

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cashel Downs
Centre ID:	OSV-0005610
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S O S Kilkenny Company Limited by Guarantee
Provider Nominee:	Francis Coughlan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 20 June 2017 09:20 To: 20 June 2017 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
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 inspection was carried out to ascertain if the provider had implemented the systems as outlined as part of the inspection to register the centre and to monitor the centre's compliance with the regulations. The centre was inspected on March 7 2017 and was subsequently registered on March 22 2017. Residents moved into the centre on March 24 2017.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with the three residents living in the centre.

Residents spoken with told the inspector they were happy living in the centre, liked staff and enjoyed their jobs and day services. They said they could talk to staff or the person participating in management if they were unhappy. Residents also spoke of the improvement in their quality of life since moving to the centre and one resident said they could now look towards the future.

The inspector also spoke with staff, the person participating in management and the person in charge of the centre. Documentation such as residents' support plans, medical records, accident logs and policies and procedures were reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The centre was located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The centre had a vehicle which was shared with another designated centre. The vehicle was used by residents and staff to access amenities in the town and in other towns.

The house contained a kitchen, dining room and sitting room. Residents had individual bedrooms and one resident had a private living area and external door. Two residents had en-suite bathrooms and one resident used the main bathroom which was located beside their bedroom.

The service was a seven day residential service and was available to adults who had been assessed as having an intellectual disability. Two staff members slept in the centre each night.

Overall judgment of our findings:

Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. Improvement was required in some areas to ensure the requirements of the regulations were met.

Good practice was identified in areas such as:

- Communication (outcome 2)
- Family and personal relationships and links with the community (outcome 3)
- General welfare and development (outcome 10)
- Healthcare Needs (outcome 11)
- Medication Management (outcome 12)
- Workforce (outcome 17)

Improvement was required in some areas including:

- The arrangements for supporting residents with their finances did not ensure all residents were supported to retain control of all their finances (in outcome 1)
- The terms on which the residents would reside in the centre had not been agreed in writing (in outcome 4)
- Some control measures to mitigate specified risks had not been implemented and some staff had not taken part in a fire drill in the centre (in outcome 7)
- Some arrangements for protecting residents from all forms of abuse were not adequately effective (in outcome 8)

- Management systems were not in place to ensure that all aspects of the service provided were effectively monitored on an ongoing basis (in outcome 14)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure residents were consulted about the running of the centre, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices. Improvement was required to ensure all residents were supported to retain control over their finances.

Residents were consulted individually about the running of the centre in regard to their daily routine, access to activities and community involvement.

The inspector was told residents could meet with family or friends in private in the sitting room or dining room. Residents told the inspector that they usually spent time with their families when they visited them in their homes.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and the residents knew each other well. An inspector observed friendly interaction and the residents appeared relaxed in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Improvement was required to the measures to ensure all residents retained control over

their finances. A sum of money belonging to a resident was deposited into an account on a regular basis without the resident's consent. Furthermore, the account was not in the resident's name. The inspector noted the rationale for this was deemed to be in the best interest of the resident at the time this practice commenced. The issue had been referred to the organisation's rights review committee by the frontline manager. The committee had recommended the practice cease and the money be transferred to the resident's account. The committee had made this recommendation in February 2017 and had sent a letter to the provider in March 2017 outlining this recommendation. However, the money had not been transferred at the time of the inspection.

There was enough space for each resident to store and maintain his or her clothes and other possessions. Each resident had an individual bedroom.

There were policies and procedures for the management of complaints. Complaints were recorded and investigated. Residents were made aware of the outcome of any complaint.

None of the residents were using an advocacy service at the time of the inspection. The provider had arrangements for residents to use an external advocate if required. A new external advocacy service had been sourced and the inspector was told the advocate would be visiting the centre to meet residents.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and inspectors observed staff communicating with residents in line with their assessed needs and wishes.

Residents who required support to communicate had a communication book outlining their preferred way of communicating. The book outlined the preferred style of communication and included how the resident communicated their needs and wishes. It also included residents' preference in regard to their daily routine and things they liked

to talk about.

