

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hazel Grove
<b>Centre ID:</b>	OSV-0003889
<b>Centre county:</b>	Longford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Christopher's Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Clare O'Dowd
<b>Lead inspector:</b>	Anne Marie Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 19 October 2017 09:15 To: 19 October 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 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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

The purpose of the inspection was to inform a registration decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with five residents, two staff members, the person in charge and the registered provider's representative during the inspection process. Of the five residents that the inspector met with, two spoke directly with the inspector. The inspector reviewed practices and documentation including residents' assessments and personal plans, incident reports, complaints registers, risk registers, policies and procedures, fire management related documents and various risk assessments.

Description of the service:

This is a residential and respite service managed by St.Christopher's Services and is located on the outskirts of a town in Co.Longford. This centre comprised of two

houses which were bungalow dwellings, that accommodate six male and female residents with low to moderate intellectual disability from 18 years of age onwards. Both houses were in close proximity to each other, with five residents living in this centre and one bed used as a respite service between five other residents. Each resident had their own bedroom and there were no vacancies at the time of this inspection. Each house comprised of three residents' bedrooms, a staff room, kitchen, dining area, a utility room, a shared bathroom and two sitting rooms. These houses were found to be very clean, nicely decorated and met the needs of the residents living there. Residents also had access to well-maintained gardens to the front and rear of the centre.

The person in charge had the overall responsibility for the service, and she was supported in her role by the registered provider's representative and the person participating in management. The person in charge was based full-time in the centre and was found to be very familiar with the service and with the residents living in the centre. Two staff members were rostered on a daily basis and were supported by additional staff to deliver support for social care to residents requiring one-to-one support.

Overall judgment of our findings:

The inspector found this service provided residents with individualised care in a homely environment. The provider had put systems in place to monitor the quality of care residents received, and for the most part, the inspector found these systems to be effective. All actions from the centre's previous inspection were satisfactorily completed. The service provided and quality of care delivered was found to be of a high standard in a number of areas including financial management, risk management, safeguarding, fire safety and behaviour support. Residents' rights, privacy and consultation were well promoted in the centre. Staff were found to be very respectful of residents and were knowledgeable of each resident's needs.

Of the 11 outcomes inspected, six were compliant, four were substantially-compliant and one was in moderate non-compliance. These outcomes related to residents' rights, personal goals and medication management.

The details of these findings can be found 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:**

The actions required from the previous inspection were completed. Upon this inspection, the inspector observed that residents were consulted with, and participated in decisions about their care, and in the daily operations of the centre. Residents had access to advocacy services through an external service and information about this service was available to residents. Staff were observed to interact respectfully with residents.

Residents money was maintained in the centre, with each resident have their own personal wallet, transaction log and their own key to access their money as they wished. Capacity assessments were completed for each resident, with guidelines in place as to how staff were required to support residents with their finances. Some residents had money management plans in place, which were developed with residents' involvement and were signed by the resident once completed. Each residents' transaction log showed all transactions and lodgements made by residents to the personal accounts. Copies of residents' purchase receipts were also maintained and a sample of these were reviewed by the inspector and found to correspond with residents' transaction records. Copies of residents' bank statements were also maintained and available to residents as required. Some residents' balances were spot checked by the person in charge and the inspector and no errors were found.

Residents were regularly consulted about how they wished to spend their day and weekly residents' meetings occurred every Friday. These meetings were found to give residents an opportunity to discuss areas such as activity planning, menu planning, safeguarding, complaints and any other issues residents wished to raise. Residents' were consulted and involved in the planning of their care, with residents' signatures observed

on various personal plans, schedules and management plans.

The registered provider's representative was identified as the complaints officer for the centre and her photograph was displayed in the centre for residents to identify. The person in charge maintained a record of all complaints and compliments received. The provider had a complaints policy in place to guide on the recording, response, management and appeals process for all complaints received and an easy-to-read version of this policy was available to residents. However, the complaints procedure was not prominently displayed within the centre.

**Judgment:**

Substantially 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 the admission of residents, including transfers, discharges and temporary absence of residents. However, some improvements were required to residents' written agreements.

