

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Francis Residential Service
Centre ID:	OSV-0001774
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Catherine Glynn
Support inspector(s):	Michelle McDonnell
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 March 2017 10:00 To: 28 March 2017 18:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Support of Residents in 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 took place on the 27 March 2017 and was the second inspection of this centre.

How we gathered our evidence:

The inspectors met all four residents and spoke with two of them in detail during the inspection. The inspectors spoke with the newly appointed person in charge, the previous person in charge and other staff members. Inspectors observed practices and reviewed documentation such as personal plans, healthcare records and risk assessments.

Description of the service:

The centre was home to four residents with a range of individual needs. The centre was located in Co. Mayo and was run by Western Care. The residents lived in a two storey house in a residential development. The provider had produced a document

called the statement of purpose, as required by the regulations, and the service being provided was as described in that document.

The house consisted of four bedrooms, one of which had an attached wet room. There was an additional room downstairs that could be used as an ensuite bedroom, which was currently being used as an office. The centre had a communal bathroom and two separate toilets. There was a large living room, attached to a kitchen diner and a separate living room available to residents. There were separate facilities for laundry, which the residents could use. There was a private outdoor space, to the rear of the centre, which was accessible to the residents.

Overall Findings:

Overall, the inspectors found that residents had a good quality of life in the centre and the provider had put in place arrangements to promote both the rights and safety of residents. Residents told the inspectors that they enjoyed living in the centre. Inspectors found that the provider had completed the majority of actions from the previous inspection report. However, at the time of the inspection, there were outstanding actions in relation to medicines management, health and safety and risk management.

Summary of regulatory compliance:

The inspectors found compliance or substantial compliance in eight of the 10 outcomes inspected. Compliance was found in outcomes; such as, residents' rights dignity and consultation and social care needs and safeguarding. There was moderate non-compliance found in health and safety and risk management and in medicines management.

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 of this 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:

Inspectors found that there were arrangements in place to promote the rights, privacy and dignity of residents. Residents were also supported to participate in decisions about their care and the organisation of the centre.

Each resident had access to their own personal plan and residents were asked at the beginning of the inspection if inspectors could see their rooms and personal plans. All of the residents consented to this; however, some residents' files could not be viewed until they returned from their day service, as each resident had their own personal file with them.

Residents were supported to control their own finances and budget their own money. Charges incurred by residents were clearly documented and supported by receipts, including any contributions made towards house purchases - such as shopping for food. An audit of residents' finances, completed by the person in charge, had identified an issue with one resident's money. The provider discussed the findings within the investigation report and the procedures followed to investigate the issue, which included the resident's participation in rectifying the situation. Although, at the time of the inspection, the issue had not been fully resolved, the inspectors were assured that the ongoing procedures would safeguard the resident's finances.

During the previous inspection inspectors identified that there were restrictive procedures in place in the centre, which had not been reviewed by the rights review committee. These restrictive procedures had subsequently been reviewed and, since the last inspection, the provider had introduced alternative support measures for the

resident, which had reduced the need for the restriction.

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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed a sample of residents' personal plans, these demonstrated that they had been developed with the resident and the multidisciplinary team. Residents' plans included a range of activities, some of which supported the resident to develop independent living skills. Each resident kept a copy of their own personal plan, and brought this with them, when they attended their day service.

Personal plans detailed specific multidisciplinary input including; a general practitioner (GP), nurse, psychiatrists and opticians. Communication assessments had been completed to support residents to communicate with staff, visitors and their families and picture timetables were on display throughout the centre. The inspectors spoke with staff and found they were able to demonstrate that they knew the residents well and how they would use this knowledge to support effective communication with residents. This included examples of when a resident used objects to communicate their feelings with staff and how staff would respond positively to this.

Daily activity records showed that residents took part in a variety of activities, which included visits to family, using local amenities, getting the shopping for the centre and attending parties. Records also showed that residents attended social activities, such as slimming world, where they could meet friends. There were specific healthcare and intimate care plans available. Each goal was clearly defined and records of completion, through dates and photographs, were evident within the residents' personal plans. The personal plans also included specific educational programmes; for example, road safety programmes, which enhanced the residents' use of independent skills.

Throughout the centre, and in individual rooms, there were photographs of a wide range

of activities that residents had taken part in, such as tidy towns, daffodil day and the Special Olympics. Throughout the inspection staff were observed to be interacting warmly with residents and supporting them in completing individual, social and healthcare activities. Residents were keen to share news of their personal achievements with both staff and inspectors.

Judgment:

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):

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

Findings:

The centre's location, design and layout was suitable for its stated purpose and met the needs of the residents. There were actions from the previous inspection that had been addressed.

Residents had individually decorated bedrooms and inspectors were shown a number of bedrooms by some residents. They contained personal items and photographs, individual furniture and decorations. Residents described how they had chosen the fittings for their bedrooms. Bedrooms contained suitable storage for all residents' belongings.

