 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 outline the specific care and support needs the centre is intended to meet, the staffing complement in whole time equivalents and the size of rooms in the centre.

**8. 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:**
Completed and sent as requested to the Regulatory Support Team.

**Proposed Timescale:** 22/05/2016

### 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:**
Further improvement was required to ensure the service provided was safe, consistent and appropriate to residents' needs. Mandatory training had not been provided for some staff. Adequate nursing support had not been provided.

**9. 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:**
Mandatory training (safeguarding and intervention techniques to support challenging behaviour), will be provided for all members of staff. See action point 7 and 8.

Regarding Nursing support and our continuing difficulty in securing a suitable candidate the following plan will be put in place:

**Long Term Plan:** Advertising for this position will continue.

**Interim Term Plan:** Agency support is sought for the additional Nurse cover each week and annual leave when it occurs. This will result in cover significant additional

**Proposed Timescale:** 10/07/2016
### Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The provision of nursing support was not adequate.

10. **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:**

   Regarding Nursing support and our continuing difficulty in securing a suitable candidate the following plan will be put in place:

   - **Long Term Plan:** Advertising for this position will continue.
   - **Interim Term Plan:** Agency support is sought for the additional Nurse cover each week and annual leave when it occurs. This will result in cover significant Monday through to Saturday.

**Proposed Timescale:** 10/07/2016

### Outcome 18: Records and documentation

**Theme:** Use of Information

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

There were no records complete for missing persons as per the centre policy.

11. **Action Required:**

   Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

   Records for missing persons are now completed.

**Proposed Timescale:** 13/05/2016