Centre name: Teach Failte
Centre ID: OSV-0001521
Centre county: Offaly
Type of centre: Health Act 2004 Section 39 Assistance
Registered provider: Peter Bradley Foundation Limited
Provider Nominee: Donnchadh Whelan
Lead inspector: Lorraine Egan
Support inspector(s): None
Type of inspection: Unannounced
Number of residents on the date of inspection: 7
Number of vacancies on the date of inspection: 5
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: 04 July 2017 09:00
To: 04 July 2017 15:40

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

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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Summary of findings from this inspection

Background to the inspection:
This inspection was carried out to monitor compliance with specific regulations and to inform a decision to register the centre. An 18 outcome inspection was carried out in August 2016 and the actions required from that inspection were reviewed as part of this inspection.

How we gathered our evidence:
As part of the inspection, the inspector met and spoke with four residents living in the centre. One resident declined to speak with the inspector and two residents were unavailable to speak with the inspector.

Residents spoken with told the inspector they were happy living in the centre, liked staff and felt safe. They said they could talk to staff or the person in charge if they were unhappy.

The inspector also spoke with staff and the person in charge of the centre. Documentation such as residents’ support plans, medical records, accident logs and
policies and procedures were reviewed.

Description of the service:
The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document. However, the statement of purpose did not include all information required and some information was not reflective of the inspector's findings on the day of the inspection. This is reflected in outcome 13.

The centre was located on the outskirts of a village and within driving distance of a town. Residents were supported by staff to access amenities. The centre had a vehicle which was used by residents and staff to access amenities.

The centre contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms with en-suite bathrooms.

The service was a seven day residential service and was available to adults who had been assessed as having an acquired brain injury and required neuro-rehabilitation to adjust to community based living. Supports were provided to enable residents to transition to suitable housing following their rehabilitation. Staffing was based on the assessed needs of residents and included rehabilitation assistants and occupational therapists.

Overall judgment of our findings:
Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. Improvement was required in some areas to ensure the requirements of the regulations were met.

Good practice was identified in areas such as:

- Social Care Needs (Outcome 5)
- Safeguarding and Safety (Outcome 8)
- Healthcare Needs (Outcome 11)
- Workforce (Outcome 17)

Improvement was required in some areas including:

- There was no system to ensure all staff had taken part in a fire drill and the feasibility of evacuating the centre at night had not been assessed (Outcome 7)
- There was inadequate guidance for staff when administering PRN medicines (medicines only taken as the need arises) and the system for checking the medicine stock in the centre required improvement (Outcome 12)
- The statement of purpose did not meet the requirements of the regulations and contained some inaccurate information (Outcome 13)
- The management systems did not ensure that all aspects of the service provided were effectively monitored (Outcome 14)
The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in 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 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):**

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

**Findings:**

There were procedures in place to ensure residents' rights were respected, residents were supported to be involved in the operation of the centre, residents were supported to access advocacy services and residents were supported to make complaints. Improvement was required to ensure all residents were supported to access all parts of the centre independently.

The inspector found systems had been implemented to ensure that residents' rights were respected. Residents living in the centre were supported to maximise their independence. The inspector observed respectful interaction between staff and residents.

Residents had intimate care plans which outlined the support they required with all aspects of their intimate care. The inspector viewed a sample of these and found they provided detailed guidance for staff.

Residents were consulted about their routine. Each resident had a daily programme which was based on their assessed needs and wishes.

There was a system to ensure residents were supported to access advocacy services. Residents had support from an independent advocacy service where required.

There was a procedure for responding to complaints. A complaints log was maintained in the centre. Complaints were responded to and evidence of the outcome and the
complainant’s satisfaction was maintained. Residents told the inspector they would make a complaint to a staff member or the manager if they wished.