The centre used tools to support residents to communicate, for example pictorial aids where required.

Each resident had access to radio, television, internet and information on local events.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings with residents to discuss their needs and wishes. There was evidence that families were kept informed and updated of relevant issues. Residents were supported to spend time with family and friends in the centre and at their homes. The provider provided transport and staff where required.

Staff spoken with outlined the ways residents were supported to participate in community events and access local amenities. This included using local services and amenities such as shops and restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. Residents had been admitted to the centre in line with the centre's procedures.

There was one vacancy in the centre on the day of inspection. The inspector was told there was no plan to admit a resident to the centre. It was acknowledged that residents required time to adjust to moving to the centre and the provider nominee and person in charge said they were committed to ensuring that the needs of the residents living in the centre would be prioritised.

Residents did not have service agreements for this centre which outlined the service provided and the fee charged. The service agreements in residents' personal folders related to the centre residents had lived in prior to their admission to the centre. The fee charged was not clear in these service agreements.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Residents' health, personal and social care needs were assessed on an annual basis and reviewed annually or more frequently where required. Improvement was required to ensure the supports required to maximise residents' personal development were identified in plans and plans were reviewed for effectiveness.

The inspector reviewed a sample of residents' personal plans. Each plan contained an

assessment and corresponding support plans where a support need was identified. Although residents had identified goals it was not clear that goals were focused on improving residents' quality of life. For example, many goals were one off activities and the goals reviewed had been achieved by residents. The plans were not due to be reviewed until September 2017.

The provider nominee told the inspector the assessment documentation was being reviewed as it had been recognised that the format did not provide the best possible support for staff to carry out the assessments. The provider said the new tool would focus on identifying residents' social roles and supporting residents to identify new social roles and live meaningful lives. The projected date for completion of this was October 2017.

Notwithstanding the improvement required to documentation the inspector noted that residents were supported to live meaningful lives which were consistent with their assessed needs and wishes. Residents said that they had opportunities and were supported to engage in employment, attend training programmes and take part in leisure activities.

As part of the previous inspection the inspector found the assessments for the transition/admission of residents to the centre did not include a comprehensive assessment of the personal needs of each resident. The provider had responded to state a comprehensive assessment would be carried out by March 28 2017. This had not been addressed at the time of this inspection. The inspector noted that a new assessment tool had been developed and the frontline manager was in the process of supporting residents' keyworker staff to carry out this assessment with residents. She stated this information would be used to inform the personal plans for residents. The inspector further noted that this information could be used to maximise each resident's personal development in accordance with their wishes.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to ensure some control measures identified to mitigate risks were implemented as outlined in risk assessments.

The risk management policy outlined the measures and actions in place to control risks in the centre. The inspector viewed a sample of risk assessments and saw risks had been identified by the provider and control measures had been implemented to address or minimise risks. However, the inspector noted that an identified control measure had not been implemented for a specified risk. The centre's risk register stated that manual handling training was carried out with staff every two years to mitigate the risk of manual handling injury to staff. However, the inspector found that this training was not provided for staff. The provider nominee stated that the organisation was in the process of providing this training for all staff.

The inspector viewed some residents' risk assessments. The risk assessments outlined the individual risks to residents and the associated control measures to mitigate the risks. Some control measures were not implemented as outlined in the risk assessments. This was confirmed by staff and the frontline manager. This raised concern regarding the measures in place to support residents in regard to some risks and was raised with the person in charge and provider nominee at the meeting held at the end of the inspection.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety.

The fire fighting equipment and emergency lighting had been serviced. A service contract was in place with an external company to ensure this was carried out as frequently as required.

The inspector viewed the fire drill records. Fire drills were a mechanism the provider used to assess if the centre could be evacuated safely. Residents and staff had taken part in fire drills and a fire drill had taken place in the early morning, when residents were in bed, to assess if the centre could be evacuated at night. Documentation viewed raised concern that some staff had not taken part in a fire drill in the centre. In addition, the inspector noted that some staff who had not taken part in a drill had or were scheduled to work in the centre at night together. This was brought to the attention of the person in charge who provided written evidence that all persons had received instruction on evacuating the centre and stated that all staff working in the centre will take part in a fire drill to ensure that staff are familiar with the procedure for evacuating the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Measures to ensure that residents received support with any behaviour which may impinge on their quality of life and on other residents were implemented. Improvement was required to ensure residents were safeguarded from the risk of abuse.

