Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001907
Centre county:	Meath
Email address:	MariaMonaghan@praxiscare.org.uk
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Irene Sloan Ringland
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From:	To:
23 July 2014 09:15	23 July 2014 18:10
24 July 2014 11:30	24 July 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centres first inspection carried out by the Authority. The centre consists of three units and provides a service to 14 adults, both males and females, with a variety of physical, intellectual and health care needs. The units are supported by staff 24 hours a day, with some units having higher staffing levels to meet the assessed needs of the residents. The centre forms part of the Praxis Care group.

As part of the visit, the inspector engaged with staff and residents, reviewed relevant documentation including personal plans, medical files, incident and accident logs, policies and procedures and staff files. The person in charge was present throughout the two days.

It was evident that residents had a good quality of life and were sufficiently supported by staff to live a life of their choosing that was active and community based enabling the residents to link with friends and family members. Staff were knowledgeable of residents needs and were respectful in their interactions with residents.

The premises where residents lived were homely. Each resident had their own bedroom, majority of which had en suites. The units were clean and for the most part well maintained. Areas of improvements were identified during the two day inspection, including but not limited to, deficits in risk management, fire safety, care planning and meeting the assessed health care needs of residents.

Areas requiring improvement are identified in the action plan at the end of the report for action by the provider and person in charge in order to ensure compliance with 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.

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 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):
This was the centre's first inspection by the Authority.

Findings:
Residents were consulted in the running of the centre, they had opportunities to voice their compliments and concerns and for the most part had their dignity and privacy maintained. Improvements were identified to fully comply with the Regulations.

Residents living at the centre attended monthly resident meetings that had a set agenda and residents also had the opportunity to raise additional items at the meeting. The meetings for the most part were attended by two staff members, where there were single staff shifts, this differed. The inspector reviewed minutes from these meetings and noted that they occurred regularly each month and the minutes were filed away. The inspector saw that residents actively participated in these meetings. The most recent minutes from the resident's meeting were also displayed in some units on the fridge. Residents told the inspectors about the meetings and said they enjoyed them and felt free to speak at the meeting.

Residents told the inspector that they participated in the menu planning and the menu changed weekly. Residents were also engaged with regarding day trips and activities and their preferences for same. On the day of inspection all residents from two of the units were going on a picnic which they were looking forward to.

Resident's privacy was respected. Each resident had their own room and bathrooms were provided with privacy locks. Staff were seen and heard knocking on resident's bedroom door and waiting for a response prior to entering. Each unit within the centre had an additional room where residents could meet their visitors in private. Resident's personal belongings were respected; they were assisted to maintain their bedrooms in addition to each resident having their own laundry basket to ensure their clothes were not mixed up. Resident's information was secure, filed away in a locked cabinet and

information was archived with the assistance of an external professional archiving company. The inspector saw that a list of resident's valuables was maintained in their files.

Improvements were identified regarding the resident's rights, dignity and consultation to comply with the Health Act 2007 (care and support of residents in designated centres for persons (children and adult) with disabilities regulations 2013. The inspector reviewed the complaints policy which was reviewed May 2013. The complaints policy was not displayed in all units and was not in a format accessible to all residents. The inspector saw a leaflet that summarised the complaints procedure that was accessible to a small minority of residents. Residents told the inspector who they would make a complaint to should they have one. The inspector reviewed the complaints log and noted that complaints had been received from both family members and residents themselves. Not all complaint forms were completed in full. On the day of inspection the person in charge completed a complaint form retrospectively. The complaints form did not outline whether feedback had been given to the complainant or record if the complainant was satisfied with the outcome.

Residents bedrooms were identified by numbers and this required review in addition to personal care indicators inappropriately placed in a unit that warranted review. The person in charge removed this material at the time of inspection.

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):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported to maintain links with their family members, friends and members of the community. The inspector was told about family and friends who visited their home and the activities they were involved in their local community. Resident's family members visited the unit for significant events throughout the year. There was appropriate space for residents to meet family and friends in private. Residents had photos of their families in their bedrooms and told the inspector of regular trips home. Staff supported residents during these visits by driving them home and collecting them. The inspector saw residents' trips home noted in their daily notes.