Each resident living in this centre had a signed written agreement in place. A sample of these written agreements were reviewed by the inspector and were found to inform the resident how much they were required to contribute towards utility bills and towards their accommodation. Written agreement detailed the services the resident received for the fee paid and also detailed the services that would incur an additional cost. However, the written agreements did not guide on the frequency of payment. For example, if the fee was required to be paid weekly or monthly.

**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:**

Overall, the inspector found residents' social care needs were met. Residents were involved in the planning of activities, and were supported to engage in activities of interest to them. However, some improvements were required to the development of residents' personal goals.

A comprehensive assessment process was in place for each resident which included an assessment of their social care needs, mobility needs, nutritional care needs, psychological care needs and healthcare needs. These assessments were found to be reviewed annually or more frequently if required. Person centred personal plans were developed for each resident, and were found to provide very specific guidelines to staff on the supports they were required to give to residents. Residents and their representatives were found to be involved in the assessment and personal planning process and all personal plans and assessments reviewed by the inspector were found to be up-to-date.

Staff had access to a full-time vehicle to bring residents to and from various activities. Staff who spoke with the inspector said they have access to this vehicle for residents' use as required. Weekly activity schedules were developed and displayed in each house following weekly residents' meetings. The inspector observed residents regularly engaged in activities such as shopping, swimming, trips to the cinema, concerts and art activities. Residents who met with the inspector told of how they were going bowling that evening. Some residents living in this centre were assessed as requiring one-to-one staff support for activities. The provider had put additional staffing arrangements in place to support these residents, with additional staff support rostered for seven hours each day. The person in charge told the inspector that these additional hours were rostered each week in a way which best supported the social care needs and activity choices of residents.

Some residents had transitioned to the service in recent months. Records of their transition plans were reviewed by the inspector and were found to support the residents' move into their new home. No residents were currently transitioning to or from the service at the time of this inspection.

Personal goals were developed by residents and their key-worker. The inspector observed a variety of goals including breaks away, personal development skills and event planning. However, the inspector observed not all personal goals were reviewed

within their annual timeframes. In addition, gaps were found in the recording of residents' personal goals to ensure they identified the names of those responsible for supporting residents with their goals, the actions required to achieve goals and the progression made by residents towards achievement.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The inspector found the actions required from the last inspection were satisfactorily completed. The location, design and layout of the centre was found to be suitable for its stated purpose. The centre was found to be clean, spacious, suitably decorated, well-maintained, and provided a homely living environment for the residents living there.

The centre comprised of two houses, which were situated within close proximity of each other. Each house had three residents' bedrooms; some of which were en-suite, utility room, kitchen, dining room two sitting rooms, a staff room, and a large garage area. Bedrooms were spacious and were personalised with residents' personal photographs and belongings. The centre was found to be clean and maintained to a high standard at the time of inspection.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

Overall, the health and safety of residents, visitors and staff was promoted and protected. The actions required from the last inspection were satisfactorily completed. The inspector found the provider had adequate fire safety arrangements and risk management systems in place.

Precautions were taken by the provider against the risk of fire including, scheduled fire checks, regular fire drills, up-to-date staff training in fire safety and regular maintenance of fire equipment. There was a fire alarm system in place, which alerted staff to a fire in the centre and was zoned to inform staff to the location of the fire. Fire doors with magnetic closers were in place throughout the centre to ensure the containment of fire, with three fire exits available in each house. Internal and external emergency lighting was also in place, which provided adequate lighting to safely guide staff and residents to the fire assembly point. Fire drill records reviewed by the inspector demonstrated that staff could evacuate residents in a timely manner. Staff who spoke with the inspector were knowledgeable of the support required by each resident in the event of an evacuation and of their role in alerting the emergency services. Personal evacuation plans were in place for each resident to guide on the level of staff support they would require in the event of an evacuation. A fire procedure was displayed in the centre, however it did not detail the specific actions staff were required to follow in the event of a fire in either house. This was brought to the attention of the person in charge, who rectified this before the close of the inspection.

