

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Palace Fields Services
Centre ID:	OSV-0004062
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 22 February 2017 09:15 To: 22 February 2017 17:45

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards. Ten of the eighteen outcomes were reviewed at this inspection and the inspector reviewed the actions the provider had taken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with all five residents who were using the service. Some residents told the inspector that they enjoyed living in the service. The inspector observed that all residents were comfortable and relaxed in the house, and in their interactions with staff. The inspector also met with two staff members and the person in charge.

Description of the service:

The centre is a two-storey house in a rural town. The centre provided a full-time, weekday residential and respite service to a maximum of five male and female adults

with an intellectual disability requiring a medium to high level of support.

Overall judgment of findings:

Of the ten outcomes inspected on this inspection, four were in compliance with the regulations and two were substantially compliant. Three of the outcomes were moderately compliant and there was one major non-compliance.

Residents' received a good level of health and social care. They had opportunities to participate in the local community, retain contact with family and friends, and to social events. The residents' healthcare needs were well met, there were safe medication practices, and there were measures in place to safeguard the resident from abuse.

The centre was well-maintained, comfortable and suitably furnished and met the needs of residents using the service. It was suitably staffed to meet the residents' needs. However, the allocated use of a bedroom reduced the privacy and dignity of some residents.

While there were health and safety measures in place, improvement to risk assessment, servicing of equipment, and fire evacuation drills was required. Some improvement was also required to the agreement for the provision of services to residents, behavior management plans, and the planned staffing roster.

The provider had a clear governance system for the management of the centre, and auditing was being undertaken to review and improve the quality and safety of the service. However, improvement was required to the hours of the person in charge and the annual report.

Findings from the inspection and actions required are outlined 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:

This outcome was not examined in full at this inspection, but was reviewed in respect of a resident not being suitably supported during planned closures of the centre. This was found to have been suitably addressed. However, it was found during this inspection that the privacy of some residents was not fully supported.

Since the last inspection, the management team had reviewed the arrangements for occasional planned closures and these full closures had been discontinued. The person in charge and staff confirmed that the centre had remained open during holiday periods, such as at Christmas, to ensure that residents who wished to, could remain in the centre.

Due to the service agreements in place with some residents, there was one bedroom in the centre that was used by different residents at separate times. One resident's personal belongings were kept in the room at all times. This impacted on this resident's privacy, while the other resident did not have access to personalised space or adequate storage for clothes.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Residents had written agreements for the provision of care, however, some improvement to the information in the agreements was required.

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Each resident had a written agreement which outlined the service provided and the fees being charged. However, the agreement was not fully reflective of all aspects of the service available to residents. The extent of the service provided was not clear in one agreement. This agreement did not state the number of days per week that the service would be supplied to a resident who did not receive a full-time service.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, in the day service and in the community.

There was an annual meeting for each resident, attended by the resident, his or her

family and support workers, to discuss and plan around issues relevant to the resident, and to develop personal goals for the coming year. Each resident had a 'circle of support' consisting of their families, friends and key workers, which also met every six months to further discuss and plan around the resident's life and wellbeing.

Residents had personal plans which set out their social interests, required health care supports and identified life goals. The inspector viewed some personal plans and found that the goals identified were person centred and focussed on improving the quality of residents' lives.

There were a range of other activities, such as zumba dancing and gardening, taking place in day services and residents' involvement was supported by staff.

There was evidence that staff supported residents to access facilities in the local community such as shopping, dining out, meeting their families, leisure outings and entertainment events. During the inspection one of the residents told the inspector that she had been to the city that day and had enjoyed the day out, while another resident had been shopping in the local area and planned to go to the city the following day. There was transport available to bring residents to activities they wished to participate in.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable for its stated purpose.

During the last inspection of this centre, it was found to be clean, comfortable and well maintained, and this standard continued to be evident.

The centre comprised a two-storey house in a rural town. There was adequate communal and private accommodation for residents and there was a secure garden with garden furniture to the rear of the house. Each resident had his or her own bedroom, although there was one bedroom for respite use that was shared by two residents at

different times. Some bedrooms had en suite facilities in their bedrooms and there were sufficient additional bathrooms available. Bedrooms were suitably decorated and residents had personalised their rooms.

There was a well-equipped kitchen with dining space and sitting room in the house. The communal rooms were bright, well furnished.

There was a utility room with laundry facilities, where residents could carry out personal laundry.

Suitable arrangements for the disposal of general waste were in place. There was a contract with an external company for the supply of bins and removal of refuse from the centre. No clinical waste was being generated.

Painting of the external walls of the building had been identified as a required improvement, and preparation for this work had commenced, with a view to its completion when the weather improved.