Residents attended a variety of activities including local walking clubs, arch clubs,

restaurants, coffee shops and the cinema. Residents were assisted to attend sporting events so they could continue to support their preferred team. A resident told the inspector of a recent trip to a large sports stadium, with a staff member, and watched their local county team compete. Residents were also supported to attend their local supermarkets, where possible, and assisted with the shopping. Residents proudly showed the inspector medals they had won at the most recent and previous Special Olympics.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector reviewed a number of contracts. The support agreements and service contracts did not sufficiently describe the care, support and services residents could expect to receive. Although a service charge was outlined it was unclear what this covered and it was unclear what additional services residents were expected to pay for such as chiropody. The inspector did however see a transport agreement which outlined the organisation's expectation for contribution towards transport arrangements. The contracts were also not in a format accessible to all residents.

Judgment:
Non Compliant - Minor

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):
This was the centre's first inspection by the Authority.

Findings:
In general, the inspector found that each resident's well being and welfare was supported and developed in line with the wishes and aspirations of each resident. There were good systems in place to ensure that their social needs were met and staff supported them to achieve this. However some improvements were required; care plans were not always developed to meet all the resident's assessed needs, plans were not always updated as and when required. It was also unclear if residents, or their next of kin, were actively involved in the review of their plans and plans were not in a format accessible to all residents.

The inspector met with residents on the day of inspection and viewed a selection of personal plans. Personal plans identified seven outcome measures that residents, along with the support of staff, worked towards. The outcomes included, but were not limited to, quality of life, making a positive contribution, exercise of choice and control and improved health. The layout of the person plans and the outcomes that were measured against required development. The personal plan identified a need for a resident however the plan of action and arrangements to meet those assessed needs were unclear and lacked detailed guidance for staff. In other instances residents were identified as having an assessed and identified need, such as communication difficulties, but no communication plan was in place.

Care outlined in the personal plans was not always evidenced based and the input from specialists was not always sought. The inspector saw in one plan a need identified, although staff were providing care to meet the need, it was not based on evidence based practice and a referral to a specialist seeking direction had not been sought. However, it was evident that residents had some access to multidisciplinary support such as a behaviour support specialist and psychiatry.

Plans were not always reviewed as required and information was unclear and ambiguous in a number of personal plans, further discussed in outcome 8. Reviews did not always assess the effectiveness of the plan, take into account changes and new developments, in addition to the outcomes achieved or identify the named person responsible for pursuing objectives in the plan with agreed timescales.

The personal plans outlined resident's application to reside in the service along with their admissions plan which focused on a gentle introduction to the service supported by staff. Details of their health care needs, behaviour support plans, their family relationships and friendships were also outlined in their file. The files, although person centred, lacked evidence that residents were involved in the review process and they were not in a format that was accessible to residents.

Monthly meetings took place between the keyworker and resident. It was unclear, for those that had communication difficulties, how these meetings were tailored to allow for

open communication. Keyworker meetings looked at aspirations and dreams that residents had, these were not completed or detailed for all monthly reviews and it was unclear how these were explored with residents. Actions achieved such as shopping and making purchases were noted as aspirations therefore limiting residents to achieve meaningful goals.

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):
This was the centre's first inspection by the Authority.

Findings:
The three units were spacious and modern. Each resident had their own spacious room which was decorated, for the most part, to their own preferences. Bedrooms were personalised with pictures, ornaments and photographs and consisted of ample storage for residents and a number of the bedrooms were equipped with en suites. Most residents, where feasible, had large double beds. The units had back gardens, some of which required some maintenance in particular an overgrown vegetable patch and fence area where thorns were protruding. Each unit had at least two areas where residents could relax and watch television. Kitchens were accessible, large in size and well equipped.

Improvements were identified in order to comply fully with the Regulations. A ramp was required, at the front door of one unit, to ensure that all residents could safely, easily and independently access the unit. Storage was problematic in some areas, with hoists and wheelchair inappropriately stored in areas. A hoist and wheelchair was blocking an escape route. On the day of inspection the person in charge requested a staff member to remove these. A number of lights were without covers. Ceilings and walls were damaged in parts and the plaster work was in need of repair. Mildew was problematic in a number of bathrooms and ensuites. Grout in bathrooms/ensuites required replenishing and the tiles, on walls on floors of the bathrooms, required a deep clean. Paintwork and architrave required freshening.

Judgment:
Non Compliant - Moderate

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):
This was the centre's first inspection by the Authority.

Findings:
While there were some satisfactory arrangements in place to manage risks, non compliances were identified in the health, safety and risk management arrangements.