Some parts of the centre could not be easily accessed by some residents. Some residents could not open the fire doors independently. This resulted in residents requiring staff support to enter and exit their bedrooms. This had been identified as part of the previous inspection in August 2016 and had not been addressed.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Residents had service agreements which outlined the care and supported provided to residents living in the centre. The inspector was told that new service agreements were agreed with each resident following the last inspection. The inspector viewed a sample of these and found the care and support and fee charged were detailed in the service agreements. However, one resident's agreement for the provision of services was not signed by the resident, or their representative, to show they had agreed to the terms outlined.

Judgment:
Substantially Compliant

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

Theme:
Effective Services

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

**Findings:**
There were arrangements in place to assess and meet residents' health, personal and social care needs.

The inspector spoke with residents and staff. All information outlined was accurately reflective of residents' needs as outlined in their support plans.

Assessments of residents' health, social care and personal care needs had been carried out. Corresponding support plans and assessments by allied health professionals had taken place where required.

Residents who required support to communicate had communication plans which outlined the way the resident communicated and the supports the resident needed. Information was available in an easy read format and pictorial aids, such as a staff rota with staff members' photographs, were in use.

Each resident had a rehabilitation plan which outlined the resident’s goals and the support required to fulfil the goal. The plans were focussed on increasing residents’ independent living skills and the effectiveness of the plans was assessed at meetings which were held every 3 months. The meetings were attended by the resident, their family, staff, the manager and the relevant allied health professionals and/or clinicians.

**Judgment:**
Compliant

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**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

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

**Findings:**
There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to the measures to ensure all staff had taken part in a fire drill and there was no system to ensure the centre could be evacuated at night.
The risk management policy had been reviewed since the previous inspection to include the measures and actions in place to control specific risks required by the regulations. The inspector viewed a sample of risk assessments and saw risks had been identified by the provider and control measures had been implemented to address or minimise risks.

The inspector viewed some residents’ risk assessments. The risk assessments outlined the individual risks to residents and the associated control measures to mitigate the risks.

A soap dispenser and paper towel dispenser had been placed in the laundry room. This mitigated an infection control risk which had been identified as part of the previous inspection.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety.

The fire fighting equipment, fire alarm and emergency lighting had been serviced. A service contract was in place with an external company to ensure this was carried out as frequently as required.

The inspector viewed the fire drill records. Fire drills were a mechanism the provider used to assess if the centre could be evacuated safely. Residents and staff had taken part in fire drills and the evacuation procedures were reviewed with staff as part of training and induction. It was not evident that all staff and residents had taken part in a fire drill in the centre. The names of residents and staff were not detailed on the records. In addition, the evacuation of the centre at night had not been assessed to ensure that residents could be evacuated safely. This was particularly relevant as there were decreased staffing levels at night and some residents required evacuation in their beds if an evacuation was required at night. The inspector noted that this had been identified as part of the provider's unannounced visits in November 2016 and in June 2017 and had not been addressed.

Judgment:  
Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**  
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe Services
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre had implemented measures to protect residents from being harmed or suffering abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse.

Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques.

Residents who required support with behaviours that challenge had support plans in place. Staff were observed supporting residents in a manner consistent with their positive behaviour support plans. However, the inspector noted that some plans had not been reviewed in a number of years. It was therefore not evident behaviour support plans contained the most up to date information to ensure staff had the required information to support residents. The person in charge told the inspector this had been recognised by the provider and the organisation's psychologist would be reviewing all resident's positive behaviour support plans in the coming months.

Allied health professionals were involved in supporting residents and ensuring that all contributing factors were identified and addressed.

There was a restrictive practice log maintained and restrictive measures were the least restrictive measure required.

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 were supported to achieve and enjoy the best possible health. The inspector viewed a sample of residents' personal plans, spoke with residents and spoke with staff.
The inspector found residents' health needs were being identified and responded to. Residents were supported to access a general practitioner (GP) of their choice and allied health professionals as required. The service provider employed some allied health professionals and these professionals reviewed the care and support provided to residents on a regular basis. The recommendations identified were implemented.

