

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grange Apartments - Sonas Residential Service
Centre ID:	OSV-0003745
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	Louise Renwick
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 June 2017 09:15 To: 29 June 2017 18:50

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre.

This was HIQA's fourth inspection of the centre and was conducted by two inspectors over one day. The required actions from the previous inspection in August 2016 were also followed up as part of this inspection process.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, healthcare assistants, household staff and the person in charge. The inspectors also spoke with two clinical nurse specialists who supported residents, and guided staff in their practices.

The inspectors visited three of the apartments and met individually with each resident. Completed questionnaires from residents and their representatives were also reviewed. Additionally, in assessing the quality of care and support provided to residents, the inspectors observed staff engagement and interactions as they

provided supports. Overall, residents were observed to be happy and contented living in the centre.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, centre data sets, self-assessment documentation and a number of the centre's policy documents. The inspectors also completed a walk through the centre's general premises and communal areas.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre consisted of six individualised apartments which had direct access to shared facilities, amenities, communal spaces and well maintained garden areas.

The statement of purpose stated that the centre provided a supportive, individualised and low arousal residential environment, specifically tailored to each individual's needs. Each individual apartment provided a platform to enable engagement in everyday activities.

Residents' support needs included those associated with their intellectual disability, autism, mental health, communication, medical and personal care needs.

There was capacity for six residents and on the day of inspection it was home to three ladies and three gentlemen over 18 years of age.

Overall judgment of our findings

Ten outcomes were inspected against and overall the inspectors found that there was a significant level of increase in regulatory compliance as compared to the previous inspection. Inspectors observed that there had been a robust, team based response to the action plans to address the previous non-compliances. This response had also involved members of the multidisciplinary team.

Residents' general quality of life had improved particularly in the areas of safeguarding and safety, residents' rights, dignity and consultation and social care needs. Residents' healthcare and medication needs were also noted to be well supported.

Good progress was also made with the stabilisation, education and training of the centre's workforce. In summary, there was significant improvement with the centre's governance and management which oversaw the achievement of increased compliance in the outcomes inspected.

These findings along with others are further detailed in the body of the report and 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):

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

Findings:

Inspectors determined that the eight actions from the previous inspection were addressed, and that residents' rights, privacy and dignity were promoted in the designated centre.

Since the previous inspection, some residents had a call bell system installed in their apartments, and skills teaching plans were in place to encourage residents to use these should they require the support or attention of a staff member. These were heard ringing during the inspection, and staff responded to them in a timely manner. Inspectors reviewed emails that had been sent to the wider staff team on campus, requesting that any visitors ring the centre door bell before entering. Staff were encouraging residents to use their own front doors to enter and leave through, and visitors to do the same. This was to promote their privacy, and also to ensure that their door into the communal area of the centre was used minimally by the one staff member supporting them on a particular day. When going to visit residents, inspectors were brought to the front door of the apartment by staff. Some residents had a one-way mirrored glass panel installed in their apartments. This was to allow residents to see into the communal area and observe what was happening, while maintaining their privacy and dignity. Residents were observed to be supported to maintain control over their personal possessions.

The inspectors observed that residents were consulted with and participated in decisions regarding their care. The person in charge met regularly with residents to garner their views.

The centre's complaints log was reviewed. There was evidence of resident's and their representatives concerns being promptly responded to and followed up in line with the regulatory requirements. An audit of centre complaints was also completed.

Inspectors were told that there was an internal advocacy team made up of a number of staff members who meet monthly to discuss residents' rights. Advocacy was also discussed with residents themselves, and there was access to external advocacy services should the need arise. The person in charge told inspectors that a referral had been made to an ethics committee for some residents, to seek input where residents' rights may be infringed upon based on a duty of care or safety.

Interactions observed between residents and staff were positive in nature, and in line with individual resident's communication style. Staff spoke to, and about residents in a respectful and person-centred way.

Residents could avail of supports from the day service programme, and some residents were not engaged in a specific training programme. Other residents were observed throughout the day to be engaged in other activities of their choice. For example, going for a cycle, preparing and cooking meals, doing laundry. The plan for the day and week was individualised for each resident in line with their needs and wishes. Inspectors saw information in residents' personal plans regarding skills teaching exercises to promote independence. For example, filling and emptying the dishwasher. Since the previous inspection, some residents had tried new activities or outings that had not been possible previously. For example, a successful trip to the beach, or to visit old friends.

