

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004038
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 June 2016 09:40 To: 14 June 2016 21:15

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an unannounced inspection conducted in line with the Health Information and Quality Authority's (HIQA's) remit to monitor compliance with the regulations. It was the centre's first inspection by HIQA. It was completed over one day with all the centre's units inspected.

How we gathered our evidence

The inspectors met with a number of the staff team and conducted a lengthy meeting with the person in charge at the commencement of the inspection. Inspectors also met with a number of residents who resided in different units of the centre to gather their opinions on the quality of care and supports provided. Observation of staff engagement and interactions with residents also contributed to findings.

As part of the inspection process the inspectors spoke to staff and reviewed various sources of documentation including residents' files, a number of the centre's policy documents and its statement of purpose. In addition, the inspectors completed a walk through all of the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided for residents within this centre. The centre was comprised of four community-based houses (units) within various housing estates across a broad geographical base. The majority of residents lived in the main premises of their residence while some others lived in flats that were directly attached to the house. There was capacity for 24 residents in the centre but on the day of inspection it was home to 23 female residents over 18 years of age. The statement of purpose stated that the centre was providing residents with a service that supported and promoted their health, development and wellbeing. The level of support that residents required was described as varying from minimal to those with more complex conditions that required full support. Their needs included a number of medical conditions, dementia, behavioural and mental health supports.

Overall judgment of our findings

Eight outcomes were inspected against on this inspection. Six were found to be of moderate non-compliance. Governance and management was assessed as substantially compliant and the inspectors found that residents' healthcare needs were supported. Areas for improvement were identified in the core outcomes of residents' social care needs, safety and risk management, safeguarding, medication management and workforce. In particular, improvement is required in medication management and mandatory training for staff. As per outcome six, improvements are required in the centre's premises to ensure that they are suitable for residents' needs, are well maintained and homely.

These findings along with others are further detailed in the body of the report and the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that the wellbeing and welfare of residents in this centre was being maintained and that residents were facilitated in pursuing meaningful activities. Assessments were completed with residents and the arrangements to meet their needs and wishes were outlined in an individualised plan. However, the inspectors noted that there was room for improvement with some residents' support arrangements. The inspectors observed that residents participated in the planning process. Also, residents were observed to be supported as they moved and transitioned between services.

From discussion with a number of residents, a review of plans, general observation and discussion with staff the inspectors observed that the needs and wishes of residents were assessed as required. Plans were in place to inform and guide staff in supporting residents' daily needs and wishes. However, the inspectors found that some residents' plans, for example, intimate care were not reviewed and updated when there was a significant change in their circumstances. In addition, some residents highlighted that they did not have adequate access to personal transport which was impacting on their daily activity options.

The inspectors noted that residents with more complex needs had a traffic light system in their files to highlight their critical care interventions and support information. Residents' plans and information was available in accessible formats, for example, goal setting and timetables. Residents were aware of their files and personal plans and of their ownership of these documents. There was evidence that the resident, their representative and other people as appropriate participated in planning and review

meetings.

The inspectors observed that residents' interests and preferences informed their personal goal setting. Life skills were noted to be incorporated into individualised goal setting. Residents' daily activities were varied with a high number based in the community. These included social outings, shopping, swimming, pursuit of individual spiritual interests and bingo.

Residents were observed to be supported when moving between services with evidence of their consultation and active involvement in the process.

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):

This was the centre's first inspection by the Authority.

Findings:

Not all areas of this outcome were inspected as part of this first inspection. Overall, inspectors found that some improvements were required in the centre to ensure that the premises met and was maintained in line with residents' needs.

In a number of units, inspectors found that some residents shared a bedroom. There were arrangements in place to ensure the privacy and dignity of residents was met in this situation. However, some residents had made a complaint about this matter. The centre manager was aware of this situation and reported that the centre was addressing it. The inspectors observed that the centre had recently rearranged a unit to provide single rooms to support residents' preferences for a single room.

The size and standard of bathrooms in one of the units was not sufficient to meet the needs of all the residents. This observation was also highlighted by staff in the unit. The main bathroom available to residents was noted to have limited space and another in an attached flat did not provide adequate facilities for residents to fully attend to their personal care needs.

