

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |                                       |
|---|---------------------------------------|
| <b>Centre name:</b>                                   | Holly Services                        |
| <b>Centre ID:</b>                                     | OSV-0004071                           |
| <b>Centre county:</b>                                 | Galway                                |
| <b>Type of centre:</b>                                | Health Act 2004 Section 39 Assistance |
| <b>Registered provider:</b>                           | Ability West                          |
| <b>Provider Nominee:</b>                              | Breda Crehan-Roche                    |
| <b>Lead inspector:</b>                                | Maureen Burns Rees                    |
| <b>Support inspector(s):</b>                          | None                                  |
| <b>Type of inspection</b>                             | Unannounced                           |
| <b>Number of residents on the date of inspection:</b> | 2                                     |
| <b>Number of vacancies on the date of inspection:</b> | 4                                     |

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

|                   |                   |
|-------------------|-------------------|
| From:             | To:               |
| 23 May 2017 11:00 | 23 May 2017 17:00 |
| 24 May 2017 09:00 | 24 May 2017 03:00 |

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

|   |
|---|
| 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 an eight outcome inspection carried out to monitor compliance with the regulations and standards and further to an application to vary conditions of registration. The previous inspection was undertaken on the 29 and 30 of April 2015 and the centre was registered in September 2015. As part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

The provider submitted an application to vary conditions of registration to include an additional three beds. These beds were located on the first floor of the building which had previously been occupied by a standalone designated centre which was now closed. This monitoring inspection will be used to inform the registration panels decision regarding the application to vary conditions.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with the two service users

who were availing of respite in the centre. The inspector observed warm interactions between the service users and staff caring for them and that the children were in good spirits.

The inspector interviewed the chief executive, the person in charge, acting area service manager and three social care workers. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

#### Description of the service:

The service provided was described in the providers statement of purpose. The centre provided respite care for up to six service users at any one time, depending on their assessed needs and dependency levels. The centre catered for service users with a diagnosis of intellectual disability who have been identified as requiring a support level ranging from minimum to high as per the National Intellectual Disabilities database of classifications. At the time of inspection a total 22 service users were accessing the centre for respite at various times.

The centre was located in a large two storey, purpose built property which was set on its own grounds with a secure garden and play area to the rear of the building. It was located in a scenic urban area in the west of Ireland.

#### Overall Judgement of our findings:

Overall, the inspector found that service users were well cared for and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

#### Good practice was identified in areas such as:

- The health and safety of service users, visitors and staff were promoted and protected. (Outcome 7)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs. (Outcome 14)

#### Areas for improvement were identified in areas such as:

- The centre was in need of painting and redecoration in all areas. In addition, some furnishings and fixtures had yet to be purchased for the upstairs area in the centre for which the provider had made an application to vary its conditions of registration. (Outcome 6)
- Some improvements were required in relation to arrangements for provision of

intimate care for one of the service users and some details within the centres protection policy were incorrect. (Outcome 8)

- Some improvements were required in relation to arrangements for the revision of specific healthcare plans. (Outcome11)

- The full staffing requirement to meet the additional occupancy proposed by the provider, in their application to vary the conditions of registration, had not been identified or recruited at the time of inspection. (Outcome 17)

**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 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:**

The well being and welfare of those availing of respite was maintained by a good standard of evidence-based care and support. However, some small improvements were required to ensure documentation was revised as required to meet service users needs.

Each service user's health, personal and social care needs were fully assessed. There was documentary evidence to show that parents or representatives were involved in assessments to identify service user's individual needs and choices. In addition, there was multidisciplinary input into some assessments.

Overall, the arrangements to meet service user's assessed needs were set out in a personal plans that reflected his or her needs, interests and capacities. Personal goals were set for service users although the level of implementation and review of these goals was not always evident. The inspector reviewed the personal plan of one service user who had recently commenced overnight respite stays in the centre. The service user had previously availed of day respite and their personal plan reflected their needs and support requirements whilst attending for a short period during the day. However, this service user's personal plan had not been revised to reflect for example, their sleep pattern or personal and oral hygiene needs and support requirements.

There were processes in place to formally review service users personal support plans on a yearly basis. There was documentary evidence to show that service users families and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on improving the lives of the service users.

Two service users were due to transition to an adult respite service later in the year and plans were in place in relation to same.

**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 design and layout of the centre was in line with the centres statement of purpose and was suitable to meet its stated purpose and the needs of children. However, the centre was in need of painting and redecoration in all areas. In addition, some furnishings and fixtures had yet to be purchased for the upstairs area in the centre for which the provider had made an application to vary its conditions of registration.

