

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Broomfield Gardens |
| Centre ID: | OSV-0003988 |
| Centre county: | Louth |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | St John of God Community Services Company Limited By Guarantee |
| Lead inspector: | Jillian Connolly |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 19 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

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|-----------------------|-----------------------|
| From: | To: |
| 09 January 2018 10:00 | 09 January 2018 18:00 |
| 10 January 2018 10:00 | 10 January 2018 18:00 |
| 11 January 2018 10:00 | 11 January 2018 16:30 |

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

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| 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 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to the inspection:

The centre consists of five units which are part of a larger campus setting. This was the sixth inspection of the centre, with the last inspection being in September 2016. In the interim period, due to the high level of non compliance identified in other centres located on the campus and the impact this had on the lives of residents, HIQA took the extraordinary measure of initiating a six month regulatory plan with the provider. During the six months, the provider was required to review the quality and safety of the services provided and put forward a specific and measurable plan to HIQA on how compliance would be achieved. Following this, the provider informed HIQA of their intention to cease the operation of the centre in March 2019. The

purpose of this inspection to ascertain if the actions being taken by the provider were appropriate and improving the quality and safety of care provided to residents, in the interim and if the centre could be registered under the Health Act 2007, as required by 1 November 2018.

How we gathered our evidence:

As part of this inspection, the inspector met 16 residents and spoke with a relative. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The campus in which the centre is located is in Co. Louth. Services were provided to male residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The findings of this inspection demonstrated that the provider had not taken sufficient action to ensure that compliance was maintained in some areas and that appropriate action was taken to address failings identified. The inspector was informed that the overall plan for the centre was to cease operation in March 2019 and residents to be relocated to a different centre. The plan was put forward in the context of the plan for the overall campus. However, fundamentally, inspectors found that the premises were not fit for purpose and the opportunities residents had to exercise choice and control was limited. The inspector observed that some residents spent large portions of their day in their home or on the campus with limited opportunities for access to the wider community. Overall, there was an absence of oversight to ensure that the care provided was safe and effective and met the needs of residents.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

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

Findings:

The inspector found that the operating systems within the centre impacted on residents' ability to have choice and control over their day to day life. The inspector observed that established, historical practices resulted in the care and support provided to residents being task orientated as opposed to in line with the individual needs and choice of residents.

The provider had implemented policies and procedures for the management of complaints. Staff had used these procedures to advocate on behalf of residents and had referred residents to external advocates. An assessment of whether residents' rights were upheld was also completed for each resident.

The physical structure of the premises did not promote the privacy of residents. While each resident had their own room, there was insufficient space for the storage of personal belongings in some bedrooms due to their size. Toilets were cubicles which reduced residents' privacy. Access to bathrooms in four of the five units was through the communal areas. The inspector also observed that personal documentation was stored in bedrooms which had been vacated. However, access to these rooms and to the individual units was by a key which also accessed other units on the wider campus. Therefore individuals who were not involved in the direct provision of care or support to residents could access this information.

The inspector confirmed that there were systems in place to ensure that residents' personal funds were safeguarded. However, these systems resulted in a member of the

management team being the only individual who had access to residents' bank accounts. Residents were not supported to have banking cards to access funds at times of their choosing.

Residents meetings occurred on a weekly basis and were used to inform residents of the operation of the centre. For example, the week before the inspection, staff had informed the residents of the upcoming inspection.

There had been an improvement in the opportunities residents had to take part in activities. However, the inspector found that activities were primarily based in the campus and were group based activities. The inspector was informed that activities were decided the night before based on what was available and the staffing supports. The inspector reviewed a sample of activity records and found that in a two month period the activities offered were limited and repetitive. For example, there were numerous instances in which residents spent time relaxing at home and listening to music.

On the previous inspection it was identified that the staffing arrangements in place from 8pm were not conducive in providing regular evening community based activities for the residents. The inspector found that this remained and staffing arrangements were not conducive to residents having the opportunities to have regular activities in the community from 6.30pm. Supports had been put in place, on occasion, if a particular activity had been identified. However, this was not the general arrangements. Records demonstrated that the majority of activities took place between 10am and 12pm and 2pm and 5pm.