The provider had systems in place for the management of risk in the centre and for the on-going review of accidents and incidents. Accidents and incidents were regularly reviewed by the person in charge and the findings then used to inform various risk management activities. Where residents were identified with specific risks, the inspector found the required risk assessments were completed. A risk register was in place for the on-going review and management of organisational risks. This register was regularly reviewed and updated by the person in charge, with each risk assessment clearly identifying what control measures were in place to mitigate these risks. A sample of some organisational risk assessments were reviewed by the inspector with the person in charge, who demonstrated a strong understanding of the centre's risk management system and how it applied to the centre's every day practices.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found the provider had measures in place to protect residents from being harmed or suffering abuse. Efforts were made by staff to identify and alleviate the underlying causes of behaviour that challenges for each individual resident.

The person in charge informed the inspector that there were some active safeguarding plans in place at the time of the inspection. These were reviewed by the inspector and found to guide staff on how to promote the safety of the residents involved. Since the implementation of the plans, the person in charge told the inspector that no additional safeguarding-related incidents had occurred. Staff who spoke with the inspector were aware of their responsibility to safeguard residents and to report any concerns they had to the person in charge. All staff had received training in safeguarding, with some staff scheduled for refresher training in the weeks following this inspection.

Some residents living in the centre presented with some behaviours that challenge. Staff who spoke with the inspector were aware of the specific behaviours that residents had and how to effectively support them during such episodes. Behaviour support plans and mood management plans were in place as required and guided staff on the proactive and reactive strategies to be implemented to support the resident. Staff had access to a psychologist as and when required for the review of residents' behaviours and support plans. All staff had received up-to-date training in the management of behaviours that challenge.

There were no restrictive practices in use at the time of this inspection.

**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:**

The inspector found that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were met in-line with their personal plans and through timely access to healthcare services.

Residents had access to allied healthcare services and a clear recording system was in place to demonstrate which healthcare professionals were involved in each residents' care. Where residents had specific healthcare needs the inspector found the required personal plans were in place, which identified the specific support required by residents. For example, where residents were identified with specific nutritional needs, recommendations from the speech and language therapist were incorporated within residents' nutritional support plan to guide on the use of thickening aids and post meal-time care.

Residents were supported to dine out or have their meals in the centre if they wished. Residents were involved in the planning for the weekly meals, with a weekly meal planner displayed in the kitchen. If residents wished to take part in the preparation of meals, they were supported to do so. During the inspection, the inspector observed residents to freely access the kitchen for snacks and refreshments. A fully equipped kitchen and dining area was available for residents to use.

**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:**

Overall, the inspector found the provider had systems in place to ensure the safe administration of medicines to all residents. However, some improvements were required in the assessment of residents' capacity to take responsibility for their own medicines.

Medicines were stored in a locked cupboard, with some dispensed using a compliance aid and others in their original packaging. Medicines were clearly labelled with the residents' details and administered by healthcare assistants, who had received up-to-date training in the safe administration of medicines. A sample of prescription sheets were reviewed by the inspector, these were found to provide details on the identification of the resident, the medicines prescribed, the prescribed dosage, the route and the time

of administration. Each prescription sheet outlined the date of commencement and discontinuation of prescribed medicines. The inspector reviewed a sample of medication administration records and found no gaps in the administration practices. A culture of reporting medication errors was promoted within the centre, and the inspector observed that where errors occurred, they were recorded and actioned in a timely manner. Regular stock takes of medicines were also carried out by staff.

No resident was taking responsibility for their own medicines at the time of this inspection. However, the inspector found capacity assessments were not completed with residents to identify the support residents would require, should they wish to self-administer their own medicines.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had a statement of purpose in place which described the service to be provided to residents. The inspector observed that the statement of purpose was regularly reviewed and a copy was available in the centre. However, some gaps in the information required by schedule 1 of the regulations was found including:

- the statement of purpose did not provide the name of the person identified as the registered provider's representative
- the age range and gender of the residents for whom it is intended that accommodation
- arrangements for residents to access education, training and employment
- arrangements for contact between residents and their relatives, friends and representatives is unclear

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found effective management systems were in place that supported and promoted the delivery of safe and quality care. There was a clearly defined management structure that identified the lines of authority and accountability in the centre.