There were measures in place to keep residents safe and protect them from abuse. Staff and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse. Staff had received training in safeguarding residents.

The inspector noted that allegations of peer to peer abuse, which had been frequent when residents lived in another centre, had ceased since residents admission to the centre. Residents told the inspector they felt safe living in the centre and said they were happy living with other residents in this centre. Residents and staff spoke of the improvement in residents' quality of life since they moved into the centre.

The inspector viewed information in a resident's personal folder which raised concern that a resident was not safeguarded from a possible risk of abuse. There was no evidence that measures had been implemented to safeguard the resident from the potential risk of abuse. The inspector noted that the information was historical in nature, however there was no evidence this information had been used to inform the assessment of risk and control measures required to safeguard the resident.

Furthermore, the inspector found an associated risk assessment was not implemented as outlined. This was outlined to the provider nominee, person in charge, frontline manager and a senior manager at the meeting held at the end of the inspection. The inspector requested and was provided with a written report outlining the measures taken to ascertain the validity of the historical information and the measures taken to safeguard the resident. The information received stated that further information would be sought from the persons who wrote the reports outlining the historical allegations. The report also outlined how the provider had determined there was no ongoing risk to the resident.

The inspector reviewed the arrangements for supporting residents to manage their finances. There were clear procedures which were audited by the frontline manager of the centre. A record of incoming money and expenditure was maintained and receipts were in place for all expenditure in the sample viewed. However, the records were not reconciled with residents' bank account statements and therefore it was not evident if

the amount documented as deducted from residents' accounts was consistent with the amount documented as received in the centre.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents had individualised day supports which were tailored to each resident's needs and wishes. Each resident had an individualised programme which was led by the resident and changes were made in accordance with residents' needs and wishes.

Some residents were supported to access day programmes and/or supported employment. Residents told the inspector they enjoyed their jobs.

Residents were supported to access activities during the day, in the evenings and at weekends in line with their wishes.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to achieve and enjoy the best possible health. There were

systems to ensure residents' healthcare needs were identified and responded to.

Residents were supported to access a general practitioner (GP) of their choosing and allied health professionals such as psychology, psychiatry, chiropody and dietitian where required. Each resident attended the dentist for an annual review and further appointments were arranged where required.

Residents had blood tests on an annual basis and more frequently where there was an identified need.

Documentation outlining the assessment of residents' healthcare needs was maintained and staff were knowledgeable of the interventions outlined in residents' support plans.

Residents were supported to access health professionals and support was provided to the extent required by residents.

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:

There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The inspector viewed the management of medicines. Medicines were stored in a locked cabinet which was located in the staff office. The staff member on duty was knowledgeable of the medicines which were prescribed for residents.

There were arrangements for storing medicines which needed to be stored below specific temperatures. There were no medicines which required refrigeration on the day of inspection.

Staff who administered medicines had received training. Training was also provided in administering medicines which were prescribed in the event of a specific medical emergency.

There were procedures in place to ensure all medicines which were received were

administered to the resident for whom it was prescribed or returned to the pharmacy for disposal.

There was a system for reviewing and monitoring safe medicine management practices. Audits were carried out and corrective action taken where required.

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):

No actions were required from the previous inspection.

Findings:

There were clear lines of authority and accountability. The person in charge held the role of person in charge of a number of the provider's designated centres. In addition, there was a person participating in management who held a frontline management role in the centre and one other designated centre. Improvement was required to ensure that systems were in place to ensure the service provided was effectively monitored on a regular and consistent basis.

It was acknowledged by the provider and person in charge that the person participating in management carried out the day to day role of managing the centre and fulfilled the role of person in charge as outlined in the regulations.