Inspectors identified that maintenance issues were not addressed in a timely manner, for example, requests were submitted for a lock to be repaired on a medication press and for a mat to be secured to a step to facilitate safe access and egress for a resident. Both issues were discussed with the provider at the feedback meeting and the inspectors were informed the following day that these matters had been addressed.

There were areas of damp and mould observed by inspectors in one unit. Staff stated that this issue had been reported but they had no timeframe on when it would be addressed. This had also been identified by the service provider on an unannounced visit conducted in March 2016.

Rooms in a number of units required painting and decorating to ensure that they were homely and comfortable for residents and the inspectors noted that some curtains needed to be correctly hung. Also, in another of the residents' communal areas a boiler unit on the wall had no cover and was unsightly. Some areas were observed to be cluttered and a little unkempt with dead flowers observed to be left in a vase.

Inspectors found that the gardens in the centre were overgrown and were in general not maintained in a manner that was acceptable or inviting for residents to use. The provider informed inspectors at the feedback meeting that this was highlighted to the contractor and will be addressed.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall inspectors found that there were systems in place to ensure the health and safety of residents, staff and visitors. However, improvements were needed in the areas of risk management, fire prevention and training.

The centre had a health and safety statement and emergency plan in place. There was a policy and procedure relating to when a resident goes missing.

The risk management policy in place included the risks specified by Regulation 26. Inspectors reviewed the centre's risk register which included risk assessments for medication errors, behaviour that challenge, manual handling, chemicals, violence and aggression. However, the risk register was not centre specific and did not identify all

risks in the centre. For example, the risk register contained blank risk assessments for elevators, swimming pool and wood working machine which were not relevant to the centre. Inspectors also identified risks which were not risk assessed; for example, new staff or medication training. There were also individual resident risk assessments in place for dementia and memory loss, residents living alone, eating, drinking and swallowing and falls.

Inspectors reviewed a sample of cleaning checklists and found the centre to be clean overall. There was personal protective equipment and hand wash facilities located throughout the centre. Colour-coded chopping boards were also observed in the kitchens.

There were arrangements in place for the prevention and management of fire. Daily and weekly checks were in place which covered fire exits, fire alarm, emergency lighting and extinguishers. Inspectors reviewed servicing records and found that they were up-to-date for all fire equipment - extinguishers, fire alarm and emergency lighting. However, there were no fire doors in the centre.

Inspectors reviewed a sample of individual fire risk assessments which were in place for all residents which highlighted the needs of the residents. Regular fire drills were taking place in the centre. However, inspectors found these drills did not adequately ensure the safety of all residents. The centre completed a fire drill the following day to address this concern and provided assurance of the evacuation procedure.

Inspectors reviewed a sample of staff files and found that all staff had up-to-date training in fire safety but not in manual handling.

Inspectors did not inspect the vehicles used by the centre as part of this inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that the centre had measures in place to protect residents from being harmed or suffering abuse. In general, a positive behaviour support approach was evident for residents that engage in behaviours that challenge but the inspectors noted that it required improvement to be fully compliant with regulations. The centre tried to promote a restrictive-free environment for residents but some improvement was required.

The inspectors found that there were systems in place for responding to incidents, allegations and suspicions of abuse and that these had been utilised for residents when appropriate. Staff were aware of the different types of abuse. They outlined how they would respond to potentially abusive situations and were clear with regard to their reporting responsibilities in the system. However, safeguarding training for some staff was noted to be out-of-date.

Though the inspectors observed that overall there was a positive approach to behaviours that challenge, some regulatory gaps were noted with the use of a restrictive practice. There was no evidence of consent for an environmental restriction that was being utilised in response to a resident's behaviour, no evidence that a behavioural assessment had been completed for the resident's behaviour, usage of the restrictive practice was not tracked and it had not been reviewed from the perspective of the resident's rights. The inspectors noted that a risk assessment had been completed and the person in charge outlined other supportive options that were being explored by the staff.

Staff had not been provided with all the necessary training and education to enable them to fully support the needs of some residents that engaged in behaviours of concern. This included positive behaviour support and an understanding of specific health conditions.