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):

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

Findings:

Overall, the inspectors found that residents' wellbeing and welfare was supported with their needs outlined in their personal plans. Residents were supported to participate in

meaningful activities of their preference. Family and multidisciplinary team members were involved in the assessment of, and review of needs process. Accessibility was promoted in residents' files.

From a review of residents' files inspectors observed that an appropriate suite of assessments were completed with residents. Subsequently, plans were systematically developed to inform and guide staff practices. This included plans for residents' emerging and short term needs. Review and evaluation of plans was evident which incorporated an outcome based process for monitoring residents' progress. In addition, inspectors noted that residents' status with regard to progression, personal development and their "community readiness" was incorporated into their reviews. Accessibility and augmentative communication approaches were fostered into residents' plans and supports delivery.

Residents were observed to be individually supported to participate in activities of their choice. These were observed to be facilitated in the centre and within the wider community in line with residents' particular wishes and support requirements. Evidence of a team based approach with input from the service's day activation staff was noted. Skills teaching and capacity building was also noted to be integrated and facilitated in residents' daily routines.

Residents informed the inspectors of the various activities that they currently participated in and of their future plans.

The inspectors observed that residents were supported at times of transition, this was highlighted on completed questionnaires.

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):

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

Findings:

Inspectors found the health and safety of residents, staff and visitors was promoted in the designated centre, and the four actions from the previous inspection had been adequately addressed.

Infection control measures had improved since the previous inspection. The provider had appointed a household staff to work in the centre four days a week who had responsibility for supporting the laundry and household tasks. The building was supplied

with adequate items to reduce the spread of infection such as hand sanitizers, gloves and colour coded cleaning equipment. There was a separate laundry room and residents all had their own private bathrooms available to them. There was a system of audit in place regarding infection control, with a thorough audit completed in June 2017 that indicated an 85% compliance with good practice. The actions raised from the audit were swiftly addressed by the person in charge. For example, the replacement of a duvet cover with a plastic washable cover and a separate container for un-used medicine.

Risk management practices had improved in the centre with a balanced approach to the management of risk and promotion of residents' safety. There was clear documentation on the control of the risk of self-harm which had been absent at the previous inspection. The centre's safety statement had been reviewed in March 2017 and highlighted the controls in place for the four specific risks as outlined in the regulations. Individual risk assessments had been completed for each resident which showed the supports necessary to address or lower known risks. Some risk assessments were in need of review, based on the most recent information, to ensure that no additional control measures were needed. For example, if a resident failed to participate in a fire drill.

There was a system in place for the recording, review and learning from accidents, incidents and adverse events. The person in charge completed a monthly audit to ensure effective recording of all adverse events. Inspectors found there to be good oversight of all adverse events in the centre, with an aim to learn from such incidents, and further improve practice.

Inspectors found that the fire detection and alarm system along with the emergency lighting was serviced and checked on a three monthly basis by a professional. The building was equipped with fire fighting items such as extinguishers and fire blankets which were checked annually. The building had adequate fire containment measures in place. There was a written evacuation plan which guided staff on how to evacuate safely at times of full staffing, during staff break times and at night time. Each resident had a personal evacuation plan written up, and staff were very clear on the procedure to evacuate residents in line with their needs and supports. Fire drills were routinely completed, and in general, if a resident was a known risk of not responding to a drill there was a clear support plan in place to address this.

Inspectors found that proactive steps were taken to promote health and safety in line with the regulations. For example, there were weekly health and safety checks of the building to identify any potential hazards, the vehicle was serviced and tested regularly to ensure it was road worthy, and all specialist equipment was serviced by a professional on a periodic basis. For example, high-low beds.

Judgment:

Substantially 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):

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

Findings:

Inspectors found that the five actions from the previous inspection had been adequately addressed, and that there were measures in place to safeguard and protect residents from harm or abuse.

The use of restrictive interventions had been reviewed and amended resulting in positive experiences for residents. Based on these reviews the rationale for restrictive interventions was clearer and benefits of such interventions could be evidenced. For example, while resident's access to communal areas had been restricted, the benefits of this restriction could be clearly seen. Such as, an improvement in sleep pattern and improved engagement in activities. Some restrictions had been removed since the previous inspection. For example, viewing panels were no longer in use or available to use for individual apartments. Inspectors were satisfied that restrictive practices were regularly reviewed in a team based approach, and the person in charge could evidence the benefit of the use of any such restriction for residents. There were plans to consider reducing restrictions further in a measured, planned way with the involvement of residents.