Dedicated transport had been allocated to the centre since the last inspection and was shared among the five units. There was a schedule which identified specific times in which the transport was available. Staff stated that accessing transport was not a problem and they would regularly access additional transport if required. However, the records contradicted this view, based on the number of times residents left the campus.

Judgment:
Non Compliant - Major

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

Findings:

The inspector observed that pictures were used throughout the centre to inform the residents of the staff on duty, residents' bedrooms and the menu for the day. Residents' also had personal passports in their personal plans which identified how they communicated if they liked something, did not like something or were in pain. The inspector was also informed that some residents had taken part in training in the use of a tablet computer.

However, the inspector found that fundamentally all of the above practices were in place in the absence of an assessment which identified residents' communication needs. Therefore, personal plans did not identify if residents' full communication capabilities were assessed and that the supports in place were in line to meet their needs. It was not demonstrated that alternative methods of communication aids had been explored.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Visitors were welcomed to the centre, with restrictions placed around mealtimes. There was a visitors' book available and the inspector was informed by a family member that they were welcomed at any time. Residents were also supported to maintain contact with family. On the day of inspection, a resident had been supported to visit their relative's home which they expressed joy with this to the inspector.

The inspector explored with staff the links residents had with their community. While it was evident that residents were involved in activities on the campus, the links with the wider community were limited and not part of the day to day life of residents. For example, the inspector was informed that residents used local amenities such as the barbers, the hairdressers, the cinema, restaurants and shopping centres. However, records demonstrated that this was not a regular occurrence and in some instances was a goal for individuals to achieve.

Residents did not have the opportunity to complete tasks such as going to the bank, completing their grocery shopping or being member of local clubs. The inspector found that an allied health professional had recommended that a resident have a supplement to their main meal on a daily basis. The resident was not supported to have this for a

number of days. It was documented that it was due to the product not being available in the central stores. The product is available in a wide range of retailers which were located in the local community. However, the resident was not supported to go to the shop and purchase this supplement.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were policies and procedures in place for the admission of residents to the centre. The inspector was informed that there would be admissions to the centre in the coming months due to overall reconfiguration of centres operated by the same provider and that they would be completed in line with the policies. For example, due consideration would be given to the needs of current residents prior to further admissions.

The provider had developed written agreements which outlined the terms and conditions in which residents would reside in the centre. However, the agreements did not adequately outline any additional fees which may be incurred. The inspector reviewed a sample of the agreements and found that they had not been signed by the resident and/or their representative. This had been identified on inspection in September 2015. The provider had responded by stating that this would be resolved by November 2015. However, as of this inspection the review of written agreements was ongoing.

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):

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

Findings:

The inspector found that while the opportunities residents had to engage in activities had improved, the provider did not consistently demonstrate that the activities were meaningful, promoted development and was based on a comprehensive assessment of residents' individual social care needs.

The inspector reviewed a sample of personal plans and found that while the healthcare needs of residents had been adequately assessed, the assessment of residents' social care needs were not. Social Care needs were primarily identified using a tick box tool which identified activities that residents may like to take part in. Goals were also developed on a three monthly basis. However, the rationale for the goals were not clear and goals were primarily one off activities such as eating out or going on day trips and were easily achievable. Records confirmed that staff provided a narrative of residents' experience when they attended an outing. However, this narrative did not inform future goal planning and development.

The inspector was informed that work had commenced on developing the assessment tool for the assessment of social care needs with the aim of ensuring that goals maximise residents potential. The inspector viewed a sample template. However, similar findings have been identified throughout previous inspections dating back to September 2015. The provider had responded previously by stating that actions would be taken to address these failings. However, had not been completed to date.

The inspector also observed that there was an absence of comprehensive assessment or personal plan in place for a resident who had been admitted to the centre, six month previously. Aspects of the plan had been transferred from the residents' previous placement and had not been updated or reviewed following their admission to the centre.

Residents were referred to and assessed by allied health professionals. Recommendations arising from the reviews were maintained in the personal plan of the resident and the inspector observed that they were implemented in practice.