During the inspection, staff interactions with residents were observed as responsive, individualised, warm and respectful. Residents communicated to the inspectors that they felt safe, liked living in their house and would seek staff assistance when necessary. The centre had policies in place as required by regulation.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' healthcare plans showed that the diverse healthcare needs of residents were being assessed, supported and responded to in a timely manner. Interviews with residents during the inspection process regarding their healthcare needs confirmed the findings from documentation reviewed. Staff were aware and generally knowledgeable regarding residents' needs and supports.

The inspectors found that residents had access to and were supported by a multidisciplinary team which included psychiatry, physiotherapy, occupational therapy and social work support. The inspectors noted that multidisciplinary case conferences were scheduled for residents as required. Residents were also attending allied healthcare services in general hospitals and the community. These included medical consults, neurology consults, diabetic clinics and chiropody services.

The inspectors found that residents had access to a general practitioner (GP) of their choice and they expressed satisfaction with this service.

The inspectors observed and residents reported that food and meals provided were of a good standard. Snacks and drinks were freely available. The inspectors noted that residents' choice was facilitated and residents were supported by a dietician as required. Residents were supported to prepare their own snacks and meals with healthy eating encouraged by staff.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that residents were protected by the centre's policies and procedures for medicines management. However, the inspectors noted issues with some residents that were responsible for their own medication.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The inspectors noted that residents' prescription and administration sheets contained the required information with evidence of medication reviews by both the general practitioner and psychiatrist.

A pharmacist of choice was available to residents and they expressed satisfaction with the service provided to them. Staff had attended training in the pharmacy's medication dispensing system which residents utilised.

There was a system in place for the identification and review of medication errors and the inspectors reviewed documentation related to this. Medication audits were completed by a level 3 clinical nurse manager (CNM3) involved in management and this data was subsequently reviewed on a quarterly basis with the person in charge. Gaps in staff medication administration training had been identified through these processes and will be referred to under findings in Outcome 17.

The inspectors observed that records and medications were stored correctly for residents that were assisted in taking their medication. However, the inspectors observed issues for some residents who were responsible for administering their own medication. The inspectors found that the necessary underpinning risk assessment was not present for one resident and also another resident's medication was not securely stored. This finding was highlighted during inspection and the inspectors received confirmation from the provider the following day that the resident's medication press had been repaired and the resident's medication was now securely stored.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that the management systems in place ensured the delivery of safe and quality service. However, improvements were required to ensure that the

service provided is effectively monitored and that identified areas for improvement are systematically addressed.

The provider had completed the required six-monthly unannounced visits and the inspectors reviewed the two recent unannounced visit reports. These looked at a number of outcomes and had actions identified. The annual review of the quality and safety of care was completed, actions had been identified and the report was made available to inspectors. However, consultation with residents and their representatives was not evident in this process.

The centre had regular audits in place; for example, incidents and accidents, medication and care plans. However, these audits were carried out on a unit basis and did not provide oversight of the designated centre. Also, learning from individual units was not being generalised to other units of the centre. There was a need to collate the information to ensure the effective governance and operational management of the centre.

Inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability. Staff reported to a manager in each unit, who in turn reported to the person in charge. The person in charge reported to the clinical nurse manager who in turn reported to the provider nominee. In the absence of the person in charge a clinical nurse manager was also available. The person in charge was a qualified social care worker and was in post in this centre for approximately two years. The inspectors found that the person in charge was knowledgeable on residents' needs, provided good leadership and was committed to their professional development. Both residents and staff were observed to be very familiar with the person in charge and highlighted the person's availability.

Judgment:
Substantially Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

Overall inspectors found that there was sufficient staffing to meet the needs of the residents. However, improvements were required with regard to staff training and supervision.

A planned and actual rota was maintained. Inspectors reviewed the rota and found that staffing levels were flexible to meet residents' needs. For example, one of the units had moved from using sleepover staff to a waking night staff due to residents' evolving needs. Additional one-to-one support staff were available to support residents with activation. However, residents highlighted issues with consistency of the support staff.