There was a risk assessment and management policy in place which had recently been reviewed May 2014. The policy, although informative, failed to outline the need to review risks once identified and failed to guide staff sufficiently in developing a risk register. The inspector saw organisational risk assessments that identified areas of risk across the services including shortage of staff and loss of power. This was a generic risk assessment used in all centres attributed to the organisation. The centre did not have a robust risk register and therefore all risks had not been sufficiently addressed. Each resident had a risk assessment profile in their file which identified some areas of risk. Further development was required to ensure clarity regarding the level of risk, what the controls were, who was responsible and time-frames were identified and attached to the risk. For example one resident had been identified as being at risk of falling on the stairs, there was no detailed risk assessment present to guide staff.

In relation to fire safety, improvements were identified to comply with the Regulations. All staff had up to date fire safety training and had training in the safe use and storage of chemicals. The inspector reviewed the fire folder and saw that fire drills were occurring on a regular basis. Weekly tests were also carried out on the smoke alarms. Fire extinguishers, as seen by the inspector, had recently been serviced March 2014. The inspector saw that items were inappropriately stored, a fire exit was blocked by a wheelchair and a hoist. A staff member removed these on the day of inspection. A number of fire doors were being manually held open with catch mechanisms, therefore in the event of a fire the purpose of the fire door would be obsolete. Running persons signage was in place at all main fire exits however this was not accompanied by the appropriate emergency lighting. The person in charge was aware of these deficits and had received quotes, as seen by the inspector, to complete the works. There was no fire certificates available on the day of the inspection, the person in charge stated they were in the process of acquiring these.

Infection control was identified as an area for improvement, there was rust in a number of bathrooms in particular around radiators, a used latex glove was discarded on a chest of drawers in a resident's bedroom and an oxygen mask was exposed, left hanging from a chair, in the kitchen area. The storage of mops was not always appropriate; the inspector saw three mops placed in one bucket, with no colour coding system or markings on the buckets.

Although there were individual locked presses for chemicals in each unit, the inspector saw a number of chemicals that were not locked away and posed a risk of inadvertent ingestion.

There was a system in place to record accidents and incidents which also included instances where there were escalations in behaviours that challenged. It was not always clear that learning had been gained from untoward events as the section of the form that alluded to this was often blank, this required further review.
In one unit there were residents who were at risk of absconding, however window restrictors were not on all windows. In another unit there were alarms on the windows and doors that sounded when opened, however these were not connected back to a pager or device. Staff were therefore unsure of which door or window had been opened. The inspector heard the alarm sound and was not assured that staff could hear the alarm in all areas of the unit.

Judgment:
Non Compliant - Major

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):
This was the centre's first inspection by the Authority.

Findings:
Generally, the inspector found there were arrangements in place to safeguard residents and protect them from the risk of abuse. The inspector viewed the safeguarding adults policy and procedure last reviewed February 2013. The document outlined the types of abuse and the role staff should take if they were alerted to an alleged incident of abuse. It also contained useful information for staff on recognising abuse and how they should respond to any suspicions of abuse. However, greater clarity was necessary regarding the need to protect evidence preceding an allegation of abuse. Staff spoken with were able to tell the inspector what the procedure was should they receive an allegation of abuse. Training records viewed by the inspector demonstrated that all staff working at the centre had up to date training in relation to vulnerable adults. The safeguarding policy identified a designated nominated officer. This required revision as the designated officer was an individual at senior management level and therefore not readily accessible to residents. The details of the designated officer was also not displayed in all units. The

policy required further refinement in relation to being centre specific, the policy referred to bodies outside of Ireland that were irrelevant to the service being provided.

The inspector viewed the organisation's policy and procedure for the management of behaviours that challenged. It was detailed and applicable to some of the residents living in the centre. The approach to supporting residents with behavioural difficulties was one based on prevention that minimised aggressive behaviour and maximised a person centred approach to the care and services being provided. Staff working at the centre had up to date training in managing behaviours that challenged. The inspector viewed a sample of resident's files and saw that not all residents who required a behavioural support plan had one in place. The inspector reviewed a behavioural support plan for one individual. The content was difficult to decipher; the triggers of the behaviours were not easily identifiable, the proactive and reactive strategies were unclear in guiding staff in practice and elements of the behaviour support plan were ambiguous. A refined document was necessary to clearly guide staff in their practice and response to individual behaviours that challenge.

