

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003591
Centre county:	Dublin 8
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Helen Lindsey
Support inspector(s):	Linda Moore
Type of inspection	Announced
Number of residents on the date of inspection:	15
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 1 day(s).

The inspection took place over the following dates and times

From: 25 March 2015 09:00 To: 25 March 2015 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the units that made up the designated centre and met the residents and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures and staff files.

Overall, inspectors found the provider demonstrated a willingness to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Inspectors found there continued to be a committed management team, who ensured a good governance structure was in place. Inspectors met the chief executive officer, who is also the person nominated on behalf of the provider (to be referred to as the provider in the report), the person in charge and senior management as part of the inspection. Both the provider and person in charge suitably demonstrated their fitness and commitment to meet the requirements of the Regulations.

The centre is run specifically to meet the needs of people who either have complex medical needs, or need support around their behaviour.

The centre is made up of three units:

- A single storey building with 13 single bedrooms, a kitchen, a dining room, a family room and a sitting room.
- A single bedded apartment which contained a kitchen/diner/living room and a single en suite bedroom, and a separate bathroom. One resident lives there;
- A single storey building with five bedrooms, a sitting room, a dining room and a kitchen. Currently, one resident lives there.

Overall the inspectors found that staff were knowledgeable about the residents needs. There were clear communication plans in place, and staff were communicating well with the residents. There were good links with families, and they felt welcome visiting and spending time with their relatives. There was good access to a range of healthcare professionals and assessments of residents needs were assessed and reviewed by them on a regular basis. Each resident had their own plan about how they spent their time. Some attended day services, and others took part in a range of activities supported by the staff in the centre.

Relatives fed back that the staff who worked in the centre were very committed and provided good care to the residents. There were staff teams to support the two main areas of need, and the person in charge informed inspectors that their training would depend on which area of the centre they were working in. For example, staff supporting residents with behaviour that challenges would receive training about how to respond to residents.

The premises generally met the needs of residents, and there was access to outside space from each of the units.

Areas of non compliance related to complaints processes, the contract of terms and conditions, care planning, some areas of decoration needed in the premises, fully recording all areas of restraint used in the centre, recording and detailing healthcare needs, medication storage, governance and oversight of the centre, staff training, clear policies and procedures.

These areas are discussed further in the report and included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Resident's preferences were taken in to account in the organisation of the centre. However, some improvements were required in relation to the management of complaints.

There was a complaints policy in place and a pictorial procedure was displayed in the centre. However, improvements were required as the policy did not fully meet the requirements of the Regulations and was not fully implemented in practice by staff. There was no person nominated to oversee that complaints were recorded and responded to.

Inspectors read a sample of resident complaint forms. There was evidence of action taken and discussion around complaints made, however there was no evidence to show complainants had been provided feedback after each complaint, there was no record of their satisfaction. People spoken to during the inspection process did not feel they were clear on the outcomes of complaints, they remained unsatisfied and said they had not been informed of the right of an independent appeal, as set out in the providers policy.

Relatives did confirm in the questionnaires they completed for HIQA that they did know who to complain to in the centre. Residents who spoke with the inspectors were also clear who to speak to. This was discussed with the person in charge who assured inspectors action would be taken to improve these matters.

The organisation had a resident's advocacy committee. They discussed matters of concern in the different designated centres, and in relation to other community issues.

Meetings were videoed so they could be watched by other residents. None of the residents from this centre were involved in that group. There were links with an advocacy service, but this information needed to be more widely available to residents in this centre.

Staff members were seen to treat residents with dignity and respect through the inspection. Interaction between staff and residents was respectful and carried out in a friendly, patient manner. Inspectors observed staff knocking and asking permission to enter resident's bedrooms. Residents and relatives commented that the staff were very committed to their job.

Each resident had a single room that was personalised their own taste. This included family pictures, posters and some bright colours. There was a policy in place that covered resident's personal possessions, and records were in place of their belongings. The staff confirmed arrangements were made for residents to vote when there were elections, where they were able.