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 systems in place to protect the health and safety of residents, visitors and staff. However, improvement to fire evacuation drills and risk assessment was required. Some improvement was also required to the servicing of some equipment. During the previous inspection, improvement was required to the assessment of some risks to residents and this had been addressed, while improvement to fire drill procedures had been partially addressed.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire fighting extinguishers and the fire alarm system. However, there was insufficient verification available to confirm that the central heating boiler had been suitably serviced.

There was a schedule for routine health and safety checks to be carried out by staff and the person in charge, which included daily checks of fire alarms and fire exits, weekly

checks of emergency lighting, and monthly checks of fire extinguishers.

All staff had received training in fire safety. Four fire drills were held in 2016, one of which had been during the night, and all had been completed in a timely manner. All residents and regular staff had taken part in fire drills. However some relief staff working in the centre had not taken part in any fire drills and there was no plan for ensuring that all staff had participated in a fire drill. Some relief staff were working in the centre alone overnight. During the last inspection, the inspector found that a fire drill had not taken place at night and this had now been addressed.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures. However, the risk management policy did not meet some of the requirements of regulations. When the inspector asked to see the control measures for self harm this information was not available. In addition, while the risk register was generally comprehensive, the control measures for the identified risk of intruders entering the centre had not been fully explored.

During the last inspection of the centre, a trip hazard was noted, for which no risk assessment had been undertaken. Since then, repair work had been carried out to remove this risk and provide a safe floor surface.

Each resident had individual missing person profiles, moving and handling plans and individual personal evacuation plans. Individual risk assessments had been undertaken for all residents and included measures in place to control these specific risks.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to protect residents being harmed or abused. However, improvement to development of behaviour management plans was required. During the last inspection, improvement was required in supporting residents to manage their money and this had been addressed.

There was a policy in place for responding to allegations of abuse. Staff who spoke with the inspector understood the types of abuse and what to do in the event of an allegation or suspicion of abuse. The person in charge was also clear on how an allegation or suspicion of abuse would be investigated and managed.

All staff had received adult protection training. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Contact details for this person were clearly displayed in the centre.

There was a policy for the provision of intimate care and individual intimate care plans had been developed for all residents.

There was a policy for the provision of behavioural support and all staff had received training in managing behaviour that is challenging.

However, some of the behaviour management guidance available to inform staff was not consistent and up to date. The inspector viewed a behaviour management plan for a resident who required support with behaviours that challenge. This plan required improvement as the information it contained was not consistent with the behaviour management care plan outlined by the person in charge. In another resident's plan, the information in the behaviour profile and the required behaviour interventions were inconsistent.

At the time of inspection there were no physical, chemical and environmental restraints in use in the centre.

Since the last inspection, the person in charge had worked with residents and had reviewed the arrangements for personal finances, to ensure that residents had increased control of, and access to, their own money.

Judgment:

Non Compliant - Moderate

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' health care needs were well met and they had access to appropriate medical and healthcare services.

Residents were supported to visit their general practitioner (GP) as required and all residents had attended their GPs for annual health checks. Residents also had access to a range of healthcare professionals, including an occupational therapist, speech and language therapist and a neurologist, in addition to attending routine appointments with dentists, dental hygienists and opticians.

All residents had personal plans which outlined the services and supports to be provided to achieve and maintain good health. The care and support plans viewed by the inspector contained detailed information around residents' healthcare needs, assessments, medical histories and support required from staff.

The inspector found that residents' nutritional needs were well met. All residents were weighed monthly. Referrals to a dietician and a speech and language therapist were made as required, and their recommendations were clearly recorded to guide staff. All staff had completed training in preparation and supply of modified diets.

All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise. The inspector saw residents eating healthy, home cooked meals which they said they enjoyed. Residents had unlimited access to the kitchen, and were involved in food preparation, meal planning and grocery shopping.

There were no residents in the centre with wounds or pressure ulcers, or assessed as being at risk of malnutrition.

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:

The inspector found that there were safe medication management practices in place.

Training records indicated, and staff confirmed, that all staff had received training in safe administration of medication.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of p.r.n. (as required) medications was prescribed. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify their identity if required.

There were appropriate systems for the ordering, storage and return of medications. The inspector found that medication was suitably stored and there was a secure system for the return of unused and out-of-date medication to the pharmacist.

Self administration assessments had been undertaken for all residents, although it was found that self administration was not suitable for current residents.

At the time of inspection, none of the residents required medication to be administered crushed, medication that required refrigeration or medication requiring strict controls.

During the previous inspection of this centre the inspector found that improvement was required to prescription sheets, procedures for administering p.r.n. medication, and the system for checking the medication stock, and these had been suitably addressed.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were systems to review and improve the quality of service.

However, the role of the person in charge was not full-time and some improvement was required to the annual report.