The kitchen and diner area was being repainted on the day of inspection and the rest of the property was well-maintained. The previous inspection report noted issues with toilets and flooring and these had been replaced and all areas were clean.

There was a garden area for residents' use at the rear of the property. At the time of inspection, work was being completed to improve the look of the garden area by creating areas for plants and flowers, as it was predominantly paved. Residents spoke of a party in the garden once the work was complete.

Judgment:

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):

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

Findings:

There were appropriate procedures and policies in place to ensure the safety of residents. However, improvements were required to the fire safety measures and risk management procedures.

There were actions identified in a fire officer's report, relating to the structure of the building, that had been identified prior to the last inspection in 2015. The providers' action plan stated they would be applying for additional funding to resolve these. However at the time of this inspection the funding had not yet been secured. The provider had told the office of the chief inspector, in their previous action plan response, that they had replaced the intumescent strips which had been painted over. However, inspectors noted that some areas of the centre had been re-painted since the last inspection, and some of the intumescent strips had paint on them. This was brought to the attention of the person in charge on the day of inspection, and subsequent to the inspection, the person in charge confirmed that all intumescent strips had been checked and those with paint on had been replaced.

On the previous inspection issues had been identified in relation to fire prevention, safety procedures, staff understanding of these and an emergency exit being blocked. During this inspection the inspectors found that fire prevention procedures had been updated; staff were able to discuss the fire evacuation procedures and these had been discussed at team meetings; fire exits were also found to be clear of obstruction. The centre had carried out fire drills and implemented improvement measures from these; such as discussing which exits to use with residents during advocacy meetings. There were also records for appropriate checks and servicing of fire equipment throughout the centre.

The centre had a current risk register and some centre risks were identified as were individual risks in residents' personal plans. The person in charge confirmed that there was a new process where current risks were to be reviewed more regularly by the regional service manager.

Not all risks in the centre had been identified. The fire officer's report required a fire door in an upstairs cupboard. This had not been installed and had not been identified on the centre's risk register. There were a number of risks on the register that had been open since the last inspection in 2015, these had not been dealt with due to funding issues. Subsequent to the inspection the fire door for the upstairs cupboard was installed.

The person in charge had identified the lack of anti scald devices within the centre in 2014. At both the previous inspection and this inspection this had not been addressed due to lack of funding. The provider had however implemented some control measures such as water temperature checks and signage throughout the centre. Subsequent to the inspection the person in charge confirmed to the inspectors that the anti scald devices had been fitted.

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:

Policies and procedures in the centre supported the safeguarding of residents. Staff members were observed working in a calm and friendly manner with all residents in the centre. Staff spoken with were aware of the individual needs of residents' and how to support them.

Residents spoken with knew who they could speak with if they had any concerns and records showed that relatives also knew who to discuss concerns with. All staff had received up-to-date training in safeguarding vulnerable adults or had it scheduled and all staff spoken to were able to discuss indicators of abuse; who to report allegations to and how they would support each individual as there were a variety of communication needs. The use of safeguarding procedures was evident in a recent investigation conducted by the service. This showed that the centre's policies were followed and that the resident was supported appropriately both during and following the investigation.

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):

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

Findings:

There were comprehensive healthcare assessments available for all residents. These detailed all healthcare requirements and supports that residents required. The action from the previous inspection had been addressed.

Residents' healthcare plans showed that there was involvement from allied health professional such as GPs, opticians, psychology and psychiatrists. These plans also showed that residents' had been supported to attend their appointments and any required monitoring, following these had been completed. There was a previous requirement for bereavement counselling for a resident, this had been facilitated and reviewed by psychology.

Residents had a range of medical needs and there were policies, procedures and training; for example, in diabetes management, in place to allow staff to support residents. There were communication aids including a picture format of insulin injections, that helped residents understand and manage their own healthcare needs. A specific emergency procedure, in relation to a resident's individual healthcare needs, was available in an accessible format to allow the resident to know the procedure they needed to follow in the event of an emergency. There were hospital passports in place which would facilitate the care and support of residents should an admission to hospital occur.

The residents were also supported to maintain a healthy lifestyle. They were able to attend various appointments; for example, diabetes management and a variety of health clubs. A resident was also taking part in another mini-marathon and there was a range of meals cooked and snacks available.

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 centre specific policies relating to the ordering, prescribing and administration of medicines to residents. Inspectors found that those staff who administered medicines were appropriately trained.

At the last inspection it was found that some residents' medicines records did not contain all of the required information to allow staff to consistently administer medicines safely. In their action plan submitted to the Office of the Chief Inspector, the provider had stated a review of documentation had taken place in October 2015. However, inspectors found during this inspection that there were still no signatures from the GP for discontinued medicines, the signature sheet did not include all staff and the medicines policy had not been signed by all staff.

