

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group K - St Anne's Residential Services
Centre ID:	OSV-0005157
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Simon Balfe
Lead inspector:	Julie Hennessy
Support inspector(s):	Kieran Murphy
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 24 October 2016 09:00 To: 24 October 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this designated centre. The purpose of this inspection was to follow up on progress being made to progress failings cited in notices of proposal to refuse and cancel registration of the centre that were issued by the Health Information and Quality Authority (HIQA) to the Daughters of Charity on 22 October 2015 in response to an application by the provider to register the centre. This inspection also followed up on non-compliances from the previous inspection.

Description of the service:

The centre comprises a two-storey house in a small rural village. The centre was clean, warm, homely and well-maintained with a pleasant private garden to the rear. Many of the residents who reside in the centre were of an older age-group and some residents had restricted mobility.

How we gathered our evidence:

As part of the inspection, inspectors met with the five residents living in this centre. Residents told inspectors that they were happy and liked where they were living. Some residents were retired and described to inspectors how they were supported to pursue interests of their choice. Other residents were semi-retired and attended a day service on a part-time basis. Residents outlined how they were supported to be part of the local community.

Inspectors also met with members of the staff team who were in the centre on the day of inspection. This included the house manager, support staff and the current person in charge. A new person in charge was in the process of being inducted into the service at the time of the inspection and was due to commence shortly in the centre.

Overall judgment of our findings:

Overall, inspectors found evidence of improvement with increasing levels of compliance over the course of this and the previous inspection. For example, improvements were found in relation to supporting residents' communication needs, securing multi-disciplinary input for residents with mobility needs and maintaining personal information in an appropriate manner. Staff and residents interacted in a warm manner and residents' independence, life skills and personal relationships were supported.

However, at this inspection one outcome remained at the level of major non-compliance with a second outcome increasing from the level of moderate to major non-compliance.

Under Outcome 6: Safe and suitable premises, failings identified at previous inspections relating to accessibility of the centre remained and in particular, in relation to residents being able to safely access upstairs bedrooms. In addition, it was not demonstrated that the centre had provided baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents. While this finding is unchanged, the provider has progressed this issue. The provider representative confirmed following the inspection that funding for these plans has been approved and works will commence in February 2017.

Under Outcome 7: Health, safety and risk management, an uneven step on the stairs had not been repaired seven weeks after being first reported. This was relevant due to the increased risk of falls of residents in this centre. Also, not all identified risks as they related to the prevention of falls or fire safety had been assessed. The provider ensured that the uneven step was repaired by the close of the inspection.

Other non-compliances related to healthcare planning and the lack of psychology support to residents, which despite efforts by the provider remains an on-going problem in this service. Inspection findings are discussed in the body of the report and required actions are presented 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:

Overall, information management practices respected residents' privacy and confidentiality

At the previous inspection, some information management practices did not respect residents' privacy and confidentiality in relation to their personal information. At this inspection, inspectors reviewed the communication diary, minutes of residents' meetings and information visibly displayed in the centre. Inspectors found that information management practices respected residents' privacy and confidentiality and there was no personal information on view.

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:

Overall, residents' communication needs were met and residents' were supported to communicate using their preferred means of communication.

At the previous inspection, where residents had been reviewed in relation to their communication needs and recommendations made, those recommendations were not always implemented. At this inspection, inspectors reviewed how residents with communication needs were being supported. Where residents had been reviewed by a speech and language therapist (SLT) and recommendations made, those recommendations were being implemented by staff. For example, recommendations related to the use of a communication passport, a communication book and a sequence picture timetable board.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, while improvements were made to the personal planning process, a comprehensive assessment of residents' personal developmental needs was not available for all residents.

At the previous inspection, a comprehensive assessment of residents' training, education and personal development needs had not been completed for all residents with goals developed based on such an assessment. This failing was unchanged at this inspection. While there was a comprehensive assessment in place for one resident's training and personal development needs, this was not in place for all residents. As a result, it could not be demonstrated that each resident had a comprehensive assessment of their social and personal development needs, which in turn informed personal goals. As will

however be discussed under Outcome 10, it was evidenced that in practice personal development needs were being supported in a variety of ways.

At the previous inspection, further improvement was required to personal plan as the supports required to meet personal goals were not specified. In addition, the review of the personal plan was not multi-disciplinary, as required by the regulations. At this inspection, improvement was evident in relation to personal plans. Personal plans were developed with the resident and the available members of the multi-disciplinary team (MDT). Short, medium and long-term goals were identified at personal planning meetings and tracked on a monthly basis. Goals reflected all aspects of residents' lives, such as supporting community participation, activities, personal hobbies and interests and family relationships.