The inspector was informed that individualised support was available 12 hours a day to address safeguarding concerns in the centre. This support meant a resident had to spend long periods of the day away from the centre. Therefore, the inspector determined that, while the immediate risk was addressed, the centre was not suitable to meet the assessed needs residents.

Family members were invited to be part of the personal planning process. The annual review which took place reviewed residents' achievement in the year previous and other areas of their life such as their health.

Judgment:

Non Compliant - Major

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):

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

Findings:

The Statement of Purpose states that an objective of the centre is to provide a safe and comfortable home for residents. However, the findings of this and previous inspections were that this objective was not met as the majority of the centre was not maintained in an acceptable state of repair with appropriate facilities.

As reported previously, the centre was located within a campus comprising of five houses in two separate locations. Four houses were adjoining units and the fifth was a detached bungalow located a short walking distance from the campus.

The inspector found that the bungalow was appropriately maintained with each resident having their own bedroom, a shared communal bathroom and open plan kitchen/living/dining area. There were also additional rooms for storage and a staff office. The house had suitable heat and light on the day of inspection. However, while there were facilities for cooking available, the inspector was informed that this could not occur due to the house being located on a campus, as it did not meet the relevant environmental health regulations. The inspector also found that there was no external space for residents to access freely without being accompanied by staff. The inspector observed that the corridors in this house were narrow and could not accommodate individuals who required support to mobilise due to the limited communal space available.

The four remaining units were not designed and laid out to meet the aims and objectives of the service. The premises had not been kept in a good state of repair throughout and while efforts were made to keep areas clean, due to the age of the

building and absence of appropriate maintenance the inspector observed staining in areas such as bathrooms. In two of the units, residents' bedrooms varied in size with some being measuring approximately 5.8 m². Outside these areas, there was limited communal space available for residents to be alone. Efforts were made to decorate and personalise the houses. However, the impact of this on the environment was minimal due to the overall structure and absence of appropriate upkeep.

There was also an absence of appropriate facilities for the preparation of food in the four units. The inspector was informed that this was due to these units also being located on the campus and not meeting the appropriate environmental regulations.

The inspector noted that the windows in the four units were in a state of disrepair and did not provide adequate insulation and protection against drafts.

External space was available for use by residents without the supervision of staff in four of the five houses.

Paint work on the walls in parts of the centre were flaked, damaged and chipped. Bathrooms, while functional, reflected an institutional setting as opposed to a home.

There was adequate facilities for the disposal of waste.

These findings had been previously identified and the provider had stated that works would be undertaken to ensure that the premises met the requirements of all matters set out in Schedule 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities. As outlined in this report, this had not occurred to date.

Judgment:
Non Compliant - Major

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 provider had systems in place which promoted the health and safety of residents, staff and visitors. Overall, the inspector found that the safety of residents was promoted. However, further work was required to ensure that the level of risk identified was reflective of the actual day to day practices of the centre.

The centre had a safety statement and a risk management policy, both of which outlined the arrangements as required by regulation 26. There were also risk assessments in place which looked at the overall risk within the centre and the risks associated for individual residents. However, the inspector found that the overall risk of the centre did not include all risks. For example, risks associated with the arrangements in place for the administration of medication had not been identified. Risk assessments were also not reviewed following adverse events to residents to ensure that the control measures had been implemented at the time and that they were effective.

There were systems in place for the prevention and management of fire. This included a fire alarm, emergency lighting and fire extinguishers. Records demonstrated that they were maintained at regular intervals. The procedure to be followed in the event of a fire were also displayed in the centre. Staff had received training in the prevention and management of fire. Fire drills occurred at regular intervals and demonstrated that the emergency response system was effective and residents could be evacuated to a place of safety, if required.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The provider had identified and implemented policies and procedures for the safeguarding of vulnerable adults. All staff had completed training in the safeguarding of vulnerable adults. However, 11 of the team had not received refresher training in the timeframe identified in the policy of the organisation. This included ensuring that staff members were up to date in their knowledge of what constitutes abuse and the action to be taken if an allegation or suspicion arose. The inspector found that the immediate action taken to safeguard residents resulted in a significant reduction of adverse events occurring.

A relative told the inspector that they felt their loved one was safe.

