Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Avalon Services
Centre ID:	OSV-0004070
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Frances Murphy
Lead inspector:	Anne Marie Byrne
Support inspector(s):	Stevan Orme
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	3

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:	To:
29 November 2016 08:45	29 November 2016 17:30

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

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

Summary of findings from this inspection

Background to the inspection:
This inspection report sets out the findings of an inspection, to monitor the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013, and to inform a registration decision. This inspection was un-announced and took place over one day.

How we gathered our evidence:
Inspectors met with three residents, staff members on duty and the management team during the inspection process. Inspectors reviewed practices and documentation to include residents' personal plans, accident and incident reports, policies and procedures, fire management documents and various risk assessments.

Description of the service:
This respite service was managed by Ability West and was a modernised large dwelling located on the outskirts of Galway city. The centre comprised of a two storey building which had spacious private and communal areas for residents' use. Sufficient bedroom and bathroom facilities were available to meet the assessed needs of residents. The centre was found to be clean, bright and well maintained and provided a secure garden area for residents to enjoy.

According to the centres' statement of purpose, the centre accommodates up to eight people, providing respite and crisis support for those with intellectual disability. The centre provided respite residential care for adult residents from 18 years of age onwards. The Person in Charge (PIC) had the overall responsibility for the service and was supported in her role by the Area Manager who also acted as the Person Participating in Management (PPIM) for the centre.

Overall judgment of our findings:
Inspectors found that this was a well managed centre that provided individualised and person centred respite care to its residents. The service provision and quality of care delivered was found to be of a high standard in a number of areas. Residents' rights, dignity, privacy and involvement in the centre were well promoted. Inspectors found residents were safe, well protected and were provided with good quality of health and social care. Staff working in the centre on the day of inspection were found to be professional in their manner and created a calm and homely environment for residents.

Inspectors noted some areas that required improvements to ensure compliance with the regulations and standards. These included are outlined within Social Care, Medication Health and Safety and Risk Management, Medication Management and Workforce.

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):
No actions were required from the previous inspection.

Findings:
On the day of inspection, inspectors found residents had opportunities to participate in meaningful activities that were appropriate to their interests, preferences and needs. Personal goals were identified through consultation with residents and their families. However, supporting documentation did not clearly outline which personnel were responsible for supporting residents to achieve their goals

Residents were supported to access local day care services on the day of inspection. The centre had full time access to a vehicle and this was observed to transport residents to and from various services. Residents were observed to have choice in accessing local attractions such as cinemas, walking routes, hotels, shops and restaurants. The internet, a computer and telephone access was available for residents within the centre. Where residents were identified as needing one to one support for community outings, sufficient staff were available to provide this support and reflected in the centre's staffing roster.

Intimate personal plans were in place for each resident which detailed the level of staff support required by residents during various personal care routines. These plans were also found to inform on residents' abilities to independently conduct their own personal care routines where possible.

Inspectors observed that planned supports were in place where residents were transitioning between services. Inspectors reviewed transitional plans for a recent admission to the centre. These plans were found to offer guidance on the immediate supports to be given to transitioning residents. The plan also reflected the consultation

of other residents who were already availing of respite service within the centre. The plan demonstrated consideration and guidance in relation to changes in transport arrangements and familiarity with staff and environmental surroundings.

Inspectors reviewed a sample of personal plans. These were observed to contain individualised accounts of residents' preferred activities and social routines. An overall summary of residents' personal plans was also available for staff reference. This summary provided accessible and practical information to staff on the general management of each resident's social and healthcare needs.

Arrangements were in place within the centre to identify each resident's personal goals. These goals were identified in conjunction with residents and their families. As residents of the centre were in use of respite services, staff were not involved in the achievement of all goals. Inspectors observed that residents frequently had home visits and were involved in various day care services. However, there was no record available to determine what personal goals the centre was responsible for in supporting the residents to achieve.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Overall, the health and safety of residents, visitors and staff was promoted and protected within the centre. There were policies and procedures in place for risk management and in relation to health and safety. Inspectors found that suitable fire equipment was provided. There were adequate means of escape and fire exits were noted to be unobstructed at the time of inspection. However, improvements were required to ensure adequate evacuation arrangements were in place for all residents. Further areas of improvement were identified in relation to the systematic review of organisational risks within the centre.

An electronic database for the recording of accidents and incidents was in operation by the centre. Accidents and incidents were reviewed on a regular basis by the person in charge and the findings trended to inform risk management activities. The person in charge demonstrated good knowledge of this system and in how it informed practice within the centre. Monthly team meetings were facilitated by the person in charge to allow for staff discussion on incident trending and various risk management activities.