The person in charge had overall responsibility for the centre and was appointed to their role in 2001. The person in charge was supported by the registered provider's representative and the person participating in management. The person in charge had in excess of three years management experience and was very knowledgeable on the service, residents' needs and was very familiar the staff working in the centre. The person in charge was based full-time in the centre and held both an administrative and operational role. The person in charge told the inspector that the current governance arrangement of the centre allowed them to have sufficient oversight of the service provided to resident and to respond in a timely manner where issues arose in the centre. The provider had arrangements in place to ensure all staff and management were regularly updated with any changes occurring within the service through monthly staff meetings, monthly management meetings and three monthly review meetings. The person in charge was found to be very familiar with and regularly reviewed the centre's systems which included risk management and quality and safety systems.

An annual review of the service and six monthly unannounced provider visits were completed at the time of this inspection. Action plans were developed following each review and visit and demonstrated how the centre planned to address the areas of non-compliance identified. All actions were found to be completed within their specified timeframes. A number of audits were also in place including residents' files, nutritional management, medication management fire safety, risk management and finance management.

**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:**

Overall, the inspector found the provider had adequate staffing arrangements in place to meet the assessed needs of residents. In addition, the inspector found that residents received continuity of care, and that staff had up-to-date mandatory training and were suitably supervised in their role.

Training records were maintained at the centre and staff had received up-to-date training in areas such as behaviour support, hand hygiene, safe administration of medication and fire safety. Some staff were scheduled to attend refresher training in safeguarding and manual handling in the weeks following this inspection.

There was a planned and actual roster for the centre, which detailed the name of each staff member working in the centre and each shift start and finish time. The inspector also reviewed a sample of three staff files, with each containing all information as required by schedule 2 of the regulations.

The centre did not currently use of agency staff as the person in charge had access to locum staff as required. The service was social care led, with social care workers rostered for each shift. One house had a rostered waking staff member on duty each night and a sleepover staff arrangement was in place in the other house. Additional staff support for social care was also provided to residents in line with their assessed social care needs. The person in charge told the inspector that she currently had the staff resources available to them to meet the rostering needs of the service.

**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:***

Anne Marie Byrne  
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 St Christopher's Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0003889
<b>Date of Inspection:</b>	19 October 2017
<b>Date of response:</b>	20 November 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:**

The provider failed to ensure a copy of the complaints procedure was prominently displayed within the centre.

**1. Action Required:**

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

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

St Christopher's Service's easy read guide on how to make complaints, comments and compliments is displayed prominently within the centre.

**Proposed Timescale:** 20/11/2017

**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 provider failed to ensure written agreements outlined how often residents were required to pay their fee.

**2. Action Required:**

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

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

Each resident's individual contract will specify that the frequency of payment for all charges is weekly.

**Proposed Timescale:** 20/11/2017

**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:**

The person in charge failed to ensure residents' personal goals included:

- the names of those responsible to support the resident
- an annual review in accordance with the review dates set out
- an update on the progression towards achievement within agreed timescales

**3. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

A review of all Residents personal goals has taken place which included documented name of staff responsible to support the resident, reviews and annual review dates and goal achievement and progression timescales.

**Proposed Timescale:** 20/11/2017

**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 person in charge failed to ensure capacity assessments were completed to support residents to self-administer their own medicines.

**4. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Each resident will be facilitated to have a Self Medication Assessment Tool completed by a registered nurse to guide decision making on the resident's current capacity to engage in all or part of self-medication.

**Proposed Timescale:** 31/12/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure the statement of purpose detailed all information as set out in schedule 1 of the regulations.

**5. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Updated Statement of Purpose was submitted to the Authority on 25/10/2017  
A further review of all centre Statements of Purpose is scheduled for 22/11/2017 and if

deemed required, a further updated version will be submitted to the Authority.

**Proposed Timescale:** 20/11/2017