The centre was registered in September 2015 to accommodate a total of six service users at any one time on the ground floor level of the building. The provider had recently submitted an application to vary its conditions of registration to include the first floor area of the centre and consequently to increase the accommodation capacity of the centre. This area had previously been a separate standalone designated centre. However, some furniture and fixtures had yet to be put in place. For example, curtains in one of the rooms and beds and side lockers in other rooms.

The centre was purpose built and promoted accessibility for all in its layout with wheelchair accessible entrances. The centre was homely and clean. However, the entire building, including the first floor area, was in need of re-painting. All bedrooms were suitable in size and had adequate storage facilities for the personal use of service users. Two of the bedrooms had a shared bathroom suitable for service users with restricted mobility. The kitchen and utility room were well equipped. There was also a small kitchenette in the sitting area on the first floor which it was proposed could be used by service users once registered. There was sufficient communal and private space for service users.

There was a garden to the rear of the property which was secure and accessible. The garden contained play equipment which was used by the service users. There was

parking available at the front of the centre and A range of equipment was appropriate to the needs of service users and was maintained in good working order. Some service users required assistive equipment such as a tracking hoist system and records reviewed showed that equipment was serviced regularly by a specialist contractor. Equipment was observed to be clean and appropriately stored. The front and back doors were secure and accessed by an electronic entry system.

**Judgment:**

Substantially 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:**

The health and safety of service users, visitors and staff were promoted and protected.

There was a risk management policy in place, dated November 2015, which met with the regulatory requirements. There was also a formal risk escalation pathway and a risk management procedure, dated December 2015. The centre had a risk register which was regularly reviewed. There was a safety statement in place, with written risk assessments pertaining to the environment and work practices. A health and safety policy, dated January 2015 was in place.

Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. The inspector reviewed a sample of individual risk assessments for service users which contained a good level of detail, were specific to the service user and had appropriate measures in place to control and manage the risks identified.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed a sample of incident report forms and found that an appropriate record was maintained of actions taken and follow up proposed. All forms were signed off by the person in charge. All incidents were reviewed as part of the providers quality managements information system, which considered trends across the service. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were procedures in place for the prevention and control of infection. There was an infection control policy in place, dated November 2015. A cleaning schedule was in



place and records were maintained of tasks undertaken. Colour coded cleaning equipment was used and appropriately stored. There were sufficient facilities for hand hygiene available and paper hand towels were in use. There were adequate arrangements in place for the disposal of waste.

Adequate precautions against the risk of fire were in place. There were fire safety guidelines in place to guide staff. There were adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of service users in the event of fire was prominently displayed. Each service user had a recently updated personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the service user. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills involved all service users and were undertaken on a regular basis. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre.

There was a water systems safety management policy in place, dated September 2016. Records were maintained of weekly flushing by staff of areas in the centre where taps were not being used on a regular basis.

There was a site specific business continuity management plan in place to guide staff in the event of such emergencies as power outages or flooding.

**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):**

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

**Findings:**

There were appropriate measures in place to keep service users safe and to protect them from abuse. However, some improvements were required in relation to arrangements for provision of intimate care for one of the service users and some details within the centres protection policy were incorrect.

The centre had a protection procedure, dated January 2015, which was in line with Children First, National guidance for the protection and welfare of children, 2011. However, the inspector found that the person identified in the policy as the designated liaison person, (as per Children First, 2011) was incorrect. The picture and contact details for the approved designated liaison person for the centre was observed on display. There had been no allegations or suspicions of abuse in the previous 12 month period. The inspector observed staff interacting with service users in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and the national guidance.

There was a policy on personal and intimate care, dated May 2014 and a procedure dated June 2014. The inspector reviewed a sample of intimate care plans on service user's files and found that the majority of them provided a good level of detail to guide staff. However, one service user's intimate care plan did not include sufficient detail. It was noted that the service user had only been availing of overnight respite for a relatively short period.

Service users were provided with emotional and behavioural support. Up-to-date behaviour support plan were in place for a small number of service users identified to require such support. There was a behaviour that challenges policy, procedure and guideline in place. Records showed that staff had attended appropriate training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviours that were challenging for individual children. Behaviour recording sheets were maintained for analysis. Behaviour support checklists were in place for a number of service users. The provider had a psychologist who could be accessed by the centre and other external expertise had also been sought.

