

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drogheda Supported Accommodation
Centre ID:	OSV-0002671
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 March 2017 10:00	21 March 2017 19:30
22 March 2017 10:00	22 March 2017 13:30

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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection the inspectors spent time with four residents. The inspector observed that residents appeared to be comfortable and happy in their home, and that they had a long term relationship with staff members. The inspector also met with the deputy person in charge and staff members. The inspectors observed

practices and reviewed documentation such as personal plans, medical records, accident logs and risk documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was in a detached bungalow in a rural location with easy access to local amenities.

Overall findings:

Overall the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

Inspectors were satisfied that the provider and person in charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- residents were safeguarded (Outcome 7)
- appropriate healthcare was available to residents (Outcome 11)

The inspectors found that improvements were required in the following areas:

- assessment of social care and maximizing potential (Outcome 5)
- staffing and training (Outcome 17)

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):

No actions were required from the previous inspection.

Findings:

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

The inspector found that residents were consulted with in relation to their care and the day to day running of the centre. For example, a weekly residents' meeting was held at which various items such as protection of vulnerable adults, fire safety and activities were discussed.

However, not all items discussed and agreed at these meetings were addressed in a timely manner. For example, there was a discussion around bulbs needing to be replaced in the kitchen and the outside security lighting for the first time in early January. The issue was not addressed until two months later.

Otherwise the inspector found that residents' rights were protected and promoted in the centre. An external advocate was available to residents, and the contact information was readily available in an easy read format. Information in relation to rights was also available, and no rights restrictions had been identified. Residents' consent for HIQA inspectors to review their personal plans had been sought prior to the inspection and was documented in their plans.

There was complaints policy and procedure which included the information required by the regulations. An easy read version of the procedure was in place and on display in the centre, this was also outlined in the residents' guide. There was a template and complaints log in which to record any complaints, and the process was overseen by the

area manager.

There was an ethos of respecting the privacy of residents. Staff always knocked on residents' doors to gain consent before entering. Residents had keys to their rooms, and some residents chose to keep their rooms locked when they were out. Each resident had either an en-suite bathroom, or a bathroom near to their room for their sole use.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

All residents could communicate freely, and all residents were supported and encouraged to communicate in accordance with their needs and preferences.

Residents could all read, and where they required varying levels of support with this, information was available in a format to suit their needs.

Residents had access to computers and devices with internet access if they chose to use them. There were TVs in the house and residents had access to the phone, and to their own mobile phones.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was evidence that links had been forged and maintained with the local community and with the families and friends of residents.

Family members were involved in personal planning meetings and behaviour support meetings. Visits were welcomed and facilitated, and all contact with families and friends was recorded in the residents' daily notes.

Residents regularly availed of community services and facilities including cinema, meals out, local shops and community leisure activities. They utilised community facilities such as local general practitioner (gp) and pharmacist, and had built up relationships there.

Judgment:

Compliant

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:

There was an admissions policy in place in sufficient detail as to guide practice, although no admissions were currently envisaged.

Each resident had a written agreement of care and support, which outlined the service and supports which would be offered to each resident, and included some of the charges incurred. However, not all charges were included in this contract, for example the requirement to pay utility bills was not mentioned.

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):

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

Findings:

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place, although improvements were required in the assessment process and in goal setting for residents.

Each personal plan began with a 'needs assessment' on a standard template. However this assessment comprised mostly scoring in various areas such as personal care, with no detail as to the individual needs of the resident. The person in charge had completed a more detailed assessment for one of the residents, but the assessments for the others did not include the necessary information on which to base a plan of care.

There were, however, assessments from members of the multi-disciplinary team where required, for example the occupational therapist and the psychologist. Person centred planning meetings also included various members of the MDT, and significant people in the individual resident's life, for example, community nurse and staff from day services. Residents were involved in these planning meetings, and had signed sections of their plans.

Personal plans were well laid out with a clear index, and began with a service user profile containing the important information about each resident. There were detailed plans of care, for example in the areas of communication, medication management and personal safety. Personal plans were regularly reviewed following personal planning meetings, and also where there were any changes in circumstances.

Goals were set with residents, however they were not all based on the assessed needs of residents. One of the residents in discussion with the inspector did not know what their goals were. In addition there were issues for some residents which had not been identified as requiring a goal and the associated steps towards achievement in order to either improve or regain opportunities.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both during the day and during their leisure time.