Residents were able to practice their religion. Some residents attended local churches and services as was their choice.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate, appropriate to their identified needs, and had any aids needed to support them.

Communication needs were identified in residents care plans, and staff were seen to be familiar with them. They provided more detail where the residents had specific needs identified. Residents had communication passports in place that gave an overview of their communication style, and other key information people may need to know about them.

A number of the residents were non verbal and activities were seen to be in place to focus on their senses, and this included music, massage and multisensory activities.

For some residents pictorial communications were in place, and care plans set out the intention to extend their use.

Some residents needed support around appropriate ways to communicate with people and this was covered in their behaviour support plans (discussed further under outcome 8).

Residents had access to telephones, TV, radio, and DVDs. Some also had access to internet and mobile phones as was their choice. The residents participated in local services and had links with the neighbourhood, through leisure and social activities and the day services they attended.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community, and families were involved in the lives of residents.

Residents and staff informed inspectors that visitors were welcome in the home, and a number were seen visiting on the day of inspection. Visitors could visit at any reasonable time, in line with resident's wishes. Families confirmed they were welcome in the centre.

Families also confirmed they were involved in planning meetings, and also some of the multidisciplinary meetings. However, some fed back to inspectors they did not always see the outcomes of these meetings put in to practice. This is covered in more detail under outcome 5.

Links to the community were also evident. During the inspection inspectors were informed that residents visited the community to attend swimming pools, gyms, restaurants, coffee shops and day care services.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found the provider ensured admissions and discharges to the service were in line with the organisation policy. However, improvements were required in relation to the contract of care.

There was a comprehensive policy and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. There had been no new admissions or discharges to or from the centre since the last inspection.

Inspectors reviewed a draft copy of the contract for services which dealt the care and welfare of residents. However as the contracts were still in draft format and at the time of inspection the residents did not have contracts in place that set out the fees to be charged.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The arrangements in place to meet residents needs needed to be improved to ensure their wellbeing and welfare was maintained.

The needs of the residents who lived in the centre varied, with some being independent in a range of tasks and others needing constant support.

Inspectors saw that there was care planning documentation for each resident, and

reviewed six residents records during the inspection.

The personal support plans showed that residents skills, preferences, likes and dislikes had been included as part of the assessments to identify their needs and to help them make choices about how they would spend their time. Goals had been identified with most residents about things they wanted to achieve. It was noted some were repeated over a period of time, even after they had been met. For example, going out for lunch in the community regularly.

There were care plans and risk assessments in place, as well as the personal plans. In some examples these gave a good overview of the residents needs and how they were to be met. However there were examples where the information across the different documents did not match. This resulted in the personal plans not being detailed enough to guide the practice of the staff. For example a risk assessment set out a risk of choking while eating, but there was no care plan about nutritional need and supervision. It was also unclear from the documents seen by inspectors when they had been written and reviewed, as many were not dated.

Where residents required involvement of other professionals, records showed that this had been supported, in some cases weekly if this was required. For example mental health services, health care specialists and occupational therapy.

There were a range of teams in the organisation that supported the centre, and this included the quality review team, behaviour support committee and the multidisciplinary review meeting. Minutes showed that these teams met regularly and reviewed the needs of the residents, and made recommendations to support the residents needs being met. Records showed there were gaps in the actions being implemented in a timely way. Staff and families commented they were not always aware of the outcomes of the meetings, or any changes that were agreed.

There was a policy in place that covered the process to be followed when residents were moving both internal and external to the organisation. There was a transition plan that could be developed for residents where moves were being considered, and evidence was seen of this being in place. Family members did feed back to inspectors that they felt they could be more involved in the decision making process around residents moving, both within the centre and out of the service.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found the premises broadly met the needs of the residents. However some areas needed cleaning and decoration. Some equipment also needed to be provided to fully meet the needs of the residents.

The accommodation was made up of a large unit for 13 residents, and two other units provided accommodation, one resident in each. Surrounding the accommodation there was a car park and access to well maintain gardens.