For those residents that had restraints in situ, mainly chemical and physical restraints, consent forms were not in place. A risk register had been developed on 30 June 2014, but this was blank and no entries had been entered. The restraint register was developed solely for physical interventions and failed to cover other potential restraints such as chemical or environmental. On the day of inspection the person in charge developed one for chemical restraints. The restraints used were not clearly documented for example deficits identified included lack of detail on the duration of their use, the type of restraint used and failed to outline if the least restrictive method was tried initially. There was also no review of the restraint use evident.

The inspector viewed the financial management policy and a selection of the financial records belonging to the residents. Financial records were maintained in line with the policy, staff assisted residents to manage their budgeting and spending. Each resident was supported to complete a financial capability assessment. Where the resident was unable to safely manage their own bank accounts, their next of kin or representative assisted them and maintained the bank statements for the resident which were then sent into the centre and reconciled by staff and verified by the person in charge. The inspector checked the financial records for one resident, the receipts matched the information recorded and the balances were correct as per the balance sheet. Residents had access to pocket money at their request and were supported by staff to go shopping, purchase personal items, clothes and gifts. Balances were checked daily by staff as part of their daily duties.
.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector saw that each resident had a file outlining some of their health care needs however, not all aspects of their health care needs were addressed and robust plans were not in place to guide staff in assisting residents achieve and maintain better health. Although some adequate practices were in place, improvements were required to comply with the Regulations.

Staff at the centre assisted residents to attend appointments. Residents were assisted to attend their immediate and urgent medical needs such as the dentist in a timely manner. A resident told the inspector that staff 'looked after them well' and assisted them with appointments to see their general practitioner. Staff, when spoken with by the inspector, were familiar with resident's health care needs; the person in charge was particularly knowledgeable in this area. The person in charge told the inspector about regular appointments that residents attended such as the general practitioner, chiropody and dentist. Notes within their files alluded to referrals that had been made but it was unclear if the referrals had been made, by whom, had an appointment be made or if staff were still awaiting an appointment. A system was necessary to ensure that all residents' health care needs were being attended to at regular intervals. The inspector reviewed the health check section of a resident's file and saw that not all of the information was up to date. A resident had recently had an appointment in relation to a specific health care need but this was not reflected in their health check section. Residents did not have individual plans to guide staff in assisting residents with specific health care needs; it was therefore unclear what input staff was providing to residents. Input for specific health care needs was not always received from specialists in that area and therefore evidence based practice was not always adhered to. A resident who had weight difficulties had not been referred to a dietician or nutritionist.

Resident's health care needs were not always reviewed. The resident who had been assessed as having difficulties with weight, staff had implemented monthly weight records. The inspector saw from these records the resident's weight had increased however the effectiveness of the plan was not reviewed in line with the weight increase.

Judgment:
Non Compliant - Moderate

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):
This was the centre's first inspection by the Authority.

Findings:
There was a medication policy in place in addition to a policy on the storage, administration, prescribing and disposing of medication. The policy was not centre specific and outlined procedures for the management of medication for children. This will be further outlined in outcome 18.

The centre used a pre packaged medication dispense system which was delivered by the local pharmacies. A team leader was assigned the responsibility of checking medication in weekly and the person in charge completed a monthly medication audit. The centre had control drugs which were appropriately secured and a stock check was carried out twice daily by two staff and recorded in a control drugs stock book. A resident at the centre received anticoagulation medication; the inspector reviewed the protocol for this and was satisfied that it was a safe system to ensure the correct medication was administered.

Improvements were identified regarding the prescription sheet. A number of medications as required (PRN) were itemised in the absence of a dosage and a maximum dosage. The dosage for one PRN did not correspond with the dosage on the medication administration record. The address of the resident was also not outlined on the prescription sheet and all medications were not individually signed off by the general practitioner. This will be further outlined in outcome 18.

On the day of inspection the residents from two of the units were on a day trip. The inspector saw that the lunch time medication had been signed as administered even though this had not happened. The staff had signed the medication out in the morning in the 'medication on leave book'. This book however was stored in another unit.

Judgment:
Non Compliant - Minor

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):
This was the centre's first inspection by the Authority.

Findings:
The person in charge was suitably qualified and experienced to manage the centre. Residents were aware of who the person in charge was. Staff told the inspector they were supported by the person in charge, attended staff meetings in addition to supervision and appraisals. The inspector saw from staff files that, for the most part, supervision occurred monthly and detailed minutes of these were maintained. The inspector also saw probationary meetings for new staff members. Staff meetings occurred monthly, records for these were also available on the day of inspection. A planned agenda for the staff meetings was prepared and staff added items to the agenda prior to the meeting.