Residents attended various day services in accordance with their assessed needs, for example one resident attended a service provided specifically for elderly people.

Various activities took place in leisure time, including flower arranging and art. Some of

the residents' artwork was hung on the walls in the home. Other activities included trips to the local pub, meals out and day trips at the weekends.

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):

No actions were required from the previous inspection.

Findings:

The designated centre was a large detached house in a residential housing estate close to a small shopping centre.

There were various communal and private living areas and a large private functional garden to the back and ample parking to the front.

Each resident had their own bedroom, decorated according to their preferences. Each resident had an en suite bathroom or a bathroom for their sole use.

Communal areas included a living room, a kitchen dining area and a sunroom. There was an additional computer and recreation room with a computer available for the use of residents.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure fire safety and to manage risk.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident, and residents had all attended fire training. Clear records of fire drills undertaken and response times were maintained. Where difficulties were identified for a resident during fire drills, the local fire officer met the resident and supported them to respond appropriately to fire drills. Staff had all received training in fire safety and all staff engaged by the inspector could describe fire safety procedures.

There was a risk management policy in place which included all the requirements of the regulations. A risk register was in place for the centre which included the identification and risk management guidance for risks such as transport of residents, supporting independence for residents and environmental cleaning. Individual risk assessments for residents were in place which detailed control measures, for example relating to being alone in the house, road safety and self medication.

Accidents and incidents were recorded in detail, and were reviewed by the regional manager and the health and safety manager. Any incidents reviewed by the inspector had been followed up appropriately,, including full reviews of risk assessments and management plans.

Judgment:

Compliant

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:

The provider had ensured that there were measures in place to protect and safeguard

residents, and behaviours of concern were positively supported.

Where residents required behavioural support appropriate referrals had been made, and there was detailed guidance in place. Staff engaged by the inspector were knowledgeable in relation to the guidance and their role in implementing interventions.

There was a policy in place on the protection of vulnerable adults, and all staff had received training in the protection of vulnerable adults. There were robust systems in place in relation to residents' personal monies whereby transactions were recorded and receipted, and balances were regularly checked.

There was a policy in place in relation to restrictive interventions, however there were currently no restrictive practices identified in the designated centre.

The centre was visibly clean, there was appropriate storage of cleaning materials and equipment, and there was a local guideline in place in relation to infection control.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

All required notifications to HIQA had been submitted within the required timeframes.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both during the day and during their leisure time in accordance with their preferences and abilities.

Residents were involved in community activities such as outings, classes and short courses. Activities at home included music and media, flower arranging and art and domestic activities. There was evidence of a meaningful day for all residents.

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):

No actions were required from the previous inspection.

Findings:

Residents' healthcare needs were being met, and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Residents had access to various members of the multidisciplinary team (MDT), including physiotherapist, nutritionist and dietician. Each resident had a community general practitioner, and there was an out-of-hours service available. The recommendations of these healthcare professionals were being followed and staff were knowledgeable about them.

There was a healthcare plan in place for each resident, and these plans were regularly updated, and reviewed if there were any changing conditions.

Snacks and drinks were readily available and choices were clearly documented in each resident's daily notes under the heading of 'Nutrition'. Likes and dislikes were recorded as were any dietary requirements. A weekly shop was done by the residents in which their choices were facilitated. There was often a Sunday roast, and occasional takeaway meals.

Records were kept of dietary intake, and monthly weights were taken and recorded.

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):

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

Findings:

There were structures and processes in place in relation to the safe management of medications, and improvements had been made in the management of 'as required' (P.R.N.) medication since the previous inspection.

Each resident had a self medication assessment completed in order to assist their independence. One resident managed their medication independently, and others had varying levels of support in accordance with their needs and preferences.

Medications were stored securely and stock checks were conducted regularly. Documentation relating to the management of medications for residents was in place. Prescriptions, including P.R.N. medication prescriptions, contained all the information required by the regulations.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were managed by the accident and incident reporting process, and referred to the clinical risk specialist.

There was a policy in place in relation to medication management, and an audit had recently been undertaken.