Inspectors reviewed support plans in place to guide staff in a consistent approach to supporting residents' overall needs, including supporting times of anxiety, self-harm or behaviours of concern. Plans had clear information of the individual support needs of residents.

Since the previous inspection, 22 staff had received training from two clinical nurse specialists in behaviour support and mental health. This training was specific to the needs of the residents living in the centre. Staff told inspectors that this training had been extremely useful in understanding the supports required, and the individualised approach taken with each resident.

Inspectors determined that interventions and supports regarding residents' mental health needs, risks and challenges were having a positive effect on their quality of life. For example, incidents of a self-harming nature had reduced each month over the past three months, some residents had achieved social goals that had not been previously possible, the use of physical restraint was at a minimal and chemical restraint was not required for any resident. Residents reported that they were happy, and felt safe living in the centre.

Inspectors found there to be a clear process in place for the management of any allegation, concern or suspicion of abuse. Any safeguarding issues had been appropriately screened, reported and managed in line with national policy, and notified to HIQA in line with regulation. Where any unfounded allegations had been raised by residents, input and review was sought from the MDT, with plans reviewed and updated to reflect any additional supports required. For example, carrying out a functional analysis on the behaviour, and logging staff time and visits into residents' apartments.

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:

Overall, the inspectors found that residents in the centre were individually supported to achieve and enjoy the best possible health.

Residents' healthcare needs were observed to be recognised, assessed, supported and reviewed. The inspectors found that staff knowledge of residents' needs was strong.

Residents had good access to a general practitioner (GP) as he visited the campus, and was available for consult on a daily basis. Out of hours support was provided by a local community GP service.

Multidisciplinary team supports were available to residents. This included psychiatry, social work, physiotherapy and occupational therapy. Residents were also facilitated with access to allied health professionals.

The inspectors noted that residents' nutrition/eating and drinking needs were considered, assessed and supported. This encompassed participation from a dietician and speech and language therapist as required. It was noted that the assessment process included the exploration of the resident's preferred location for mealtimes and their individual routine.

A healthy lifestyle was clearly promoted with inspectors observing evidence of individualised educational input for some residents.

Residents' main meals were supplied from a centralised kitchen on campus, with residents' choice incorporated into menu planning. A weekly shop was also conducted

for the centre which ensured that additional options were available for residents from the centre kitchen. The inspectors observed that some residents were involved in preparing and cooking their snacks and meals, both in their individual apartments and the centre's main kitchen.

Residents were also observed to be facilitated, and supported with access to drinks and snacks outside of their mealtimes.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors observed that there was a robust medication management system in place to underpin and support residents' medication needs. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. Medicines were appropriately stored and residents' medication records were observed to be kept in a secure place.

Residents' medical and medication needs were observed to be regularly reviewed by their general practitioner and psychiatrist.

Medication in this centre was administered by registered nurses. The inspectors observed the bank list of nursing staff signatures with their initials and correlating registration numbers. Additionally, the inspectors observed that staff were communicated with, and reminded of safe medication practices.

A pharmacist was available to residents and there was evidence of residents being supported to meet with her.

Residents' capacity to self-administer their medication was assessed. At the time of inspection no residents were responsible for their own medication but this skill development was being explored. For example, residents were facilitated with easy read information to assist their capacity development.

A clear system was in situ for the reviewing and monitoring of safe medication management practices.

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

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

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

Findings:

Inspectors reviewed the centre's statement of purpose of May 2017 and found that a small improvement was required. It was noted that the document did not outline the person in charge's specific division/allocation of time to this centre only.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, inspectors found that the centre had effective management systems in place to support and promote the delivery of a safe, quality service. The quality and safety of the care provided was monitored and developed.

There was evidence of self-assessment by the management team and provider, which

encompassed auditing, six monthly provider nominee visits and an annual review completed by the service's quality and risk officer. Audits were completed for care planning, medication, infection control and for centre data sets, for example, incidents and complaints.

Inspectors observed opportunities for staff to raise concerns regarding the quality of care and support provided in the centre.

There was a defined management structure in situ with clear lines of authority and accountability. The person in charge (PIC) was supported by a clinical nurse manager 3 and the provider nominee. There were established communication and meeting processes within this structure. Inspectors particularly noted that there had been a clear and co-ordinated team based approach to the non-compliances that were identified during the previous HIQA inspection.