Risk management processes within the centre were guided by the centres' risk management policy. The centre operated an all encompassing risk assessment framework for each resident. On the day of inspection, inspectors were informed that some residents availing of the service were identified as being at high risk of absconsion. The centre demonstrated that a robust risk management system was in place for the specific management of these risks. Appropriate risk assessments were noted to be in place for these residents. Staff spoken to had a clear understanding of the control measures which were in place to mitigate the risk of absconsion from the centre.

An overarching risk register was in place for the identification, assessment and review of organisational specific risks. Inspectors observed that this risk management system identified, assessed and risk rated risks to inform organisational risk management activities for implementation. Staff spoken to provided inspectors with a clear understanding of the control measures in place to manage organisation specific risks. Inspectors were informed by staff members that where changes to these control measures occur, they are informed by management in a timely manner. However, inspectors observed that a systematic review of the organisational risk register was not in place. Although the centre had identified a number of organisational risk categories, inspectors found that only a small number of these risk categories had been reviewed within a twelve month period.

Personal Emergency Evacuation Plans (PEEPs) were in place for residents. Overall, inspectors found PEEPs were detailed to inform the level of staff supervision and assistance required by residents in the event of an evacuation. PEEPs were also found to give guidance on potential behavioural tendencies that residents may exhibit in the event of an evacuation. Staff spoken to were knowledgeable in the evacuation procedures and demonstrated a good understanding of the relevance of evacuation plans to inform their practice in the event of an evacuation. However, inspectors found that not all PEEPs were reflective of residents needs in the event of an evacuation. Where residents required emergency medication, it was found that these PEEPs did not guide staff on the specific management of these in the event of an evacuation.

Regular fire drills were conducted in the centre. Frequent resident meetings were held to further educate residents on the fire management systems within the centre. Upon review of the fire drill records, inspectors found that the drills had not considered the full evacuation of wheelchair users. Staff spoken to confirmed with inspectors that residents who use wheelchairs were not routinely evacuated during a fire drill, particularly where these residents were in bed at the time of the fire drill. The PEEPs for these residents were observed by inspectors to reflect this practice.

Fire training was provided to staff within the centre. However, upon review of the centres' training matrix, the inspectors found that not all staff had received fire training at the time of 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):
No actions were required from the previous inspection.

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff members were observed to treat and address residents in a respectful manner. The rights of residents were protected in the use of restrictive practices. Guidance documents on the management of behaviours that challenge were available for staff reference. However, it was observed that not all staff had received up to date training in safeguarding and behaviours that challenge at the time of inspection.

Inspectors observed that restrictive practices were in place in the centre. These practices were supported by associated risk assessments. Consultation with the Human Rights Committee was sought for the use of each restrictive practice by the centre. Positive practices were observed in relation to the centres' attempts to reduce the number of restrictive practices in use. In one instance, where residents were in use of a number of restrictive practices, alternative arrangements were trialled by the centre. Where these trials were successful, residents were now availing of restraint free aspects to their daily care. Staff spoken to were knowledgeable of restrictive practices in place for residents and demonstrated clearly to inspectors their understanding that these was only utilised for the shortest duration.

The person in charge informed inspectors that two safeguarding issues were recently brought to the attention of the centre. These concerns were identified to be in relation to safeguarding risks external to the centre. Adequate measures were being undertaken by the centre to support the affected residents who were in receipt of respite care. Inspectors were informed that the centre had consulted with the organisations' Designated Safeguarding Officer and that the recommended safeguards were in place. Staff spoken to were aware of the safeguarding concerns raised external to the service. Furthermore, staff outlined clearly to inspectors their role in protecting residents from all forms of abuse. However, inspectors found that all staff had not received safeguarding training at the time of inspection.

Behavioural support plans were in place for residents who presented with behaviours that challenge. These plans were found to be developed in a multidisciplinary manner,

detailing the specific triggers, de-escalation techniques and general management of behaviours for each resident that required them. The centre was also supported by a Behavioural Specialist in the management of behaviours within the centre. Specific behaviours were observed to be risk assessed and staff spoken to were aware of their role in supporting residents with behaviours that challenge. However, inspectors found that not all staff had received training in the management of behaviours that challenge at the time of inspection.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Residents' healthcare needs were met in line with their personal plans and through timely access to healthcare services. Each residents' healthcare needs were appropriately assessed and met by the care provided in the centre. Residents were encouraged and enabled to make healthy living choices. Inspectors also found that residents were actively involved in taking responsibility for their own healthcare needs.