The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. The person in charge was based in the centre. There were arrangements to cover the absence of the person in charge and there were on call out of hours arrangements in place to support staff. The role of the person in charge, however, was not full time as required by the regulations, as the person in charge worked slightly less than the hours of one whole time equivalent.

There were systems in place for monitoring the quality and safety of care. All accidents and incidents were recorded and kept under review for the purpose of identifying trends. Other audits carried out by staff included, monthly medication audits, monthly maintenance checks, and residents' personal finances were checked twice weekly and signed for verification. Unannounced six monthly visits to the service had been carried out on behalf of the provider as required by the regulations. Copies of the reports, which included an action plan of required improvements, had been supplied to the person in charge for her attention. Some of the actions identified in the report had been addressed, while others were in progress.

An annual report on the quality and safety of care in the designated centre had also been prepared. During the previous inspection, the inspector found that improvement was required to the consultation with residents and their relatives, in regard to the annual review, and this had been addressed. As part of the annual report the person in charge had undertaken satisfaction surveys with relatives and their families and the outcomes of these surveys were incorporated into the report. The inspector viewed the annual report and found that, although it was informative it did not present any overview of how the quality of service had improved, or otherwise, since the previous year.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles. However, some improvement was required to the planned staffing roster.

There was a planned roster prepared and this was being updated as required to reflect the actual roster. However, the roster did not indicate which staff were on duty at night-time, although this information was implied. Staff accompanied residents when they wanted to do things in the local community such as going shopping or for meals. Separate staff supported residents while attending the day service. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for and supported them very well.

Training records indicated that staff had received training in fire safety, safeguarding and manual handling. In addition, staff had attended other training relevant to their roles, such as training in safe medication administration, behaviour management, managing respiratory emergencies, and eating, drinking and swallowing.

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:

Jackie Warren
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 Ability West
Centre ID:	OSV-0004062
Date of Inspection:	22 February 2017
Date of response:	24 April 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:

One bedroom in the centre was used by different residents at separate times, which impacted on a resident's privacy.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Resident's privacy will be maintained by ensuring that the bedroom is for their sole use.

Proposed Timescale: 03/04/2017

Theme: Individualised Supports and Care

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

A resident did not have access to personalised space or adequate storage for clothes and personal belongings.

2. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Bedroom will be for single occupancy, there is sufficient personal space and adequate storage facilities available.

Proposed Timescale: 03/04/2017

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:

The agreement for the provision of service and care was not fully reflective of all aspects of the service provided.

3. 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:

All service users' contracts have been reviewed and clearly outline service to be provided including standard daily financial contribution to the service. There are no additional costs associated with activities provided within the residential service.

A copy of the monthly respite offer to each resident will be available in the Directory of Residents folder.

Proposed Timescale: 01/04/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not meet some of the requirements of regulations, as control measures for the risk of self harm were not available.

4. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Control measures regarding self-harm and behaviours that challenge including self-injurious behaviour has been updated in Risk Assessments and included in the risk register.

Proposed Timescale: 22/03/2017

Theme: Effective Services

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

Control measures for the identified risk of intruders entering the centre had not been fully explored.

5. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The risk assessment and risk register has been updated to reflect additional security control regarding intruders.

Proposed Timescale: 22/03/2017

Theme: Effective Services

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

There was insufficient verification available to confirm that the central heating boiler had been suitably serviced.

6. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The oil burner in this designated centre has been serviced annually and the most recent service was done on 21/03/2017. Ability West has a contract in place with an OFTEC registered company, the company is suitably qualified and accredited in this area.

Proposed Timescale: 21/03/2017

Theme: Effective Services

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

Some relief staff working in the centre had not taken part in any fire drills and there was no plan for ensuring that all staff had participated in a fire drill.

7. Action Required:

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

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

A number of relief staff have participated in a fire drill since the inspection and a plan is in place to ensure that all relief staff participate in a fire drill throughout the year.

Proposed Timescale: 21/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some of the behaviour management guidance available to inform staff was not consistent and up to date.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Behaviour Management Guidelines have been updated to reflect current practice.

Proposed Timescale: 20/03/2017

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 role of the person in charge was not full time.

9. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

In consultation with the Human Resources Department, the employment contract for the Person in Charge will be amended to reflect an increase in hours of work to reflect the full-time nature of the role.

Proposed Timescale: 01/04/2017

Theme: Leadership, Governance and Management

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

The annual report did not present any overview of how the quality of service had improved, or otherwise, since the previous year.

10. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Annual Review has been updated to include an Overview of Service which reflects service provision and qualitative changes throughout the year.

Proposed Timescale: 22/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The planned staffing roster did not state which staff were on duty at night-time.

11. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The staff roster has been updated to reflect the staff on duty at night.

Proposed Timescale: 22/02/2017