The PIC worked fulltime flexible shifts in a supernumerary capacity. She was also responsible for another small community based centre. She was observed to be very involved in the administration, governance and operational management of the centre. This included involvement in the recruitment of new staff to work in the centre. The PIC highlighted that the skills, education and experience of staff was critical in the centre. She demonstrated sufficient knowledge and awareness of her statutory responsibilities, and was also committed to her professional development.

The PIC was observed to provide strong leadership, could clearly identify, and outline progress in the centre and was noted to have a plan to achieve further quality improvements. She also had good knowledge of the residents' needs and was clearly identifiable to them.

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

Findings:

Inspectors found that improvements had been made in relation to the number of staff employed in the centre, their knowledge of evidenced-based practice, and the stability and continuity of the staff team. While appropriate training had been provided in particular areas, there were gaps in the provision of some mandatory training and refresher training for staff.

Inspectors found there to be a mix of nurses and care assistants on the staff team. A number of new staff had been employed since the previous inspection, and the use of agency staff had reduced significantly. The person in charge was supernumerary to the roster, and could support break times and outings when required. The person in charge had a clear understanding of the staffing requirements of each resident for when they were in the centre, and while out in the community. Risk assessments had been completed to indicate this also. All residents had one staff available for their individual support needs while in their home during the day. If availing of facilities and amenities in the community, residents required higher staffing levels. Given the individual needs of residents, such outings and events were pre-planned in advance as part of their weekly plan. This allowed the person in charge to manage the roster accordingly. Residents were observed to be contented with their activity supports.

During the inspection, inspectors observed residents being supported both in the centre, outside on the grounds and going out into the community. Staffing support was amended accordingly depending on the activity. For example, two staff were available to support a resident to go for a cycle. Inspectors observed staff communicating with residents effectively, in line with residents' individual communication styles, and interactions were positive.

Actual and planned rosters were maintained by the person in charge, and showed who was on duty and their time of shift. The rosters reviewed correlated with the staffing levels as mentioned above.

Since the previous inspection, staff had received training from two clinical nurse specialists in autism and challenging behaviour, and mental health. These training sessions were specific to the individual residents living in the centre. Staff felt that these training sessions were beneficial and supported them in their role. On review of the training records, some gaps were identified in relation to refresher training for staff. For example, manual handling, de-escalation techniques and appropriate refresher training in safeguarding and protection.

The service had established recruitment procedures. Staff files were reviewed on a separate day and were found to meet the requirements of Schedule 2.

Judgment:

Non Compliant - Moderate

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:

The inspectors observed that some improvement was required in the provision of the required centre policies and in the maintenance of resident's documentation.

Some of the centre's underpinning policies were not found to have been reviewed and updated within the required three yearly timeframe. This included the centre's policy for the provision of personal intimate care and the provision of behavioural support.

Also, during the inspection process it was observed that some of the resident's individual documentation was not appropriately maintained. This was identified to the person in charge on the day of 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:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003745
Date of Inspection:	29 June 2017
Date of response:	02 August 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:

Some risk assessments required a review to ensure that they were in keeping with residents' current support requirements.

1. Action Required:

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

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

PEEP of service user updated and will be reviewed as necessary

Proposed Timescale: 02/08/2017

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:

As outlined in the report, the statement of purpose did not fully meet the requirements of Schedule 1.

2. 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:

PIC visits other designated centre once a week. This is for a scheduled meeting. Duration of the meeting is planned to be for up to 2 hours. The PIC also provides "on call" support to this centre as required when on duty. With the exception of the allocated time for this meeting, the PIC is allocated to the Grange Apartments

Proposed Timescale: 02/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were gaps in the provision of training:

- four staff required updated training in manual handling
- six staff required updated training in de-escalation techniques
- 13 required appropriate refresher training in safeguarding and protection.

3. 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:

- Dates scheduled for Manual Handling Training Sept/Oct 2017.
- Dates will be scheduled for staff to complete training in (Management of Challenging Behaviour)
- Refresher training within the service is now 1 day duration for SUPW. All staff identified will attend this by June 2018

Proposed Timescale: Management of Behaviours that Challenge – 31.12.17
SUPW - June 2018

Proposed Timescale: 30/06/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the centre's underpinning policies were not reviewed and updated within the required timeframe.

4. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Policies identified where the expiry date has passed will be updated.

Proposed Timescale: 31/12/2017

Theme: Use of Information

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

Some of the resident's individual records were not appropriately maintained.

5. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

PIC and PPIM will ensure all documentation is current and recorded in an appropriate manner and any alterations will be crossed off and signed by staff

Proposed Timescale: 02/08/2017