There was a system in place to support residents to self-administer medicines and there were appropriate reviews in place. There were also pictorial guides available to support residents' self-administration of medicines. On the day of inspection a staff member was observed supporting a resident to attend to their own medicines management procedures .

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):

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

Findings:

There were policies and procedures in the centre to ensure that the service provided was safe and appropriate to the residents' needs. Although there systems to monitor the service being provided, inspectors found that improvements were required to meet the requirements of the regulations.

At the time of inspection, although a number of centre and individual risks had been identified and there were control measures in place, there were risks that had been escalated but had not changed over a number of years. In addition, there were risks that had not been identified. Medicines audits failed to identify issues with discontinued medicines or review medicines errors and this was not noted on the most recent unannounced audit. The most recent medicines audit stated all actions had been completed; however, there were actions that were incomplete on the day of inspection. The person in charge told inspectors that there was a new process, involving the regional service manager, to deal with escalated risks, and future audits would be easy to read and able to identify actions required.

The person in charge was new to the role of person in charge in this centre. They were a person in charge of another service within the organisation and had completed management training. On the day of inspection the person in charge was being supported by the previous person in charge. They were aware of the individual needs of the residents within the centre and had plans in place for the changing needs of residents.

There were effective management systems in place to ensure investigations were conducted to create a safe service for residents. A person participating in the management of the centre met with inspectors during the inspection and was able to discuss a recent investigation and show records of how that investigation supported the resident.

The annual review, required from the previous inspection, had been completed. The annual review for 2016 had been completed by the previous person in charge. This included consultation with residents and some families and detailed actions required for 2017.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The staffing and skill mix in the centre was sufficient to meet the needs of the residents and was reflected in the updated statement of purpose.

The staff roster showed that residents were supported to complete activities of their choice and the recent appointment of a new staff member was completed to compliment the gender mix within the centre. On the day of inspection, inspectors observed staff supporting residents with individual activities and helping cook the evening meal.

Records showed that the previous person in charge had completed regular supervision. The current person in charge also planned to conduct more regular supervision, than required by the policies governing supervision, until they were familiar with the centre. Documents viewed by inspectors showed that during supervision meetings participants discussed how to support individual residents, any individual issues with staff members and any updates of policies that had occurred.

Training records showed that staff had completed the providers' mandatory training in areas such as manual handling, fire safety training and managing responsive behaviours (how people with various conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). There were appropriate plans in place to ensure that future staff training needs would be met. An induction programme and training schedule was in place for a newly appointed member of staff.

The centre had a range of staff, some who had worked in the centre for a number of years and some who were new to the centre and were volunteers. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for staff and current volunteers in the centre.

Judgment:

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:

Most of the records, required by the regulations, were up-to-date and maintained within the centre.

On the previous inspection some of the documentation that related to the care of residents was not fully completed with the required details. Inspectors found on review of documentation that there were a variety of plans that contributed to the care and support of residents; however, there were inconsistencies in recording of residents and staff involvements and review dates.

The inspectors required records from the previous year and these were easily accessible during the inspection.

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:

Catherine Glynn
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 Western Care Association
Centre ID:	OSV-0001774
Date of Inspection:	28 March 2017
Date of response:	11 May 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 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 has failed to ensure the assessment and ongoing review of all risks.

1. 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

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

for responding to emergencies.

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

A review of the risk register has taken place and assessments for all identified risks within the designated centre are in place. This register is reviewed monthly through the Regional Service Manager or more regularly if required.

Proposed Timescale: 02/05/2017

Theme: Effective Services

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

The provider had failed to implement all recommendations from the fire officers' report

2. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The organisation has committed funding for the double slabbing of ceilings referred to in the fire consultants' report. This will be completed by 30.06.17.

The fire door referred to in the report was installed on 30/03/17

The intumescent strips referred to in the report were replaced on 05/04/17 and a monthly system is now in place for the checking of the condition of intumescent strips

Proposed Timescale: 30/06/2017

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 of the medicines records did not contain all the information required to safely administer the medication.

3. 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:

A review of the Prescriptions sheets has taken place for all service users and all of the information required to safely administer information has been included.

Proposed Timescale: 05/05/2017

Theme: Health and Development

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

The inspectors were not assured that out of date medicines were appropriately identified and discontinued.

4. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The medication referred to in the report was returned to the pharmacy on 28.03.17. A system is in place to make sure all medicines have expiry dates clearly labelled on them.

Proposed Timescale: 28/03/2017

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 provider's audits had failed to identify all risks and ensure the service was effectively monitored.

5. 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:

A system has been put in place where the person in charge reviews monthly all medication audits carried by staff. These audits will be further checked through the 6 monthly unannounced inspections.

Proposed Timescale: 10/05/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider had not ensured that all plans to support the care of residents were complete.

6. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

A system for auditing IPs on a monthly basis has been implemented and this process will be overseen by the Person-in Charge.

Proposed Timescale: 10/05/2017