The inspector was told that there was ongoing support provided to this person with the intention of appointing them person in charge. The inspector found this person was knowledgeable of their role, the residents and the regulations as it pertained to their role. It was not evident if this person would meet the requirement of Regulation 14 (3) (b) which required all newly appointed persons in charge to have a qualification in health or social care management. The inspector was told this person's qualifications would be reviewed to ascertain if they met the requirement and that measures would be taken to address this prior to the appointment if they did not have the required qualification.

The person in charge held a management role with responsibility for a number of

designated centres. She provided support to the person participating in management and was available on the days of inspection. The inspector found she was knowledgeable of her role, the residents and the centre as it pertained to her role. She had the required skills, knowledge and experience to fulfil the role.

Improvement was required to ensure there was effective oversight of all aspects of the care and support required. Although some aspects of the service provided were audited the inspector found that all areas of care and support provided were not audited on a regular and consistent basis. The inspector noted that the provider was in the process of developing a system which would be aligned with the organisation's IT system. However, an interim measure to ensure all aspects of the service provided was monitored on a regular basis was not in place. The inspector was told this would be addressed.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were supervised on a day to day basis by the frontline manager. In addition, there were arrangements for formal supervision and appraisal meetings.

The staffing levels were based on the assessed needs of the residents and were in the process of being reviewed. There was a staff rota which identified staff working in the centre. Residents had three staff supporting them during the day and two staff sleeping over at night.

Staff had received all required training prior to working in the centre. This included training in fire safety, administering medicines, adult protection and the management of behaviour that is challenging.

There were no volunteers working in the centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Lorraine Egan
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 S O S Kilkenny Company Limited by Guarantee
Centre ID:	OSV-0005610
Date of Inspection:	20 June 2017
Date of response:	13 July 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:

Money belonging to a resident was paid into an account held in a financial institution without the consent of the resident and the account was not in the name of the resident to which the money belonged.

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

1. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

This practice to cease and balance of savings will be paid into the resident's personal account.

Proposed Timescale: 21/07/2017

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 terms on which the residents shall reside in the designated centre had not been agreed in writing.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The terms have been updated, signed and agreed by residents.

Proposed Timescale: 30/07/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Supports required to maximise residents' personal development in accordance with their wishes were not identified in all personal plans.

3. Action Required:

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

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

The new personal planning tool is currently being developed, and will be informed by transition planning tool, to be introduced across the service in October 2017.

Proposed Timescale: 30/10/2017

Theme: Effective Services

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

Personal plan reviews did not assess the effectiveness of each plan.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A new personal planning tool is currently being developed which will assess the effectiveness of each plan, to be introduced across the service in October 2017.

Proposed Timescale: 30/10/2017

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:

Some control measures to mitigate specified risks had not been implemented.

5. Action Required:

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

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

All risk assessments will be reviewed to ensure they reflect the current circumstances of the residents and that control measures to mitigate specified risks are implemented.

Proposed Timescale: 30/07/2017

Theme: Effective Services

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

Some staff had not taken part in a fire drill in the centre.

6. 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:

All staff have now taken part in location specific fire evacuation training including fire drill.

Proposed Timescale: 25/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some arrangements for protecting residents from all forms of abuse were not adequately effective.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The registered provider has made contact with respective bodies in relation to historical allegation and has received clarification. The organisation has come to professional judgement that the current safe guarding measures in place are effective. The organisation will review these measures regularly.

Resident's bank account statements to be reconciled with records to document amount deducted are consistent with amount received in centre.

Proposed Timescale: 28/07/2017

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:

Management systems were not in place in the designated centre to ensure that all aspects of the service provided were effectively monitored on an ongoing basis.

8. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A new audit system to ensure service is effectively monitored will be put in place in line with organisation's IT system. In the interim, the registered provider will ensure that all audits will take place in a timely and systematic way co-ordinated by the quality officer. A calendar of audits, specific to the designated centre will be developed detailing when these audits are to take place, these include annual review of quality and safety, 6 monthly visit report, healthcare, training, fire safety and risk, incident, HR, complaints, financial, hazard identification, maintenance.

Proposed Timescale: 28/07/2017