Residents had been referred to and assessed by allied health professionals in order to ensure positive behaviour support was provided. The recommendations arising from these reviews were identified in behaviour support plans for residents. While the inspector recognised that there had been a significant reduction in incidents in the centre. Incidents did occur as a result of behaviours that challenge. The inspector reviewed a sample of records and found that they did not provide adequate information on the circumstances in which the incidents had occurred and if the proactive and reactive strategies of the centre had been implemented when the incident occurred.

A finding from the previous inspection was that all staff had not received training in positive behaviour support and breakaway techniques. The inspector reviewed a sample of training records and found that this remained. Prior to the inspection concluding the inspector was provided with dates on which this training would be completed.

The inspector also observed a privacy screen in one of the communal areas. Management informed the inspector that the resident was being supported with personal care behind the screen. There were other residents in the communal area at this time. The inspector reviewed the daily behaviour support plan for the resident and their intimate care plan and found that there had been no assessment or review by the appropriate professionals in this area. Therefore the dignity of the resident and other residents had been compromised, without all efforts being made to identify and alleviate the residents' challenges in this area.

The provider had systems in place for the implementation of restrictive practices, if required. This included policies and procedures to guide practice. There was also a committee in place which had oversight of all restrictive practices within the centre and the responsibility for the authorisation and use of same. All restrictive practices were reviewed every three months.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of adverse events reports and was assured that the

person in charge was aware of their requirement to report specific events as required by regulation 31.

Judgment:

Compliant

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):

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

Findings:

The inspector found that efforts had been made to expand the opportunities residents had for learning new skills. This included positive practices such as residents' being encouraged to develop skills in areas such as house hold chores. The inspector observed residents being supported in this area. However, the programmes were developed in the absence of an assessment. Therefore the supports residents were receiving/required were not clear. For example, in one instance, the resident was documented as having the ability to complete the task. There was no evidence that they had not always had this ability or the steps which were going to be taken to enhance the resident's ability further.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met in the centre.

Of the sample of records reviewed the inspector found that each resident had a comprehensive assessment of their healthcare needs completed by a registered nurse. Following that, if a need was identified, there was a plan of care in place to meet that need. The plans of care provided clear guidance and records demonstrated that they were implemented in practice. Plans of care were reviewed at appropriate intervals and accounted for if the plan of care was effective or not.

Staff members that the inspector spoke with were clear on the supports residents required.

Residents were supported to meet their General Practitioner (GP) if a need arose. They were also supported to attend appointments with other health care professionals, if required.

The inspector found that if a resident required palliative care the appropriate arrangements were made and the resident was supported to remain in their home if possible with the relevant external supports. The wishes of the individual and their family were considered and respected at this time.

The inspector found that residents were supported to monitor their weight. Residents had been assessed by allied health professionals if food modification was a need. The inspector observed that food was provided in line with the recommendations.

However, the inspector found that the choice and control residents had over the food that they ate was limited. Main meals were provided to the campus by a centralised kitchen. Twice a week the food residents would eat for the following three/four days was identified and submitted to the kitchen. There was generally a choice of two meals. The inspector was informed that if, on the day, a resident did not want the meal alternatives were offered such as salad for those who could eat it. However, if a resident required a diet of a puree consistency, the options were limited to foods such as rice pudding. Residents also did not have the opportunity to be involved in the preparation of their meals or to buy and store their own food.

The inspector also had the opportunity to observe the mealtime experience in two areas of the centre and observed a varying level of care and support. In one area, the time was relaxed with residents being supported in line with their assessed needs. In another area, the inspector observed two staff available to support five residents. This was insufficient considering the supports individualised residents required at that time, resulting in residents having to wait for their meal while other residents had already finished.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider submitted a Statement of Purpose to HIQA as part of the application to register the designated centre. The inspector reviewed the document and found that while it identified all of the items as required by Schedule 1 of the regulations, the information contained in the document was not reflective of the practice of the centre as identified in the findings of this report. For example, there was no reference to the criteria for emergency admissions to the centre. This had occurred. Fundamentally, the inspector found that the document stated that it was the vision of the provider to ensure the potential of each individual is reached, the privacy of residents would be maintained and the centre would be maintained in an acceptable state of repair.