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

**Findings:**
There were appropriate practices relating to the ordering, storing and administering of medicines to residents. Improvement was required to ensure that staff had guidance for administering PRN medicines (medicines only taken as the need arises) to residents and to the system for checking the medicine stock in the centre.

Medicines were stored in a locked cabinet which was located in a locked staff office. The keys were held by staff and there was a system to ensure staff were aware of who was responsible for administering medicines to residents.

Prescription sheets did not contain adequate guidance to outline when PRN medicines should be administered. There were no protocols or other written guidance to outline when these medicines should be administered to residents. Conflicting information was given to the inspector regarding the administration of a PRN medicine to a resident. Staff made differing judgments with one staff stating they would contact a GP and another staff stating they would administer a medicine after a specific period of time.

The inspector was told there was a system for auditing medicines on a monthly basis. This included a stock check of medicines to ensure that all medicines, including PRN medicines, were administered as prescribed, returned to the pharmacy for disposal or retained in the centre. Although there was a folder which contained the 2016 audits there was no record of audits having taken place in 2017. The person in charge was not aware if audits had taken place in 2017.
Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a statement of purpose which described the service provided and included some of the information required by the regulations. However, it did not include all information required and some information was not reflective of the inspector's findings on the day of the inspection.

The statement of purpose did not include:
- the arrangements made for dealing with reviews of a resident's individualised personal plan
- details of any specific therapeutic techniques and arrangements made for their supervision
- the arrangements made for residents to engage in social activities, hobbies and leisure interests
- the arrangements for residents to access education, training and employment
- the arrangements made for consultation with, and participation of, residents in the operation of the centre
- the arrangements made for contact between residents and their relatives, friends, representatives and the local community

The organisational structure in the document was not reflective of the inspector's findings on the day of inspection. For example, the provider nominee was not included in the structure. Furthermore, staff members' names were included in the document.

The inspector was told that the centre was accessed by other persons for the purpose of rehabilitation and/or therapy appointments. This was not reflected in the statement of purpose.

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

**Findings:**
There were clear lines of authority and accountability. The fulltime post held by the person in charge had been vacant since August 23 2016 and the provider had informed HIQA that they had difficulty in filling the post. In the interim, they had appointed a person who held a frontline role in the centre to carry out the role. This person was notified to HIQA as the person in charge.

Some improvement was required to ensure there was effective oversight of all aspects of the care and support required. Although some aspects of the service provided were audited the inspector found that all areas of care and support provided were not audited on a regular and consistent basis and some areas had not been audited since 2016. This had been identified at the previous inspection and had not been addressed by the provider as outlined in their action plan response to HIQA.

The person in charge was present the day of the inspection. He was knowledgeable of his role, the residents and the issues relating to care and support of residents. He was a person participating in management and had worked in the centre for a number of years.

An annual review of the quality of care and support in the centre had taken place. It included an outline of improvements to the premises, an analysis of the accidents and incidents in the centre, an analysis of the complaints and compliments received and an outline of the issues highlighted via audits. Action plans for improvement were identified where issues had been highlighted. The review included a survey of residents’ satisfaction with the service provided, family satisfaction and staff satisfaction. There was an action plan to address any issues highlighted.

Unannounced visits had taken place on a six monthly basis as required by the regulations. These had been carried out by a person nominated by the provider.

**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):**

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

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were supervised on a day to day basis by the person in charge. There were clear lines of authority which included a lead support worker on each shift.

The staffing levels were based on the assessed needs of the residents and the inspector was told they were reviewed regularly to ensure the needs of residents were met. There was a staff rota which identified staff working in the centre.

Staff had received all required training prior to working in the centre. This included training in fire safety, administering medicines, adult protection, epilepsy and the administration of rescue medicines, diabetes, and the management of behaviour that is challenging. Other training provided for staff included first aid, relationships and sexuality, advocacy and communication, and food hygiene. There was an organisational training schedule which outlined the training for the year. Some staff were awaiting updated training and there were measures in place to ensure that staff did not undertake relevant duties in the absence of training.