There was a satisfactory out of hour's on-call system available to support staff. Managers were on-call in direct response to the staff in the centres; assistant directors of nursing supported the managers out of hours, who in turn were supported by a member of the senior management team who was on-call. The inspector saw a copy of the aforementioned rosters, for the year, in the centre.

Regular audits were carried out such as medication and finance. In addition the person in charge completed an evaluation of the centre that identified data in areas including medication errors, instances of behaviours that challenged and resident's achievements.

The inspector was present for the daily handover. Staff handed over detailed information on the previous day and the plans for that day and the days coming.

The person in charged ensured that staff training was up to date and used a training matrix to assist her with this. The inspector also saw training needs analysis, projected over twelve months that the person in charge developed.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspector reviewed staff training records and files and saw that staff had received up to date training and were suitably qualified and trained to fulfil their duties. The inspector also saw a training needs analysis for future planning of training. The inspector reviewed a sample of staff files, some non compliances were identified including but not limited to a full employment history.

The inspector viewed the maintenance log and noted that staff were not proactive in reporting all instances where maintenance was required which could have an adverse effect for residents.

At the time of inspection no volunteers were involved with the centre.

Judgment:
Non Compliant - Minor

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):
This was the centre's first inspection by the Authority.

Findings:
Documentation was not always complete and accurate. Rotas, as viewed by the inspector, did not outline full shifts, all abbreviation used on the rotas to detail leave and shifts was not explained or clear and staff were not referred to by their full names. A fire risk assessment reviewed by the inspector failed to outline all needs for all residents; the centre had residents with hearing impairments which would pose difficulty with hearing the fire alarm and require alternative aids. This was not highlighted in the fire risk assessment.

Records such as complaints forms, prescription sheets, adverse event forms and maintenance logs were not completed. Forms were not specific to services available and provided in the Republic of Ireland for example one form referred to the police service of Northern Ireland as oppose to the Gardaí, another policy referred to children.

Information on care plans was not always accurate such as dates incorrectly outlined. It was unclear who developed some reports and care plans, they were not signed. It was also unclear when they were developed as they were not dated.

Judgment:
Non Compliant - Moderate

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:

Ciara McShane
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[1]

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001907
Date of Inspection:	23 July 2014
Date of response:	20 August 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:
Residents privacy and dignity was not always respected;

1) There were numbers place on their bedroom doors
2) Material was inappropriately displayed in one unit.

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.

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

Please state the actions you have taken or are planning to take:
1) Numbers have been removed from doors
2) Material was removed on day of visit. Staff to speak to resident at key worker meeting & explain importance of keeping material in bedroom. Key-worker to also review any other way for material to be kept.

Proposed Timescale: 29/08/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy was not in a format accessible to all residents.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
Service User friendly version of Complaints Policy is available and is to be framed in kitchen area.

Proposed Timescale: 29/08/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A copy of the complaints policy was not displayed in each unit in a prominent position.

Action Required:
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:
Service user friendly Complaints policy to be framed & hung in Kitchen area. Staff are to check policy has not been removed as part of routine night time checks.

Proposed Timescale: 29/08/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was unclear if complainants were informed of the outcome of their complaint.

Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
An Outcome box has been added to the current proforma to note the date of when and how the complaint has been dealt with, alongside the complainant's acceptance/non acceptance of the result. Governance department are approving a draft version.

Proposed Timescale: 18/08/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All complaint forms reviewed by the inspector were not sufficiently completed, therefore the final outcome was not determined.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
An Outcome box has been added to the current proforma to note the date of when and how the complaint has been dealt with.

Proposed Timescale: 18/08/2014

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 care, welfare and support, inclusive of additional services, and their fees were not clearly outlined in the service agreement.

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:

The Governance Dept has changed the layout of the residential agreement by removing the financial section and has created a separate bills agreement. This bills agreement clearly outlines the client contributions and how these are divided.

Proposed Timescale: 01/08/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Robust and sufficiently detailed arrangements were not in place to guide staff to meet the assessed needs of each resident.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Current system has been reviewed and a new system will be introduced. A folder for each service user containing appointment log, assessment plan, daily log & Problematic identifier page will be devised. This system will be used by staff on a daily basis. Therefore staff will have access to assessed needs of service users at all times.

Proposed Timescale: 01/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents wishes/aspirations were not always satisfactorily addressed in key worker meetings and documented accordingly in their personal plans.