Staff had regular contact with the person in charge who worked alongside them for one unit shift a week. There was evidence of regular team meetings where centre issues were raised and discussed. Issues with staff practice had been identified by the centre's review of a recent incident but formal supervision was not conducted with staff members.

Inspectors reviewed a sample of staff training and found that not all staff had up-to-date mandatory training in safeguarding, manual handling and in medicines management.

Recruitment procedures in the centre were effective, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally by the human resources department of the organisation. Staff files were reviewed in a separate location before the inspection and found to contain all the information required under Schedule 2 of the regulations.

There were two volunteers active in the centre. Records confirmed that volunteers received mentoring, had clear roles and were vetted appropriate to their role and level of involvement in the centre.

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:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004038
Date of Inspection:	14 June 2016
Date of response:	27 July 2016

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Adequate arrangements were not present to comprehensively meet some residents' needs.

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

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

The needs of service users will be reviewed and assessed needs will be addressed.

Proposed Timescale: 01/09/2016

Theme: Effective Services

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

Some residents' plans were not updated in line with significant changes in their circumstances.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The personal plans will be reviewed and actioned to take into account changes in circumstances.

Proposed Timescale: 01/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Baths, showers and toilets were not of a standard suitable to meet the needs of residents.

3. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The provider will review the bathroom and toilet facilities with the Service engineer. The frontline staff and Person In Charge will continue to facilitate service users in all areas of their Intimate Care on a daily basis in the current facilities. PIC will consult with the Occupational Therapist for further guidance in relation to this issue.

Proposed Timescale: 01/10/2016

Theme: Effective Services

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

A number of maintenance issues were not addressed in a timely manner for residents.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1. The provider actioned all urgent maintenance issues on 15/6/16
- 2: The provider and maintenance manager will prioritize all other outstanding maintenance issues.

Proposed Timescale: 01/10/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The centre's risk register was not centre specific.

5. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The site specific Risk Register has been reviewed and is now centre specific.

Proposed Timescale: 25/07/2016

Theme: Effective Services

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

There were no fire doors in the centre.

6. Action Required:

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

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

The provider will consult with the fire consultant and carry out his recommendations.

Proposed Timescale: 01/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not received appropriate training and education to fully support some residents' behaviour support needs.

7. 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 has requested Studio 3 Training for all staff who require this. In service training will be provided to staff in one house on specific needs relating to one service user on 04/08/16.

Proposed Timescale: 20/08/2016

Theme: Safe Services

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

No evidence of consent was present for the implementation of restrictive practices with some residents.

8. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The service user and her family have been consulted as to the use of the restrictive practice. This is reviewed quarterly.

Proposed Timescale: 25/07/2016

Theme: Safe Services

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

A behavioural assessment had not been completed for some residents' behaviour that was challenging.

9. Action Required:

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

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

Behavioural assessments are in place for all residents that demonstrate behaviours that challenge.

Proposed Timescale: 25/07/2016

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:

No risk assessment was available to demonstrate the resident's capacity to be responsible for their own medication administration.

10. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

A risk assessment is now in place for the resident who self-medicates.

Proposed Timescale: 25/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Monitoring systems were on a unit basis and did not provide for the effective monitoring of the service provided across the designated centre.

11. 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:

The P.I.C. and CNM3 will monitor all Incidents/Accidents/Errors on a central level

Proposed Timescale: 01/09/2016

Theme: Leadership, Governance and Management

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

It was not evident that residents and their representatives were consulted as part of the centre's annual review.

12. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Residents and their representatives will be consulted as part of the 2016 annual review on 16th August 2016.

Proposed Timescale: 01/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some residents in the centre highlighted that they were not consistently supported by the same staff.

13. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The provider is currently recruiting Health Care Assistants and this will provide regular relief staff to the resident.

Proposed Timescale: 01/10/2016

Theme: Responsive Workforce

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

Not all staff had up to date mandatory training.

14. 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 P.I.C. will review all mandatory training and request training for staff who have not got up to date training.

Medication training for staff scheduled for 28/07/16, 29/07/16 & 22/08/16 & 23/08/16 and a further date in September to be scheduled.

Proposed Timescale: 01/09/2016