Judgment:

Substantially Compliant

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:

In this centre, there are two bedrooms upstairs. It was identified at previous inspections that there were difficulties at times with accessing the two upstairs bedrooms at times. In addition, it was not demonstrated that the centre had provided baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents. These failings were previously identified as a major non-compliance and the premises itself was unchanged at this inspection. While the previous timeframe to address these failings would not be met, the provider representative provided a funded timeframe of February 2017 for commencement of the required works.

Previous occupational therapy (OT) assessments had documented that the stairs presented a problem intermittently for residents due to healthcare issues. Since the previous inspection, a review of residents' mobility on the stairs had been completed by the occupational therapist (OT). The OT had identified that residents presented as being safe on the stairs and made recommendations in relation to areas of concern (e.g. while carrying items or descending the final two steps). While staff had implemented changes to support these areas of concern, it was not clear that the steps they had taken were in

accordance with the recommendations made by the OT. For example, a call bell had been introduced for residents to ring when they wished to descend the stairs and it was not clear whether this had been discussed as the most suitable measure with the OT.

An assessment of the environment had been completed by the OT since the previous inspection. Recommendations in relation to aids and appliances made had been implemented, including the installation of hand- and grab-rails, specialised seating and the use of sensor mats.

At the previous inspection, inspectors found that there was an accessible shower room downstairs that was used by all residents. This was because the other facilities comprising a downstairs bathroom and upstairs shower room were not accessible. However, the use of one shower by a number of residents in any one morning presented difficulties for any resident at risk of falls, as it made it difficult to keep the bathroom floor dry and presented a slip hazard. Arrangements had been introduced to ensure the bathroom floor was properly dried following use since the previous inspection. However, the failing regarding the number of accessible shower or bath facilities remains unchanged.

At the previous two inspections, it was also identified that there were some accessibility issues for residents who used walking aids to get into the kitchen. The kitchen was long and narrow and at the previous inspection, it had been observed that when people were sitting at the kitchen table it was difficult to move the walking aid. This finding was unchanged.

The provider's action plan following the previous inspection committed to completing the required works in relation to improving accessibility of the premises and had provided baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents by 30 December 2016. The provider representative told inspectors that this timeframe would not be met. The provider representative confirmed that the required works would commence in February 2017.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, while residents had received input from members of the multidisciplinary team (MDT) to support mobility needs and prevent falls, further improvement was required to prevent falls. In addition, the provider was required to immediately address an uneven step on the staircase.

At the previous inspection, residents' names had been removed from the evacuation plan. As a result, it could not be demonstrated that staff would know what support each individual resident would require in the event of an emergency. At this inspection, this failing had been addressed and evacuation plans now outlined the supports required by each individual resident in the event of an emergency. However, a fire risk assessment by a competent person was outstanding for this centre to demonstrate that the arrangements in place for containing the spread of smoke and fire in the event of a fire were adequate.

At previous inspections, further improvement was required to the risk management system, including in relation to the management of falls. Since the previous inspection, a notification had been submitted to HIQA following a significant fall and the provider had carried out an investigation following that accident. Inspectors found that the recommendations outlined in the investigation had been implemented. Falls risk assessments were being completed and regularly reviewed. Moving and handling risk assessments had been completed by the physiotherapist and occupational therapist and regularly reviewed. Where two staff were required for certain tasks, staff told the inspector that they organized for two staff to be available (e.g. for transfer to and from the carrier vehicle). Aids and appliances recommended by the OT as part of falls prevention measures were being used. A recent MDT meeting highlighted the risk of further falls regardless of what systems were in place and the need for psychology support. However, a risk assessment had not been completed to outline and implement the required control measures. The person in charge told inspectors that there is no psychology support to this centre at present. Also, there had been a further fall in the centre since that MDT meeting. This was discussed with the provider representative at the meeting at the close of the inspection.

At this inspection, inspectors observed an obvious hazard in that a step halfway up the staircase was uneven. This presented a trip hazard to residents, who had already been assessed as being at increased risk of falls. While a maintenance requisition form had been completed on 2 September, it had not been followed up and the step was still uneven on the day of the inspection (more than seven weeks later). The provider took immediate action and the step was repaired prior to the close of the inspection.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

At the previous inspection, it was found that improvement was required with respect to the management of behaviours that may challenge. In addition, multi-disciplinary input into behaviour support plans viewed in the centre was limited.

At this inspection, inspectors found that behaviour support plans had been updated and inconsistencies between residents' risk assessments relating to behaviour that challenges and the behaviour support plan had been rectified. However and unchanged since the previous inspection, behaviour support plans had been developed by the staff team without any input from a behaviour support specialist. While the provider had made on-going attempts to secure psychology support to this service, to date those attempts had been unsuccessful.

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:

Overall, opportunities for new experiences, social participation, education and training were supported and facilitated.

The person in charge told inspectors that she had delivered training to the staff team in relation to meaningful activities for residents.