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:
Person in charge to address the difference between daily living activities and long term wishes/aspirations. This is to be discussed in September team leader and staff meetings. The key worker monthly meetings template has been amended to include daily living activities separate to wishes/aspirations. Person in charge will monitor these on a monthly basis through supervision and continue to give guidance.

Proposed Timescale: 19/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that residents fully participated in the development/review of their personal care plans or where appropriate input received from their representative.

Action Required:
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Residents were offered the choice of having a condensed personal plan or a communication board in addition to their comprehensive assessment and plan. These encapsulate the rights, needs, and goals of each service user through pictures. The boards or personal plans will remain in resident's bedrooms to prompt resident's daily involvement in their plans. Residents input to review of plan will be noted in key-worker meetings and documented in their personal plan in the consent section.

Proposed Timescale: 05/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not in a format accessible to all residents.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
A condensed pictorial plan will be in addition to their current assessment and plan. This plan will be in format accessible to each resident and will include their rights, wishes/ aspirations and needs for upcoming year. This will be reviewed alongside the resident's comprehensive assessment and plan.

Proposed Timescale: 05/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews were not timely in line with the change in resident's needs.

Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
Person in charge will ensure that resident's reviews are organised in line with any changes with residents needs. Person in charge will address each resident's current needs through supervision and staff meetings monthly. The assessment and plan is reviewed at least 6 monthly or as changes occur. All persons from multi disciplinary team involved with resident will be asked to attend annual review or emergency review if needs change. Review will be documented and action plan agreed.

Proposed Timescale: 20/08/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident, in all plans, that reviews involved the input of the necessary and specific multidisciplinary support to review the needs of the resident.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Please state the actions you have taken or are planning to take:
Reviews are held annually or as needs change. All multi disciplinary support will be invited to attend review. Review meeting reports to be amended to include list of invited persons and reason for non/attendance. All support services will receive a copy of the review minutes and action plan.

Proposed Timescale: 19/08/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that reviews were conducted with maximum participation of each resident or their representative where appropriate.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
Annual review meeting reports will be amended to include a list of invited persons and we will record their non/attendance and possible reason for same. Service user capacity around attendance to be recorded in their assessment and plan under the consent section.

Proposed Timescale: 20/08/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that reviews assessed the effectiveness of the plans such as a behavioural support plan.

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

Please state the actions you have taken or are planning to take:
Behavioural support plans will be reviewed at all review meetings for service users. All multi disciplinary professionals will agree on behaviour management plan and any changes to plan will be taken forward by person in charge.

Proposed Timescale: 05/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Those responsible for actions, resulting from a review of a personal plan, in addition to agreed time-frames were not always outlined.

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:

Any actions as noted through review of a service user to be communicated to staff key-working that service user. All changes to be made to personal plan as changes/reviews occur. Time frames to be agreed and documented in personal plan. Person in charge to oversee that actions are completed within a designated timeframe. Person in charge to review personal plan and timeframes in monthly supervision with team leaders.

Proposed Timescale: 29/08/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A ramp was required at the front entrance to ensure access for all residents that resided there.

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:
Contractor has been obtained to complete ramp.

Proposed Timescale: 05/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Holes in walls required repair, covers were required for a number of lights, paintwork required freshening and architrave needed repairing. A number of bathrooms and en suite in addition to one bedroom had mildew which required attention. Grout was worn and needed to be replaced.

The outside of the house required attention. There was an overgrown vegetable patch and fence area where thorns were protruding.

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:
1)Maintenance in house was completed by contractor on 27/08/2014. Holes in walls were repaired and paintwork was completed. Vents were completed in bedrooms/ bathroom where to alleviate condensation.

2)Care and attention to be given to outside of house. A staff member has become an environment officer for the houses in August and they will be responsible for ensuring that all maintenance issues are reported and logged. The person will have a monthly meeting with manager to discuss any maintenance issues. Maintenance requirements are also audited in monthly regulation audits. Work to be completed on 01/09/14 in relation to over grown vegetable patch. Protruding thorns were removed.

Proposed Timescale: 29/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Decoration and cleaning was required:

- Wall and floor tiles in bathrooms required a deep clean
- Paintwork and architrave required attention

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

Please state the actions you have taken or are planning to take:
Contractor has been employed to complete above decoration and cleaning work. Staff are to report any maintenance concerns and document in maintenance log. A staff member has been appointed environmental officer for the houses. This person will meet with Person in charge to review maintenance book monthly & follow up on any ongoing maintenance. Staff are to ensure cleaning log is completed daily and all actions are carried out. Team leader to review same daily.