**Judgment:**

Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**
### Use of Information

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

**Findings:**
The inspector followed up on the action required from the previous inspection. The policy on incidents where a resident goes missing had been amended to include guidance for staff of the measures to be taken if a resident was missing from the centre.

**Judgment:**
Compliant

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### 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:**

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

<table>
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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001521</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 July 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 August 2017</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents did not have the freedom to exercise control in all aspects of his or her daily life as some doors could not be opened by some residents.

1. Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
List current areas not accessible to residents - 18th August 2017

Rationale for those areas and review process in place re restricted areas – 31st August 2017

Communication to funder (HSE) re works necessary to maximise accessibility – 31st August 2017

Workplan for agreed works - Sept 30th 2017

Works completed – Nov 30th 2017

Proposed Timescale: 30/11/2017

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident's agreement for the provision of services was not signed by the resident, or their representative, to show they had agreed to the terms outlined.

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

Please state the actions you have taken or are planning to take:
This form has been identified and signed by resident, family member informed and signed on Monday 17th of July 2017.

Proposed Timescale: 17/07/2017

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:
Some staff had not taken part in a fire drill in the centre and there was no mechanism to assess if the centre could be evacuated safely at night.

3. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
• Fire Drills including unannounced drills to be conducted on a quarterly basis.
• A simulated night fire evacuation drill will be held
• Any issues the simulated night fire evacuation uncovers will trigger an action plan

Proposed Timescale: 31/08/2017

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:
It was not evident behaviour support plans contained the most up to date information to ensure staff had the required information to support residents.

4. 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:
All Behavioural support plans to be reviewed immediately
All behavioural support plans will be reviewed at a minimum quarterly or beforehand should the need arise
All Individual Rehabilitation Plans to be reviewed quarterly by the staff and clinical team ensuring sync with Behavioural Support Plans

Proposed Timescale: 27/10/2017

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:
Some practices relating to the prescribing and administration of medicines were not adequately robust to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed.
5. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
- SAMS training took place for staff on the 24th of July
- Will liaise with residents GP’s to update PRN Prescriptions, Rationale and a max dose within 24hrs
- Local PRN Audit process reviewed with process in place to ensure scheduled audit

Proposed Timescale: 31/08/2017

Outcome 13: Statement of Purpose
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and some information was inaccurate.

6. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
SOP to be reviewed and amendments made to ensure regulatory compliance where required

Proposed Timescale: 25/08/2017

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:
The management systems did not ensure that all aspects of the service provided were effectively monitored.
7. **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:**
I. Restraint – Physical & Chemical where appropriate will be audited on a quarterly basis and where restraints are in use, the review process will ensure all mitigation will be in place and restraint used as minimally as possible

II. Complaints & Concerns – Audited quarterly for trends, appropriateness of response and actions to minimise incidence.

III. Accidents & Incidents – Audited Quarterly for trends, appropriateness of response and actions to minimise incidence. Action plans will be put in place where necessary

IV. Medication Administration will be audited at a minimum monthly as will PRN administration separately. GPs have been advised re requirement for prescribing PRN medication.

V. Individual Rehabilitation Plan – Goals and Progress reviewed by the Clinical Team quarterly and progress and changes to aspects of the plan with rationale noted.

VI. Audit by the PIC that Daily, Monthly and annual Fire Checks are completed

VII. Fridge Temp Checks and Food Date Labelling spot check audited monthly

VIII. PEEPs – Reviewed annually or when a residents status changes.

IX. Resident/Family/Funder satisfaction survey carried out annually with action plans where required where performance is deemed unsatisfactory

X. Annual Training needs analysis at year end to ensure staff training needs are met

XI. Annual Reviews of Restraint, Complaint & Concerns and Accidents & Incidents

**Proposed Timescale:**
I to VI by 25th August 2017 (Includes PEEPs)  
VII - VII by Dec 31st 2017  
IX by Jan 31st 2018

**Proposed Timescale:** 31/01/2018