In the unit that provided accommodation for 13 residents, there was a single bedroom for each person. Some were large and spacious; however one did not support access of equipment to support a resident's mobility.

All the bedrooms were provided along corridors that were wide and allowed for ease of movement for residents.

There was a lounge area and dining area. It was noted that they were limited in space when all the residents were there, especially as many residents had purpose built wheelchairs that were large and required space around them for people to support the resident.

There was a kitchen for the preparation and heating of meals and snacks. There was also a family room. At the time of the inspection, one resident was making use of this room, as it was next to their bedroom.

In the second unit, there was a large hall, lounge, dining room, kitchen, bedroom, toilet and shower room. There were other rooms, two rooms were being used as a staff office, but several were not in use at the time of the inspection. Due to the needs of the resident the furnishings were basic. Areas of this unit would benefit from re-decoration.

The third unit was a self contained flat with kitchen/ diner/ lounge area, bedroom with an en suite shower room, and a separate shower room off the lounge area. Areas of this unit would also benefit from re-decoration.

The provider was aware of the need for maintenance and improvement works on the premises, and agreed to submit a plan as part of the inspection process.

In all three units there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the resident's needs. However in one of the units cleaning and maintenance was required to ensure they were well presents and provided a pleasant environment for using the facilities. It was noted on accessing one toilet area there were glass doors out on to a main thoroughfare of the grounds. To protect the privacy and dignity of residents this would benefit being reviewed.

There was a range of assistive equipment available for residents, if required. However,

one resident was not able to access a shower or bath, as the equipment provided was not suitable for them.

Inspectors reviewed the maintenance records of these and found that they are kept in good working order and checked on a regular basis.

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):

Findings:

Health and safety in the centre was promoted, and the provider had put risk management measures in place, however they needed to be improved. Infection control procedures also needed to be reviewed to ensure they were in line with best practice.

There was a risk management policy in place, and inspectors saw that it covered the requirements of the regulations. The person in charge explained it had been recently developed and was in the process of being rolled out to all the centres.

At the time of the inspection, staff said they had not received training on the policy, but that it was planned. A number of individualised risk assessments completed for resident were seen, and they related to issues such as self administration of medication, travelling independently, unsupervised eating, and slips getting in and out of the bath.

Some examples were seen that did provide sufficient detail to guide staff in managing the risk. However examples were seen where they had not been completed for a present risk, and some examples did not provide a detailed response to reducing the risk. Also the re-assessment process was not comprehensive, and did not indicate if the steps taken reduce the risk associated with the identified issue.

Inspectors reviewed the incidents and accidents for the centre. Social Care leaders advised that some review was completed locally for any themes or recurring events, and that the quality assurance team also did a review of the information. Inspectors saw that discussions were held on these issues in quality assurance meetings, but could not see evidence of how they influenced the way the service was provided.

The centre has policies and procedures relating to health and safety and these were seen in practice. However there was no policy for infection control, and staff gave different accounts of how they managed this in the centre. Personal protective equipment was available, such as aprons, gloves and hand sanitiser, however a review

of the availability of sterile equipment for certain procedures was needed to ensure practice was in line with evidence based practice.

Inspectors found that there were Health and Safety Statement for each unit. An emergency plan had also been introduced since the last inspection. This detailed the procedure for evacuation, contact numbers and the location of mains valves for electricity, water and gas (where applicable). Staff were clear about where they needed to go if they were unable to return to the centre. It would be improved if it included information on how residents specific needs would be met.

Fire safety was well generally well managed, however, there were areas for improvement.

Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations. However, the fire training did not include the use of fire fighting equipment, inspectors were informed that this was planned to be included in the next training.

The records of fire drills were detailed and included learning outcomes. However, there was no plan to address the areas identified. For example, at one drill staff were unable to set the alarm off as they were unclear which button activated it.

Records showed that fire equipment was serviced regularly, including fire extinguishers, fire alarms and emergency lighting. Inspectors found that all fire exits were unobstructed on the day of inspection. There was adequate means of escape, and residents and staff know where to gather if they needed to evacuate

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were arrangements in place to safeguard residents and protect them from the risk

of abuse. However, some improvement was needed in the processes to support the use of restrictive practice, and residents finances.

Staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. Residents who spoke with inspectors were knowledgeable of who they could talk to if they needed to report anything.

There was evidence that incidents of all allegations of abuse were appropriately investigated and managed in accordance with the centres policy.

Some families commented that they did not fully understand the procedure followed, and the decisions reached.

Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner. Improvements in a small number of interactions would increase further residents experience of privacy and dignity. For example of moving and handling practice when supporting residents out of low seating and privacy when meeting healthcare needs.

Inspectors observed that staff maintained resident's privacy during the delivery of personal care. All residents had an intimate care plan in place, and they did set out the residents needs and preferences where they were known.

Inspectors read the policy on the management of behaviours that challenged, and it was observed that it was being used to guide the care delivered. Training had been provided in this area and staff said that further training was being planned to cover the national policy.

There was evidence that the General Practitioner (GP), psychology and Psychiatric services were involved in the care as required, and assessments resulted in clear guidance for staff to support residents to manage their behaviour.

Where behaviour support plans were in place for residents, they were very detailed, and set out any agreed interventions. They included different stages of arousal and the appropriate way to communicate and engage with the individual resident in those circumstances. However, examples of incidents and behaviours were seen, and no guidance was available to staff to advise them how to manage the situation.

Minutes of meetings showed that each resident was reviewed regularly at the positive behaviour supports committee, and recommendations were made. However, there was no evidence available to show that the feedback from this meeting was implemented. For example whether a schedule for gentle activity and exercise had been implemented.

There were restrictive practices in use in the centre. In one unit there were clear records of the restrictions in place, when they were used, and the duration they were used for. However, in another unit there was no clear overview of the restrictions in place, and no record that they were being implemented safely, in line with clear risk assessments.

There had been a restrictive practice committee in place, and its membership was being reviewed. Examples of referrals to that committee were seen. However, it was not clear in all cases of restrictive practice whether they were approved by the committee, and whether the least restrictive form of restriction was in place.

Inspectors reviewed a small number of the records relating to residents finances. A system was in place to ensure that the balance of residents money was recorded, any spending was clearly explained, and receipts provided. Staff were regularly doing balance checks and signing the documents. However one example was seen where a residents personal money had been used for a purpose relating to the centre rather than their personal needs. The money was returned the next day. The inspectors spoke to the person in charge about this who confirmed that all staff would be reminded of the policy in place for appropriate management of residents personal finances.

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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed. They had also provided three monthly notifications as required

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that each resident had opportunities for new experiences, social participation and activities that matched their preferences.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage in activities of their choice.

Where residents were able to express what they wanted to do, evidence was seen that this was in place, for example accessing public transport or local gyms. Where residents were not able to express their wishes, staff made choices guided by resident's known interests and preferences and set out in their personal goals.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were arrangements in place to assess the health care needs for each resident, however improvements were needed in the recording of nursing care needs and policies available to guide staff practice.

Records showed that residents had good access to general practitioners (GP's). All health needs that had been identified were followed up, and there was a record that logged the medical interventions and appointments residents had. However, in some cases staff were not able to explain when residents had received treatment or had tests carried out and the record was not completed. For example most recent date of blood tests.

There was a document available for each resident that contained the information of a health review. It was noted that much of this information was out of date at the time of the inspection, and could be misleading about a residents current needs. Inspectors were not able to gain a clear understanding of resident's current healthcare needs on the day of the inspection due to this lack of clarity in the documentation.

There was evidence that residents accessed other health professionals such as psychiatry, psychology, occupational therapy, speech and language therapy, and dietician. Letters and medical reports were available as part of the residents records. However, examples were seen where the recommendations identified in the reports had not been implemented, or were unclear. For example use of emergency medication for epilepsy.

Residents' healthcare needs were also being discussed in other meetings within the organisation such as the multidisciplinary meeting, however, examples were seen where the recommendation had not been recorded back in to the resident's current records. For example, activities identified to keep residents active to support their mood.