Proposed Timescale: 05/09/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Learning, from all untoward incidents, accidents and other identified risks, was not evident.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Person in charge to ensure that Lessons Learned section on untoward event form is completed during monthly supervision between manager and assistant director. Manager to review any additional risks and ensure risk assessment is amended. Person in charge to bring untoward event forms and risk assessment to staff meetings and discuss learning with staff.

Proposed Timescale: 02/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Individual risk assessments, where risk had been identified, were not complete.

The centre did not have a risk register.

Window restrictors were not present on all windows in a unit where there was a risk of eloping.

The alarm in one unit, which activated on opening the front door and the windows, was not connected to a device. The inspector was not assured that staff could hear the alarm activate throughout the unit.

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:
1) Problematic identifier page to be completed for all service users
2) Risk register to be developed by person in charge. The risk register is to include clinical and non clinical risks. Person in Charge to assess risk register on an ongoing basis.
3) Person in charge to complete risk assessment on absconding. Person In charge to assess need for restrictors and ensure risk assessment highlights outcome.
4) We have addressed alarm with housing association and they are awaiting feedback on from their alarm company.

Proposed Timescale:
01) 05/09/2014
02) 29/08/2014
03) 05/09/2014
04) 05/09/2014

Proposed Timescale: 05/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Infection control required improvements;

- There was rust in bathrooms
- Latex gloves were inappropriately disposed off
- Mops were inappropriately stored
- An oxygen mask was left exposed in the kitchen.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
1) Contractor has been employed to complete any maintenance works.
2) Residents do not need to use latex gloves. However gloves are available for Staff and residents to use as need as personal protective equipment. Staff to educate residents at house meetings regarding importance of correctly disposing of latex gloves.
3)Person in Charge to organise correct mop storage area
4) Person in Charge to discuss at staff meeting importance of storing oxygen mask after use back in designated box. Staff are to also discuss with resident at key working meetings correct storage of oxygen mask.

Proposed Timescale:
02/09/2014
05/09/2014
05/09/2014
29/08/2014

Proposed Timescale: 05/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there were running persons signage at exit doors there was no emergency lighting to accompany the signage.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Person in charge has discussed this matter with Praxis Care Health & Safety officer.

Person in charge has investigated this matter and notes that new code of practice guidelines were introduced in November 2013. However, Person in charge has reviewed fire exit signage and emergency lighting in properties and notes that there are 16 emergency lights in one building to accompany signage and in another building there are 12 emergency lights to accompany signage.

Proposed Timescale: 29/08/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors were been held open by manual catches, making the fire doors obsolete in the event of a fire.

The centre had no fire certificate to confirm that the building was in compliance with building and planning Regulations.

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

Please state the actions you have taken or are planning to take:
Contractor to remove all manual catches off walls by 29/08/2014

The Fire Certificate is currently being addressed by Praxis Property services. Person in charge has discussed Fire Certificate with Praxis Property services and they have held meetings with Fire Officer and are currently prioritising this issue.

Proposed Timescale: 30/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Consent had not been received for all interventions as detailed in resident's files.

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

Please state the actions you have taken or are planning to take:
Person in Charge has carried out risk assessments on problematic areas for each

resident with the team leader key-working each resident. All interventions to be documented in assessment plan and Person in charge to ensure that consent for all interventions is signed as appropriate by the resident, their multi disciplinary team, next of kin or general practitioner. The use of interventions will be monitored on a monthly basis as part of an internal regulatory audit.

Proposed Timescale: 05/09/2014

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restrictive practices were used in the absence of an up to date behavioural support plan.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Person in charge has carried out risk assessments for all residents. If restrictive interventions are required to ensure safety of the resident, consent to carry out these interventions will be signed off as appropriate by the resident, their multi disciplinary team , next of kin or general practitioner. In addition, review meeting has been requested with Clinical Lead and input from Multi disciplinary team to review all behavioural support plans. Person in charge to review assessment plans and ensure behaviour section in each assessment is updated following review of behavioural support plan. Person in charge will review Behavioural support plans monthly in supervision.

Proposed Timescale: 12/09/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was unclear if the least restrictive practice was used for the shortest duration during an intervention of behaviour that challenges.

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:

Person in charge has carried out risk assessments for all residents. If restrictive practices are required to ensure the safety of the resident these practices will be documented in resident's assessment and support plan, risk assessment and behaviour support plan. Person in charge to review all untoward events monthly in staff meeting and discuss behaviour support plan along side untoward event. Person in charge to ensure that untoward event states all practices used and duration.