Each resident was observed to have a concise record which contained comprehensive information pertaining to their healthcare needs. Staff spoken to were knowledgeable of each residents' specific healthcare needs and demonstrated a clear understanding of their responsibilities in supporting these residents.

Where residents presented with specific healthcare needs, there were appropriate risk assessments and management plans in place. Inspectors reviewed the management plans for residents who presented with specific healthcare needs. These plans were found to inform staff of the specific care interventions to be carried out for these resident. Staff spoken with displayed knowledge of their roles in supporting residents with such conditions. Staff also demonstrated where such management plans could be accessed should they need them.

Inspectors reviewed records detailing residents' referrals to various allied health services. Residents were found to have access to nutritional support services and other specialist services. Residents had access to a medical practitioner of their choice and all correspondences between the centre and such medical personnel was maintained by the centre.

Residents were supported to prepare and buy their own meals in accordance with their preferences. A kitchen and dining area was available for residents to enjoy. Staff were observed assisting residents in the preparation of meals. Staff spoken with informed of various supportive measures, which were in place, to promote residents to become more involved in mealtimes. Meal time options provided residents with a varied diet and residents were actively involved in the menu planning for the centre.

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):
No actions were required from the previous inspection.

Findings:
There were written operation policies relating to the ordering, prescribing, storing and administration of medications to residents in place. However, improvements in relation to prescribing practices and in the adequate completion of self-administration risk assessments for residents were identified.

Areas of good practice included the implementation of additional control measures by the centre to promote safe medication management systems. Inspectors found that dual checking systems were in place to monitor storage of medications. Further dual checks were in place to ensure medications were administered in accordance with prescription sheets. A spot check of residents' medications was conducted by inspectors and these were found to be clearly labelled. Medication administration records were found to be legible. Staff spoken to were knowledgeable of their responsibility to report all medication errors utilising the centres incident reporting system. Staff demonstrated a clear understanding of medication related incidents which warranted reporting.

At the time of inspection, three residents were identified as being responsible for their own medication. The centre had risk assessments in place for each of these residents. These risk assessments gave consideration to storage arrangements and to the level of staff support required by these residents. However, these risk assessments were found not to give consideration to the capacity of residents to take responsibility for their own medication. Inspectors also found these risk assessments were completed only where residents indicated they wished to take responsibility for their own medication. Not all residents were routinely risk assessed to take responsibility for their own medication.

Inspectors reviewed a sample of prescription sheets. These documents are transcribed within the centre and were found to be legible for administrating staff members to reference. However, inspectors found that not all transcribed prescription sheets were signed by the prescribing medical practitioner. Furthermore, inspectors observed hand amendments to transcribed prescription sheets, with no indication that these amendments were made by the prescribing medical practitioner.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall, effective management systems were in place that supported and promoted the delivery of safe, quality care services. Inspectors found that there was a clearly defined management structure that identified the lines of authority and accountability.

Since the last inspection, the person in charge, the person participating in management (PPIM) and provider nominee were newly appointed to the centre. The person in charge was appointed on a full time basis to the designated centre. She was present full time in the centre and was actively involved in the daily operational management of the centre. During the course of the inspection, the person in charge demonstrated sufficient knowledge of the legislation and of their statutory responsibilities.

Inspectors met with the newly appointed Provider Nominee as part of the inspection process. The Provider Nominee demonstrated clear engagement in the overall governance of the centre. Systems of delegation were established by the Provider Nominee to enhance oversight of the centre. The Provider Nominee provided a clear understanding of the legislation and of her statutory responsibilities. The Provider Nominee outlined to inspectors the current systems that were in place to support the person in charge and the PPIM. The Provider Nominee also briefed inspectors on the various quality improvement plans which were in draft for next year. Inspectors were informed that these plans focused on enhancing the governance and organisational management within the centre.

The centre had recently completed its annual audit. The annual reports were found to address areas such as the findings of provider led audits, overview of service users consultation processes and analysis of incidences and accidents. Inspectors observed that six monthly audits were being completed within the centre. These were noted to focus on all 18 outcomes. Where non-compliances were found, action plan reports were generated by the centre outlining corrective actions, those responsible for completion and estimated close out timeframes. These action reports were observed by inspectors and were found to be reviewed on a regular basis.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents. Systems were in place to ensure residents received continuity in the safe delivery of services.