The action for the two points above are made under outcome 5.

Inspectors found that in some cases instructions on how to deliver care was not clear. For example, in providing a percutaneous endoscopic gastrostomy (PEG) diet, including the cleaning regime. There were care plans in place for some identified needs, and they set out instructions of how to deliver care, however, they were not in place for all identified needs. For example choking risk identified in risk assessment documents, but no nutrition care plan setting out agreed diet, and any supervision needs.

There were some policies in place in the centre that related to healthcare procedures, however, they were not available for all procedures carried out in the centre. In some cases staff were not clear on the steps they must take, and were not clear on what the procedure the policy set out. For example to ensure good practice in relation to infection control. The action for this is made under outcome 18.

It was noted that in areas such a wound care, falls and weight loss there was no clear method of identifying a change and responding to it. This resulted in lack of clarity on the steps in place to maintain resident's good health, for example a detailed wound care plan, post fall assessments or clear diet in relation to weight loss.

The inspector spoke to staff who were aware of a healthy diet when supporting residents. Some residents liked to cook or support the cooking of meals. On the day of the inspection residents were seen to be making choices around their meals.

In one of the units, meals were sent over from the main kitchen and then heated in the centre. There was equipment in the kitchen to ensure the food was heated to the correct temperature. The menu was set by the main kitchen and choices were offered to residents or made for them, following their likes and dislikes. Some families told inspectors that they felt residents were not getting a full choice over the meals they had available to them.

In the other two units, residents were involved in shopping and the preparation of meals, and said they enjoyed that.

For those with specialist and modified diets, detail was available in the service to ensure those needs were met. There were placemats that gave clear information about what

diet residents were on, and how they should receive their food and drinks. Snacks and drinks were available to the residents at all times in line with their dietary requirements.

It was observed by inspectors that residents did not sit down at the same time for their meals, and were served at different times. Many needed support with eating, and this was seen to be done in a sensitive manner.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found there were policies and procedures around the safe administration of medication. However some improvement was needed in recording, prescription orders, and storage.

There was a policy in place for the administration of medication which did cover key areas such as receipt, safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal.

Only nursing staff administered medication, and those spoken to confirmed they had completed medication training through an online refresher course. It was noted however, that staff spoken with were not clear on the policy for 'as required' (PRN) medication.

Where crushing of medication was required, it was clearly indicated on the medication record and signed off by the prescriber. This was also the case where residents were receiving oxygen. However, a check was needed to ensure all medication had been prescribed formally and was in date.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete in most cases, but improvement was required in relation to recording medication that may vary on a daily basis, recording errors (crossing out of entries), and where medication was leaving the premises.

The inspectors observed that the medication storage was in the office in the houses. It

was either a cupboard or medication trolley that locked securely. A staff member kept the keys at all times. One resident was self administering their medication, and the inspectors saw that they had secure storage for their medication. It was noted that there was significant variation in the temperature recordings of the fridge, and also some short shelf life medication was not dated to the date it was opened.

The resident self administering had completed a risk assessment about their ability to manage their own medication, and signed a declaration to agree to follow the centres policies about storage and taking their medication. Evidence showed this had been recorded.

Staff reported that the pharmacist was available to provide support if they needed it. Staff confirmed an audit had been carried out, but were not able to locate a copy on the day of the inspection.

The management team reviewed the audits, and also undertook an audit of the use of any of the psychotropic and 'as required medication' (PRN) to ensure use was in line with good practice. Minutes showed that the results were examined and a root cause analysis was carried out.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found there was an established management structure in place, with the roles of staff clearly set out and understood. However, improvements were required to ensure effective clinical governance and management of the centre at unit level.

There was a management system in place on the day of the inspection which supported the delivery of services. The provider had established monthly regional management meetings, quality and safety committee, residential quality improvement and the supervisors forum meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The role of the person in charge was carried out by the programme manager who was supported by the residential coordinator. He was appropriately qualified and had continued his professional development. He was full time in the role and met the requirements of the regulations.