Proposed Timescale: 05/09/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evidenced that all health care needs of all residents were being met. All health care needs for all residents had not been adequately followed up on and realised.

It was unclear if referrals were made, referrals had not been made to appropriate specialists and care plans had not been developed to ensure that staff were guided in assisting residents achieve better health.

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

Please state the actions you have taken or are planning to take:
1) Appointments log has been devised for residents. Appointment log will be filed in folder containing daily notes, assessment plan and risk assessment. Person in charge to discuss at September staff meeting importance of ensuring log is maintained and appointments are carried forward.

2) Person in charge to review specialist care needs in residents assessment plan. Person in Charge to discuss with each team leader any specialist areas identified for residents they key work. Person in charge to guide team leaders in ensuring referrals are made and followed up on. Specialist care to be reviewed in monthly review reports and specialists to be invited to annual review meetings.

Proposed Timescale: 05/09/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident who had been identified as having weight difficulties had a significant increase in weight in the absence of a review of his dietary needs.

Action Required:
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:
Person in charge to review specialist care needs in residents needs and assessment plan. Person in charge to discuss with each team leader any specialist area identified and ensure referrals are carried out. All referrals to be filed and documented in needs assessment plan. Team leader to ensure that outcome from specialist visit to be documented in appointments log and needs assessment plan. In relation to resident having weight difficulties, referral has been made to dietician. Referral has been documented in needs assessment plan and resident is awaiting appointment. Person in charge has also reviewed menu planning. Key working team will also discuss with resident healthy eating and exercise plan. Person in charge to review specialist care needs in supervision monthly with team leaders.

Proposed Timescale: 29/08/2014

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 doses for medication as required necessitated further clarity as some doses were not outlined while another did not correspond with the administration record.

Staff incorrectly signed medication as administered that had yet to be offered to the resident.

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

Please state the actions you have taken or are planning to take:
Person in charge has reviewed all prescription records and administrations records. All doses have been corrected on prescription record ensuring clarity for staff administration medication. Person in charge to check all prescription records and administration records in monthly medication audit.

Person in Charge to discuss medication policy in September staff meeting. Person in charge to ensure that staff follow policy at all times and do not sign for medication until medication has been administered. Staff to use 'On Leave' form for any medications that are leaving the house when going on day trips with residents.

Proposed Timescale: 29/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All documentation in relation to Schedule 2 was not present in all staff files.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Manager to request all information from staff regarding gaps in employment and obtain Curriculum Vitas where necessary.

Proposed Timescale: 26/09/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff failed to report all maintenance requirements.

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:
Person in charge has nominated an environmental officer in scheme. This person will have responsibility of taking forward all maintenance issues. In addition it is the responsibility of all staff to report any maintenance requirements and Team Leader to ensure all maintenance is recorded into book as and when necessary. Maintenance requirements are also audited in monthly regulation audits.

Proposed Timescale: 29/08/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

A complete copy of the complaint form including the outcome was not maintained for all complaints.

The rota required additional information to accurately reflect the staff working the shifts and the shift they were working.

Records relating to fire safety such as the fire risk assessment were not accurately maintained.

Action Required:
Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

Please state the actions you have taken or are planning to take:
1) An Outcome box has been added to the current proforma to note the date of when and how the complaint has been dealt with.
2) Rota has been amended to include description for abbreviations.
A/L= Annual Leave, S/L= Sick Leave, N/D=Night Duty, M/L= Maternity Leave TOIL= Time Off In Lieu, T= Training
3) Issues related to Fire Risk assessment have been forwarded to Praxis care Health & Safety officer. Person In charge and Praxis care Property Manager have been liaising with a fire officer and architect in order to obtain Fire Certificate which will then ensure compliance of Fire Risk Assessment. In addition there are a number of areas which require attention in order to obtain Fire Certificate and Praxis Property Manager and Person in charge are working together to ensure work is completed in a timely manner in order to obtain Fire Certificate.

Proposed Timescale:
1) 29/08/2014
2) 25/08/2014
3) 12/09/2014

Proposed Timescale: 12/09/2014

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents care plans were not maintained or accurate to reflect the assessed needs of the residents.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
Person in charge has reviewed all needs assessment plans. Person in charge will review all assessment plans on a monthly basis and ensure that key-workers update plans as needs change or at least six monthly as per policy.

Proposed Timescale: 29/08/2014