Where residents had retired, they had access to an active retirement group. Other residents accessed a day service. Where residents were nearing retirement, reduced

time at the day service was facilitated. Courses within the community were explored and offered. Facilities and amenities in the community were accessed, including the leisure centre, local pub, pharmacy, shop, café, cinema and festivals. Skills development was supported, for example, in relation to money management. Education and training was also supported, for example, in relation to painting and computer skills.

Improvements required to assess residents' general welfare and development needs and wishes were previously addressed under Outcome 5: Social Care Needs.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Overall, improvements were required to residents healthcare plans as they did not direct the care to be given to residents. Also, residents did not have access to psychology or behaviour support services if required.

At previous inspections, failings were identified in relation to the part of the personal plan that relates to healthcare. At this inspection, it was again found that healthcare plans did not direct the care and support to be provided to residents. Inspectors found however that staff on duty were able to articulate what care and support was provided to residents. However, the finding that these support needs were not clearly captured in healthcare plans raised the risk of inconsistent delivery of care to residents.

While a care plan had been developed for residents' key healthcare needs, these plans did not always direct the care to be given. This was most noticeable for changing healthcare needs. For example, where residents had mobility needs, the care plan did not reflect all relevant information. In addition, the care plan was being used as a daily record it contained huge amounts of information that did not actually direct the care to be given (the mobility care plan was 13 pages long) and the key interventions or supports required were not clear. Where a resident had been identified as having respiratory needs, it was not clear what those needs were or what, if any, interventions were required.

At the previous inspection, failings relating to assessments and implementation of

recommendations from the multidisciplinary (MDT) team were identified. Outstanding occupational therapy (OT) assessments had been completed since the previous inspection. Recommendations from the speech and language therapist (SLT) were now written into a plan of care and clearly articulated by staff. As identified on the previous inspection, residents did not have access to psychology or behaviour support services if required. The impact of this was previously addressed under Outcome 7: Health, safety and risk management.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

At the previous inspection, the Statement of Purpose still did not meet the requirements set out by Schedule 1 of the Regulations. Since the previous inspection, the Statement of Purpose had been revised and resubmitted to HIQA and now met the requirements set out by Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

At the previous inspection, the number of failings at the level of moderate non-compliance indicate that the arrangements in place in relation to the governance and management of the centre were not satisfactory. Improvements were found in relation to a number of areas, including supporting residents' communication needs, securing multi-disciplinary input (in the form of physiotherapy and occupational therapy) for residents with mobility needs and maintaining personal information in an appropriate manner. Gaps in relation to healthcare planning and psychology support were previously addressed under the corresponding outcomes.

At previous inspections, the arrangements in relation to the person in charge were not satisfactory due to the extensive remit of the person in charge. This resulted in insufficient oversight of the quality and safety of care and support provided in the centre. Inspectors found at this inspection that the provider had acted to address this failing. A new person in charge was due to commence within a short timeframe (one to two weeks) in the centre and would have a remit for four centres comprising four houses. The proposed new person in charge was at the time of the inspection being inducted into the centre and was being mentored in relation to her new role. Inspectors met with the proposed new person in charge, who fulfilled the criteria of person in charge in terms of background and experience and said that she had committed to completing a management qualification.

The provider had ensured that a six-monthly unannounced visit had taken place in the centre on the safety and quality of care and support provided in the centre. Inspectors reviewed the report from the most recent visit dated 28 September 2016. A number of failings identified on this inspection had also been identified by the provider, including failings relating to the premises, the lack of psychology support and the need for assessments to establish residents' education, training and employment goals. However, further improvement was required to ensure that the unannounced visit adequately assessed key aspects of the safety and quality of care and support provided. In particular, it was not evidenced that the part of the personal plan that relates to healthcare was assessed. This was relevant due to the increasing age and mobility needs of residents in this centre and previous failings in relation to healthcare. Also, as this was not identified as an area for improvement, there was no corresponding action in the provider's plan to address any concerns regarding the standard of care and support.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

At the previous inspection, while improvement was demonstrated across relevant outcomes, staff required further support to ensure that residents' needs were met. At this inspection and as previously mentioned under outcomes 11 and 14, further supports to the staff team in relation to care planning were required.

Where residents needs had increased, the provider had indicated in the report of the most recent unannounced visit that staffing arrangements required review based on those changing needs. The provider representative told inspectors that he had requested a business case to be compiled in relation to staffing arrangements in this centre.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

At the previous inspection, residents' information overall was disjointed, repetitive and difficult to retrieve. Overall, improvement was found in relation to residents' information. However, further improvement was required to ensure that information that was current could be easily retrieved. For example, residents' profiles did not contain some key

information, information was not always in chronological order and there were support plans in place for areas that had been assessed as not being applicable.

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:

Julie Hennessy
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-0005157
Date of Inspection:	24 October 2016
Date of response:	08 December 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A comprehensive assessment of residents' training, education and personal development needs had not been completed for all residents with goals developed based on such an assessment.