Judgment:

Non Compliant - Moderate

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:

As stated previously, the provider has informed HIQA of their intention to cease the operation of the centre by March 2019. In the interim, the provider had developed systems in place for the oversight of the care and support provided to residents. However, the inspector determined that further work was required to ensure that these systems identified, not only if the service provided was safe, and met the needs of

residents while they were awaiting discharge from the centre.

There had been changes to the management personnel since the last inspection. However, the structure remained the same. The person in charge held the post of Clinical Nurse Manager 3 and was the person in charge for only one centre. They met the requirements of the regulations, at the time of appointment. They were supported by a person participating in management who held the post of Clinical Nurse Manager 2. Their working hours were divided between frontline care to residents, with 12 hours allocated for administrative work. The person in charge reported to the Director of Care and Support who, in turn, reported to the Regional Director.

The provider had developed a Quality Enhancement Plan. The purpose of this plan was to record all actions arising from internal audits, the unannounced visits completed by the provider and HIQA inspections. The inspector reviewed the internal audits which had been completed in the centre and found that they did not adequately identify if the care and support provided was safe and effective. For example, audits had been completed of residents' personal plans. The findings identified if residents had goals identified and if they had been met. They did not identify if the goals identified were in line with the assessed needs of the residents. There had also been audits of medication, hygiene and fire safety.

The inspector also found that there was inadequate follow up to ensure that actions arising from the audits were completed within the appropriate timeframe. As some actions which had been identified in February 2017, remained outstanding in November 2017 and on this inspection.

The provider had developed an annual review of the quality and safety of care for residents which included the views of family members. It had also been developed in an accessible version for residents.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to inform the Chief Inspector if the person

in charge was absent for more than 28 days and had done so, if necessary.

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:

The inspector was provided with the standard staffing levels for the centre. The records demonstrated that there was sufficient staff on duty. However, this did not ensure that the needs of residents were being met, particularly in regards to their social care needs. As previously reported, the day to day practices of the centre were routine based and staffing levels decreased at 6.30pm. The opportunities residents had to engage in activities were also limited. The inspector acknowledged that, at times, there was flexibility to facilitate activities. However, this was not general practice.

Rosters demonstrated that continuity of care was provided in the centre. Relatives confirmed this by stating that when they visited they knew the staff and staff knew them.

The inspector also found that there was an absence of formal and informal supervision of staff. The policy of the organisation stated that supervision should be determined at a centre level dependent on need and the number of staff. However, management had yet to determine the frequency in which staff would be supervised. In the absence of this supervision, management were only regularly in one unit working alongside and observing practice. Management stated that they would attend each unit everyday while on duty. However, considering the cumulative findings of this report the inspector determined that this was not sufficient.

The inspector reviewed the records of the training provided to staff. Training had been provided in areas such as manual handling, hand hygiene, dysphasia and medication management. However, four staff had not received refresher training in manual handling, with one staff member not documented as received any training. The inspector also noted that staff members who had the responsibility for assessing residents' social care needs had not received training in this area.

There were no volunteers in the centre as of the day of inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of staff files and found that all of the information as required by Schedule 2 of the regulations were maintained.

The records as required by Schedule 3 relevant to each resident was maintained and included a signature of the person completing the record and the date.

The records as required by Schedule 4 including records of maintenance of equipment were available.

The inspector did not review the policies and procedures of Schedule 5 as they had been reviewed previously as part of other regulatory activity in centres operated by the provider.

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:

Jillian Connolly
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 St John of God Community Services Company Limited By Guarantee |
| Centre ID: | OSV-0003988 |
| Date of Inspection: | 09 January 2018 |
| Date of response: | 15 February 2018 |

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The practices of the centre did not promote residents having choice and control over all aspects of their life.

1. Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

1. All residents will have a Personal Outcome Measures (POMs) assessment completed and a person centred developed to promote residents exercising choice and control in their lives.
2. Practices within the centre, to provide care and support to residents, are being reviewed to promote a person centred approach that supports residents on an individual basis.
3. A comprehensive audit of meaningful activities will be completed for each resident to establish a baseline for each individual and weekly plans of preferred activities will be reviewed and updated (each week and with each resident) for the following week.
4. The Service's Quality Manager has been allocated to support practice in this centre, and to mentor management & staff to support residents make choices and exercise control in their lives.
5. During the weekly resident meeting, residents will be supported to exercise choice and control in their lives; keyworkers advocating on behalf of residents will support them to plan for the following week based on the each person's preferences.
6. Person in Charge, Clinical Nurse Managers and Quality Manager will monitor residents meetings to promote residents choice and control in their lives; PIC/CNM will sign the minutes of residents meetings each week.

Proposed Timescale: 30/04/2018

Theme: Individualised Supports and Care

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

The inspector observed that the privacy and dignity of residents was not consistently promoted.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. Personal Outcome Measures Assessments are being completed for all residents, which includes outcomes on rights e.g. privacy, dignity and being treated with respect.
2. The Service's Quality Manager has been allocated to support practice in this centre, and to mentor management & staff in the promotion of privacy and dignity for residents.
3. Privacy and dignity of residents will be discussed at staff meetings and how they can be improved within the designated centre.
4. The Person in Charge, Clinical Nurse Managers and the Quality Manager will monitor practices around privacy and dignity and supervise staff in this area.

5. Archive rooms, where personal information is stored in the centre, will have door locks changed so that only staff working in the centre may have access.
6. Filing cabinets in offices containing residents' personal information will be locked to ensure its security.

Proposed Timescale: 31/03/2018

Theme: Individualised Supports and Care

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

Residents were not supported, as far as is reasonably practicable, to be part of the management of their finances.

3. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. Residents will be supported to open a credit union account and to set up a standing order to this account.
2. Residents will be supported by their key worker, on an individual basis, to go to the Credit Union and to avail of their services of the as part of the management of their own finances.

Proposed Timescale: 30/04/2018

Theme: Individualised Supports and Care

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

Some rooms did not ensure that their was sufficient space for the storage of personal belongings.

4. Action Required:

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

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

Improvement works will be carried out as described in the submitted Appendix.

Proposed Timescale: 31/07/2018

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents had not been facilitated to access augmentative equipment to support their communication needs.

5. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

1. The Speech and Language Therapist will train keyworkers in the administration of a communication skills screening assessment tool.
2. Keyworkers will complete the screening assessment for all residents.
3. Based on the assessment, and with support from the Speech and Language Therapist as required, each resident will have communication plan in place which may include an augmentative device, if indicated, to enhance communication skills.
4. Keyworkers will also receive training in the Total Communication Approach from the Speech and Language Therapist to support residents improve their communication skills

Proposed Timescale: 30/04/2018

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

Theme: Individualised Supports and Care

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

Residents links with the wider community were minimal.

6. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

1. All residents will have a Personal Outcome Measures (POMs) assessment completed and person centred plans developed to assist them establish links with the wider community.
2. The Person Centred Plan will include opportunities for residents' to participate in local community based activities/groups.
3. The Service's Quality Manager has been allocated to support practice in this centre, and to mentor management & staff to promote resident links with the wider community.

4. During weekly resident meetings, each resident will be supported to plan activities for the following week including opportunities to develop links with the local community.

5. The weekly plan of preferred activities for each resident will be reviewed and updated (each week and with each resident) for the following week, to include community based activities of their choice.

Proposed Timescale: 30/04/2018

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not all residents had a written agreement in place

7. 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:

1. Contracts of Care will be revised to include any additional charges and a written copy of the contract will be provided to each resident and/or representative for their signature.

2. A record will be kept of all contracts of care sent out to resident representatives and the receipt of signed contracts.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

The written agreements which were in place did not identify the fees to be charged, including additional charges.

8. 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:

Written agreements for all residents will include fees to be charged, any additional charges and details of the services to be provided.

Proposed Timescale: 31/03/2018

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:

Each resident did not have a comprehensive assessment completed.

9. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

A comprehensive assessment will be completed for the resident who was admitted as a safeguarding response.

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

The centre could not meet the assessed needs of one resident.

10. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

1. A Personal Outcome Measures Assessment will be completed for this resident and a Person Centred Plan developed to maximise his personal development and in accordance with his wishes.
2. The current day service programme in operation for this resident will be reviewed to ensure the programme of activities and their location is meeting his needs.
3. Following completion of the improvement works described in the attachment, the resident will be living in a house with only two other residents. The smaller number of peers will promote a low stimulation environment (which this resident requires), continue to address any safeguarding concerns, and provide choice in both activities and their location, so the resident may then choose to stay within, or leave, his home during the day.

Proposed Timescale: 31/07/2018

Theme: Effective Services

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

A personal plan had not been developed for one resident following admission to the centre.

11. 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:

The Personal Plan for the resident is being developed.

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

Personal plans did not outline the supports residents required to maximize their development.

12. 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:

A comprehensive assessment of residents' individual social care needs is being conducted through a Personal Outcomes Measures Assessment, while the development of a Person Centred Plan for each resident will identify the supports required for each resident to maximise their development.

Proposed Timescale: 31/03/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not designed or laid out to meet the objectives of the service to be

provided.

13. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Improvement works will be carried out as described in the Appendix submitted.

Proposed Timescale: 31/07/2018

Theme: Effective Services

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

The premises were not maintained in an acceptable state of repair throughout.

14. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Improvement works will be carried out as described in the Appendix submitted.

Proposed Timescale: 31/07/2018

Theme: Effective Services

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

The centre did not meet the requirements of Schedule 6

15. 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:

Improvement works will be carried out as described in the Appendix submitted

Proposed Timescale: 31/07/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Work was required to ensure that all risks were identified and reviewed at appropriately intervals.

16. 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:

Written agreements for all residents will include fees to be charged, any additional charges and details of the services to be provided.

Proposed Timescale: 30/03/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had received training in positive behavior support.

17. Action Required:

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

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

All staff will receive training in Positive Behaviour Support

Proposed Timescale: 30/04/2018

Theme: Safe Services

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

Not all staff had received training in breakaway techniques.

18. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff will receive training in the management of behaviours that challenge, including

de-escalation and intervention techniques, together with breakaway techniques.

Proposed Timescale: 28/02/2018

Theme: Safe Services

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

Records did not demonstrate that all efforts had been made to identify and alleviate the cause of a residents' behavior.

19. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1. The resident has been referred to the service's Senior Clinical Psychologist and information gathering has commenced for a behavioural assessment to be conducted.
2. Following assessment, a new Positive Behaviour Support Plan will be implemented to address the cause(s) and the behaviours of concern themselves.
3. The resident has been seen by the Consultant Psychiatrist and a revised treatment plan is being implemented. He remains under regular review by the Psychiatrist.
4. The resident's Mental Health Care Plan has been revised and updated to address changes to his mental health presentation.

Proposed Timescale:

1. 12th February 2018
2. 30th April 2018
3. 19th January 2018
4. 12th February 2018

Proposed Timescale: 30/04/2018

Theme: Safe Services

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

The intimate care plan of a resident did not adequately identify the support that the resident required.

20. 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:

The intimate care plan has been reviewed and updated to provide the supports the resident requires.

Proposed Timescale: 11/02/2018

Theme: Safe Services

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

Staff had not received up to date training in safeguarding of vulnerable adults, in line with the policy of the organization.

21. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Places have been booked for the four staff who require refresher training in safeguarding of the vulnerable adult

Proposed Timescale: 30/03/2018

Outcome 10. General Welfare and Development

Theme: Health and Development

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

It was not clear the supports, if any, residents required for access to education or training.

22. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1. Personal Outcomes Assessments are being completed for all residents which evaluate a person's wishes with regard to education and training.
2. A holistic assessment of each resident's adaptive behaviours will be completed to identify each resident's abilities and skills of daily living.
3. Based on the findings of this assessment, appropriate education or training programmes will be implemented.
4. Quality Manager has been allocated to support practice in this centre to mentor staff to carry out POMS assessments and the development of Person centred plans.

Proposed Timescale: 30/04/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents were not supported to buy and prepare their own food.

23. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

1. Residents will be supported to purchase foods of their own choice; snacks from supermarket, take out or meals in restaurant etc.
2. As far as is reasonable and practicable, residents will be supported to prepare foods, permissible under the Environmental Health Regulations, in their own homes.

Proposed Timescale: 30/03/2018

Theme: Health and Development

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

The mealtime experience for residents was inconsistent.

24. Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

1. Reviews of the mealtime experience has taken place with the Person in Charge and Quality Manager and guidelines for the mealtime experience in each location will be implemented to maintain consistency.
2. The Person in Charge, Clinical Nurse Manager, and Quality Manager will monitor the implementation of the guidelines.
3. Informal supervision of the mealtime experience by Person in Charge, Clinical Nurse Manager and Quality Manager will include feedback to staff at the time as well as formal feedback at staff meetings.
4. A formal audit of the mealtime experience will be conducted in each house in the centre and learning from this audit will be used to review guidelines for the mealtime experience.

Proposed Timescale:

1. 28th February 2018
2. 28th February 2018
3. 28th February 2018
4. 30th April 2018

Proposed Timescale: 30/04/2018

Theme: Health and Development

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

Residents' choices were limited based on food being pre ordered and supplied by a centralized kitchen.

25. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

1. Residents will be supported to have the choice of a wider range of alternative food options; snacks, soups, sandwiches, pasta, smoothies etc available in each house.
2. Residents will be supported with menu choices at resident meetings.
3. Resident food preferences, which are not currently catered for, will be brought to the attention of the catering department for inclusion in menu choices.
4. A review of food choice available from the centralised kitchen is currently being conducted by the Director of Care and Support, Operations Manager and the Catering Officer, based on previous feedback.

Proposed Timescale: 30/05/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose was not reflective of the practice of the designated centre.

26. 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:

The Statement of Purpose will be updated to accurately reflect the environment and

services provided to residents within the Designated Centre.

Proposed Timescale: 15/02/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The systems in place did not adequately identify if the care provided was safe and effective.

27. 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:

1. The Person in Charge, Clinical Nurse Managers and Quality Manager will supervise & support staff practices to ensure that care provided is safe and effective.
2. Informal supervision of staff involving feedback from PIC/CNM/Quality Manager from observation of practices will take place contemporaneously and recorded in the house diary.
3. The Quality Enhancement Plan (QEP) will be reviewed weekly by the Person in Charge, Quality Manager and Director of Care and Support to ensure that the additional actions contained in this action plan are met within the agreed timeframes.
4. Schedule of audits is in place; all actions arising from audits will be reviewed to ensure actions are completed in an appropriate timeframe.

Proposed Timescale: 15/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels were not organized in a manner which met the needs of residents.

28. 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:

The Person in Charge and Clinical Nurse Manager will review staffing rosters to identify

how best to reorganise shifts to better meet the needs of residents across their day.

Proposed Timescale: 30/04/2018

Theme: Responsive Workforce

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

Staff had not been provided with the necessary training, including refresher training at appropriate intervals to ensure that the needs of residents were adequately assessed and met.

29. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. A plan to address deficits in staff training has been devised which sets out upcoming training course scheduled and places have been booked for staff in the centre.
2. In addition to mandatory training, keyworkers will receive training in Person Centred Planning using the Personal Outcome Measures model.

Proposed Timescale: 11/01/2018

Theme: Responsive Workforce

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

Staff were not appropriately supervised.

30. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. The Supervision Standard Operating Procedure will be updated to include the frequency of formal staff supervision meetings; every quarter or more frequently if required.
2. The Supervision Standard Operating Procedure will be updated to describe how supervision of staff both formally and informally will be conducted in this centre.
3. The second Clinical Nurse Manager has been appointed.
4. A schedule of formal supervision meetings for all staff has been devised and will be implemented to ensure all staff receive formal supervision meetings.
5. The Service's Quality Manager has been assigned to the Designated Centre for a period to provide mentorship and practice development for management and staff.
6. Informal supervision of staff involving feedback from PIC/CNM/Quality Manager from

observation of practices will take place contemporaneously and recorded in the house diary.

Proposed Timescale: 19/02/2018