Judgment:

Compliant

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider had developed a statement of purpose which accurately described the service being provided.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.</p> <p>Regular staff meetings were held and minutes were kept of these meetings. All required actions reviewed by the inspector had been implemented. There were also regional meetings of the community service managers.</p> <p>Audits had been conducted, for example in the management of medication and residents' finances. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review. Any identified actions reviewed by the inspector had been implemented.</p> <p>The person in charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations. She had a detailed knowledge of the health and support needs of the residents, and had introduced some improvements in practice. She was clear about her roles and responsibilities and provided evidence of continuing professional development.</p>

There were staff communication systems in place, including daily discussions between the person in charge and the regional manager and the maintenance of a daily communication book.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the circumstances where her absence required notification to HIQA. No such absences were foreseen.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There was evidence that sufficient resources were available ensure the effective delivery of care and support in accordance with the centres' statement of purpose.

The centre was furnished and maintained to a very good standard including furnishings and equipment. There was a vehicle for the sole use of the house.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the skills mix of staff was appropriate for the assessed needs of the residents living in the centre, and that the numbers of staff were adequate for the most part.

There was a planned and actual roster available, and the number of staff on duty during the day and at night was adequate to meet the needs of residents, except when there were exceptional circumstances. For example, there had been several occasions recently whereby a staff member accompanied a resident to either planned or emergency appointments, and there was no additional staff to remain in the house with another resident, who therefore also had to attend the appointment, at which there was sometimes lengthy waiting times.

There was a regular core staff team and a relief staff panel to ensure continuity of care.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. However, where staff had no qualifications, they had not received any training in supporting people with disabilities, or in skills teaching and goal setting, as was evident in the personal plans.

Staff records included most of the information required by schedule 2 of the regulations, for example, garda vetting and written references were all in place. However there was not a complete employment history for each staff member as required by the regulations.

While supervision meetings had been held with staff, a policy and template which had been developed to support performance management had not yet been implemented.

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):

No actions were required from the previous inspection.

Findings:

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

All information was stored safely and was readily retrievable

Judgment:

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 Pryce
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 RehabCare
Centre ID:	OSV-0002671
Date of Inspection:	21 and 22 March 2017
Date of response:	06 June 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 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:

Repair of lighting which was discussed and agreed with residents was not implemented in a timely manner.

1. Action Required:

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

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:

Electrician has been sourced who can do any future electrical maintenance with immediate response.

Proposed Timescale: 31/03/2017 - Completed

Proposed Timescale: 31/03/2017

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:

Not all charges incurred were outlined in the written agreements of care.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Additional charges have been added to the Contract of Care. This has been discussed with service users and they have signed off to indicate that they are in agreement with this.

Proposed Timescale: 14/04/2017 - Completed

Proposed Timescale: 14/04/2017

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:

Not all assessments were comprehensive.

3. 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:

A comprehensive assessment of all service user needs has been completed.

Proposed Timescale: 31/04/2017 Completed

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Improvements were required in the strategies to support residents to maximise their potential.

4. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

- Keyworkers will work of each service user to determine what their current goals are, steps required to achieve these goals and people responsible will be identified.
- Keyworkers with supervision from the PIC will oversee the implementation of these goals on an ongoing basis.

Proposed Timescale: 23/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some of the information required in schedule 2 for staff was not in place.

5. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Gaps in relevant staff member's employment has now been included in records.

Proposed Timescale: 01/06/2017 Completed

Proposed Timescale: 01/06/2017

Theme: Responsive Workforce

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

Staff numbers were not always adequate to meet the needs of residents.

6. 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:

Part Time Team Leader post will be advertised in the coming weeks, it is expected that this position will be filled by 30th September 2017.

As an interim measure additional relief staff will be included in the rota to support service user needs.

Proposed Timescale: 30/09/2017

Theme: Responsive Workforce

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

Supervision and performance management policy had not yet been implemented

7. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

•An organisational Performance Management Policy is currently being drafted, this will be completed by August 30th. Roll out of this policy is expected by 31/12/2017.

•Review of the exiting Supervision Policy is currently underway, this will be completed by July 31st.

Proposed Timescale: 31/12/2017

Theme: Responsive Workforce

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

Not all training needs had been met.

8. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

PIC will consult with staff to identify current training needs during supervision sessions.

Proposed Timescale: 30/06/2017