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 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Assessment of education, training and development needs is part of the revised format of the care plans and together with the annual PCP meeting is the method by which goals will be set in this regard. Each service users care plan will be audited /reviewed by the PIC or CNM3 involved in the delivery of care. Where there is evidence that goals are not based on an assessment of the service users needs or wishes, this will be revised and appropriate goals will be set, with a named responsible person to support the service user in achieving the goal. Goals will be broken into steps, to aid achievement for the service user. The responsible person will report on progress to the person in charge at the monthly team meeting.

Proposed Timescale: 17/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were issues relating to the accessibility of the centre in relation to the kitchen and in particular, residents being able to access upstairs bedrooms at all times.

2. 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 Registered Provider has committed to completing the required works in relation to improving accessibility of the premises to include, providing baths, showers and toilets of a sufficient number and standard suitable to meet the needs of all service users. These works will commence once the notification process is completed in February 2017. The OT will reassess service user's access to the upstairs facilities and any recommendations will be agreed by the MDT and documented within each individual Care Plan.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

It was not demonstrated that the centre had provided baths, showers and toilets of a sufficient number and 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 Registered Provider has committed to completing the required works in relation to improving accessibility of the premises to include, providing baths, showers and toilets of a sufficient number and standard suitable to meet the needs of all service users. These works will commence once the notification process is completed in February 2017. The OT will reassess service user's access to the upstairs facilities and any recommendations will be agreed by the MDT and documented within each individual Care Plan.

Proposed Timescale: 28/02/2017

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:

Further improvement was required to the systems in place in the designated centre for the assessment, management and on-going review of risk:

- The system in place did not ensure that priority hazards were addressed;
- The system in place did not ensure that risks identified at multi-disciplinary meetings were assessed and managed;

4. 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 person in charge with the assistance of the Quality and Risk Officer will audit each personal plan in the centre to ensure all hazards are identified and risk assessments completed. These will be included in the centres risk register for review every six months. Further training will be provided to all staff in the centre on risk management by the Quality & Risk Officer.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

A fire risk assessment by a competent person was outstanding for this centre to demonstrate that the arrangements in place for containing the spread of smoke and fire in the event of a fire were adequate.

5. 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 service had enlisted an external fire consultant agency in 2014 who completed a fire safety risk assessment. The Director of Logistics has requested this consultant to carry out a full assessment to identify the short, medium and long term fire risks within the centre.

Proposed Timescale: 31/12/2016

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:

It could not be demonstrated that every effort to identify and alleviate the cause of residents' behaviour is made as multi-disciplinary input into behaviour support plans was limited.

6. 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:

The input of a Clinical Psychologist into this resident's behaviour support plan will be addressed through the successful recruitment of said post. Interviews for a Clinical Psychologist took place in early December and a successful candidate has been offered the position. They are currently being processed by HR and once in post this resident will be prioritised for assessment.

Proposed Timescale: 13/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Healthcare plans did not direct the care and support to be provided to residents.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Each service users care plan will be audited /reviewed by the PIC or and CNM3 involved in the delivery of healthcare needs using a standard audit tool for care plans. The PIC will ensure that these plans are updated and reflective of all recommendations from healthcare professionals.

Proposed Timescale: 17/02/2017

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 that the unannounced visit adequately assessed key aspects of the safety and quality of care and support provided. In particular, it was not evidenced that the part of the personal plan that relates to healthcare was assessed. This was relevant due to the increasing age and mobility needs of residents in this centre and previous failings in relation to healthcare.

8. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Nominee Provider will review the audit completed and ensure actions outstanding or issues identified in previous audits are reflected and an update provided

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

As evidenced under outcomes 11 and 14, further supports to the staff team in relation to care planning were required.

In addition, staffing arrangements required review as a result of reflect residents' changing needs.

9. 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:

A care planning workshop for home managers and PIC was held on the 17th November by the Quality & Risk Officer. Further workshops will be organised to support all staff in developing plans of care and setting of goals. The PIC will audit all care plans in the centre using a standard audit tool and support staff to implement the recommendations from same.

The Nominee Provider with Human Resources will review the skill mix and staffing arrangements in the centre in relation to meeting the changing needs of the residents

Proposed Timescale: 31/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Further improvement was required to ensure that information that was current could be easily retrieved. For example, residents' profiles did not contain some key information, information was not always in chronological order and there were support plans in place for areas that had been assessed as not being applicable.

10. 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:

A care planning workshop for home managers and PIC was held on the 17th November by the Quality & Risk Officer. Further workshops will be organised to support all staff in developing plans of care and setting of goals. The PIC will audit all care plans in the centre using a standard audit tool and support staff to implement the recommendations from same

Proposed Timescale: 31/03/2017