There were a number of environmental and physical restraints being used in the centre for service user's safety which overall were not considered by the inspector to be of concern. There was a policy for positive interventions and towards a restraint free environment, dated September 2014. A restrictive practice register was in place. It was noted that the providers human rights committee had approved and reviewed restrictive practices in place. There was evidence that all restrictive practices were regularly reviewed and monitored by the multidisciplinary team. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

A specialised bed was being used for one service's safety. It's use had originally been recommended by members of the multidisciplinary team. However, its continued use had not been reviewed for an extended period. The person in charge reported that she had regular discussions with the service's parents who had indicated that they were happy with the use of the bed. These discussions had not been documented at the time of inspection.

**Judgment:**  
Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

Overall service user's healthcare needs were met in line with their personal plans and assessments. However, some improvements were required in relation to arrangements for the revision of specific plans.

The majority of service users had minimal medical needs and or health support requirements. Each service user's health needs were appropriately assessed and met by the care provided in the centre. Reports and correspondence from health professionals were maintained on service user's files. Information on individual service user's specific health conditions were available for staff. Each of the service users had an up-to-date hospital passport sheet with appropriate information should a service user require to be transferred to hospital in the event of an emergency. Each of the service users had their own identified general practitioner and pharmacist. Out of hours doctors service had also been identified. The provider also had access to a consultant paediatrician who reviewed service user's care needs as required. There was a first aid kit in the centre and transport vehicle with records maintained of regular checks of its content.

The centre had a fully equipped kitchen and separate dining area. The sitting room area on the first floor also held a small kitchenette and dining area. A number of service users availing of the respite service were on special or restricted diets. There was a good amount of information available for staff regarding same. The inspector observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for the service users availing of respite.

There was a policy on service users health, nutrition, diet and well being, dated October 2014. A swallow care plan was on file for a small number of service users who required same. However, one service user's plan had not been reviewed for an extended period. The inspector noted that consultation with the service user's parent at their last review meeting identified that practices at home differed from those outlined in the plan, which were being followed in the centre.

**Judgment:**

Substantially 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 systems in place to ensure the safe management and administration of medications. However, there were some improvements required in terms of record keeping practices.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to service users, dated January 2015. At the time of the last inspection, transcribing practices were in use in the centre which were found not to be in line with best practice requirements. Since that inspection, new procedures had been implemented across the service whereby transcribing was no longer used.

Staff interviewed had a good knowledge of appropriate medication management practices. There was a secure press for the storage of all medicines. The processes in place for the handling and storage of medicines were safe and in accordance with current guidelines and legislation. The inspector reviewed a sample of four prescription and administration records and overall found that they had been appropriately completed, However, the inspector identified two separate occasions, in two service user's files, whereby medications prescribed was not recorded as administered. Staff interviewed outlined that staff may have omitted to record same but that medications would have been given.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to service users families. It was determined that it was not appropriate for any of the service users availing of respite in the centre to be responsible for their own medications, following a medication assessment. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The inspector reviewed records for monthly medication audits undertaken in the centre which showed a good level of compliance and where issues were identified that appropriate actions had been taken.

### **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:**

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs.

The centre was managed by a suitably skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for the service users availing of respite in the centre. The person in charge held a full time post and did not hold responsibilities in any other centre. She participated in a number of duty shifts each week which were reflected on the duty roster. She reported to an acting service manager, who in turn reports to the chief executive officer. There was evidence that the person in charge had formal supervision on a regular basis where performance development and review were discussed. The person in charge had a background as a disability nurse but had recently completed a leadership and management course.

As per regulatory requirements, the provider had undertaken an annual review for 2016 of the quality and safety of care in the centre. Unannounced visits had been undertaken on a six monthly basis by the provider who compiled a written report of the quality and safety of care. There was an action plan in place to address issues identified in these visits. Good progress was being made in monitoring and addressing issues identified. Other audits undertaken in the centre on a regular basis included, finances, medications, personal plans and daily logs. There was evidence that the outcomes of these audits, all accident and incidents reports and risks were reviewed by the quality and compliance manager and person in charge. It was noted that relevant matters were discussed with the acting area service manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details.

**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:**

There were appropriate staff numbers and skill mix to meet the assessed needs of service users availing of respite and for the safe delivery of services. However, the full staffing requirement to meet the additional occupancy proposed by the provider, in their application to vary the conditions of registration, had not been identified or recruited at the time of inspection.