A planned and actual roster was available for review on the day of inspection. The person in charge had provided inspectors with an outline of the staffing arrangements for the centre and this arrangement was reflected in the roster. Inspectors found the roster was determined by the needs of residents. Inspectors observed that where residents with specific needs were availing of respite services, the roster was developed based on the staffing skill mix required by those residents. It was noted by inspectors, that residents who required emergency medication were availing of respite services within the centre. A review of the roster for that respite period found that the centre had ensured members of staff who were trained in the administration of emergency medication were rostered for the duration of the residents respite stay.

The person in charge informed inspectors that set criteria for staffing arrangements had been established specific to the centre. This process was to ensure that suitable skill mixes were always in place to meet the needs of residents who presented with complex needs. Inspectors were informed of a centre specific staff induction programme which

was overseen by the person in charge. A staff supervision programme was in operation and inspectors were informed that arrangements were also in place to facilitate the supervision of the person in charge.

The staff training matrix was reviewed by inspectors. A wide variety of training programmes were observed to be provided and a record of all staff attendance maintained. However, inspectors observed some gaps in staff training. At the time of inspection, not all staff had received up-to-date training in manual handling. Further gaps in staff training in relation to safeguarding and the management of behaviours that challenge are discussed under outcome eight.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004070
Date of Inspection:	29 November 2016
Date of response:	16 January 2017

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure adequate systems were in place to demonstrate that recommendations arising out of each personal plan review identified the names of those responsible for pursuing objectives in the plan within agreed timescales.

1. Action Required:

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:
Records are now available to determine what Personal Goals the centre is responsible for supporting residents to achieve. Completed 11/12/2016

Proposed Timescale: Completed 11/12/2016

Proposed Timescale: 11/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure adequate systems were in place for the review of organisational risks.

2. 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:
Review of all organisational risks completed and documentation reflects same. Cover page attached to the Risk Register clearly outlines the timeframe in which documents need to be reviewed. Auditing tool put in place to ensure monthly review of contents page to ensure all are reviewed within the specified timeframe.

Proposed Timescale: Completed 11/01/2017

Proposed Timescale: 11/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that all staff had received fire training.

3. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control

techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
All staff have completed Fire Training. Completed 15/12 /2016

Proposed Timescale: Completed 15/12/2016

Proposed Timescale: 15/12/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that adequate arrangements were in place for the safe evacuation of:
- residents in use of wheelchairs
- residents in use of emergency medication

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

Please state the actions you have taken or are planning to take:
- Adequate arrangements in place for safe evacuation of wheelchair service users. Contingency staffing resource in place along with the purchase of assistive equipment and will be in place for next respite provision 21/01/2017
Two staff on duty to support the safe evacuation of residents with high support needs as required. PEEPS and Risk Assessment updated to detail same. Assistive equipment being sourced to improve evacuation time. Manual Handling Risk Assessment to be completed for one resident during next respite provision. 20/01/2017
- PEEPs (Personal Emergency Evacuation Plan) updated to reflect emergency medication requirements. Completed 07/12/2016

Proposed Timescale: 30/01/2017

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:
The provider failed to ensure that all staff had received training on the management of behaviours that challenge.

5. 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:
The one member of staff identified is scheduled to complete Studio III refresher by 31/01/2017 and in the interim has completed an individualised competency session with Studio III trainer. All other staff have up to date training.

Proposed Timescale: 31/01/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all staff had received safeguarding training.

6. 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:
Staff have up to date safeguarding training and records reflect same. Two outstanding (new staff) scheduled to complete same before 31/01/2017. In the interim an individual information session has been provided with these staff and they have reviewed and signed off on the Safeguarding policy.

Proposed Timescale: 31/01/2017

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:
The provider failed to ensure that all transcribed prescriptions records were signed by a medical practitioner.

7. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
The one medication error identified was processed and corrected with relevant documentation and signed by medical practitioner. Completed 30/11/2016

Proposed Timescale: Completed 30/11/2016

Proposed Timescale: 30/11/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that following a risk assessment and assessment of capacity, residents were afforded the opportunity 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.

8. 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:
Schedule of assessments taking place regarding self-administration of medication and will be completed in tandem with the service users respite provisions. Risk assessments will be updated to reflect same. To be completed by 31/03/2017

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure all staff had received manual handling training.

9. 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:
Manual Handling training programme completed 21/12/2016 and both staff to attend further training provided in house on 25/01/2017

Proposed Timescale: 25/01/2017