Overall, the staffing levels, skill mix and experience were sufficient to meet the needs of the service users availing of respite in the centre at the time of inspection. One staff member was out on extended leave at the time of inspection but this was being covered by regular relief staff. It was reported that recruitment was underway to secure the additional staffing complement required to meet the providers proposal to extend the capacity of the centre. There was an actual and planned staff roster in place. The majority of the staff team had worked in the centre for an extended period. This meant that service users had continuity in their care givers.

There was a staff recruitment and appointment policy in place, dated September 2016. The inspector reviewed a sample of four staff files and found that the information as required by schedule 2 of the regulations was in place.

A training programme was in place for staff which was coordinated centrally by the provider. There was a policy and separate procedure on staff training and development, dated September 2014. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre. Training records showed that staff were up to date with mandatory training requirements.

There were staff supervision arrangements in place and a formal schedule for supervision for the year had been established. Staff supervision was undertaken within the frequency specified in the providers policy. Staff interviewed outlined that they found it beneficial and that they were held to account through their supervision meetings.

There were no volunteers working in the centre at the time 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:***

Maureen Burns Rees  
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 report<sup>1</sup>

|                            |   |
|----------------------------|---|
| <b>Centre name:</b>        | A designated centre for people with disabilities operated by Ability West |
| <b>Centre ID:</b>          | OSV-0004071   |
| <b>Date of Inspection:</b> | 23 May 2017 and 24 May 2017   |
| <b>Date of response:</b>   | 20 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 05: Social Care Needs

**Theme:** Effective Services

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

The inspector reviewed the personal plan of one service user who had recently commenced overnight respite stays in the centre. The service user had previously availed of day respite and their personal plan reflected their needs and support requirements whilst attending for a short period during the day. However, this service users personal plan had not been revised to reflect for example, their sleep pattern or

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



personal and oral hygiene needs and support requirements.

**1. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Personal Plan has been updated to reflect service user's needs and support requirements now that they are staying overnight.

Completed 13/06/2016

**Proposed Timescale:** 13/06/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The entire building, including the first floor area, was in need of re-painting.

**2. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A rolling schedule for repainting building is being completed by Facilities and Transport Manager.

**Proposed Timescale:** 30/06/2017

**Theme:** Effective Services

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

The provider had recently submitted an application to vary its conditions of registration to include the first floor area of the centre. However, some furniture and fixtures had yet to be put in place. For example, curtains in one of the rooms and beds and side lockers in other rooms.

**3. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A schedule is in place and all necessary works will be completed by 30/06/2017

**Proposed Timescale:** 30/06/2017

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The continued use of a specialised bed for one child's safety had not been reviewed for an extended period.

**4. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Continued use of child's bed is being reviewed by O.T. and will be completed by 30/06/2017

**Proposed Timescale:** 30/06/2017

**Theme:** Safe Services

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

The person identified in the centres child protection procedure as the designated liaison person, (as per Children First, 2011) was incorrect.

**5. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

Ability West Child Protection Procedure is currently being updated. In the interim a directive has been issued with regards to current position of designated officer to accompany procedure until updated one is circulated re referral.

**Proposed Timescale:** 10/07/2017

**Theme:** Safe Services

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

One child's intimate care plan did not include sufficient detail to guide staff.

**6. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Children's intimate and personal care plan has now been updated to provide sufficient detail to guide staff them during a child's stays in respite.

Completed 13/06/2017

**Proposed Timescale:** 13/06/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

One child's swallow care plan had not been reviewed for an extended period.

**7. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A re-referral has been made to Speech and Language for review of a child's Swallow Care plan. Annual review form regarding swallow care plan completed in service by staff team.

**Proposed Timescale:** 10/07/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The inspector identified two separate occasions, in two children's files, whereby medications prescribed for children were not recorded as administered.

**8. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Both Incidents were logged on QMIS. This issue was discussed at staff meeting on the 08/06/2017.

Actions arising and agreed from this meeting include a checklist to be completed at end of evening shift that includes the following;

That Medication Administered and signed off on each day is to be checked.

Completed 24/06/2017

**Proposed Timescale:** 24/06/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The full staffing requirement to meet the additional occupancy proposed by the provider, in their application to vary the conditions of registration, had not been identified or recruited at the time of inspection.

**9. 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:**

Staffing WTE equivalent requirement to meet the additional occupancy has been identified and is in the process of being recruited to the service. This is in progress and will be fully completed by end of July.

**Proposed Timescale:** 31/07/2017