Inspectors found that there were appropriate deputising arrangements in place and there were robust on call arrangements in place.

However, the systems in place to ensure suitable clinical governance and operational management of the designated centre in the absence of the person in charge at unit level required improvement. Issues identified by inspectors in outcome 1, outcome 5, outcome 11, and outcome 12 could lead to poor outcomes for the residents, and provided evidence that there was not enough governance and oversight in the centre to ensure it was meeting the needs of the residents and meeting the regulations consistently.

An audit on the service was completed by the quality and safety department within the organisation. These were un-announced visits and took place up to twice a year. Inspectors reviewed the audits and the action plans which included risk and quality. At the time of the inspection, only a small number of the actions in the report had been progressed, for example collation of dysphasia plans and staff training.

At the time of the inspection, an overall report of the quality and safety of care and support in the designated centre was not in place, or available to 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:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of the team leader and residential services manager to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection, there was sufficient staff to meet the needs of each resident. They were involved in a range of activities, including supporting residents to travel to day services, taking part in sensory activities and accessing communities.

There were some examples of staff being redirected to support other service users and other services, but at the time of the inspection this had not resulted in negative outcomes for the resident. However the person in charge was clear of the need to

ensure adequate staffing levels to meet the health and social needs of the residents using the service.

Records of maintenance being carried out in a timely manner were seen, and the buildings were seen to be free from hazards during the inspection.

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:

Inspectors found there were appropriate staff and skill mix in place to meet the assessed needs of residents, and residents received continuity of care. Staff were provided with up-to-date mandatory training, however some improvement was required in providing evidence that staff had completed specialist training in relation to specific care needs of residents.

Training records were held centrally, and these were reviewed by inspectors. The records read outlined the actual and planned training for all staff. The records confirmed all staff in the centre had completed up-to-date training in fire safety, safeguarding and safety and manual handling, or were booked on a course in the near future.

There was evidence of other training completed that included the safe administration of medication, diabetes management, non violent crisis intervention. However, it was not clear on the day of the inspection what specialist training nurses had completed in relation to the residents needs. For example management of tracheotomy care.

Staff files were reviewed and met the requirements of Schedule 2 of the Regulations 2013. The person in charge had ensured that staff were aware of the Regulations and copies of the Regulations and Standards were provided in the designated centre for the staff and residents.

There were appropriate arrangements in place to ensure that staff were supervised on an ongoing basis. A sample of performance reviews for staff were read by inspectors. A programme of supervision was in the process of being rolled out for all staff, and records of the initial meetings with some staff was read by inspectors.

A number of residents had one to one staffing arrangements in place. There was a mix of nursing staff and care assistance in place for the other residents. At the time of the inspection, the clinical nurse manager for one of the units was off, and had not been replaced. This impacted on the oversight of the practice in the centre, as the nurse in charge was included in the rota, and was completing care tasks. Extra staffing for one resident had also been moved from time allocated to another resident. The action for this is made under outcome 14 on sufficient governance and oversight of the centre.

Judgment:

Substantially Compliant

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:

Inspectors found that most policies required by Regulations were in place, and overall, records were accurate and, up-to-date. However, improvements were needed in availability of policies and staff understanding of them.

The provider had developed most of the written operational policies as required by Schedule 5 of the Regulations. However, staff required additional education and training to ensure all policies were implemented in practice. For example, the medication policy (see outcome 12), the risk management policy (outcome 7) and the complaints policy (outcome 1).

There was no policy for infection control on the day of the inspection. Also staff were unclear on other policies and did not know where they were stored in the designated centre.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An up-to-date insurance policy was in place for the centre which included cover for

resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
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 Limited
Centre ID:	OSV-0003591
Date of Inspection:	25 March 2015
Date of response:	11 May 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The records of complaints did not contain the complainants satisfaction.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

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:

1. The person in charge will maintain a revised complaints log. This log will maintain a record of all complaints including details of any investigation(s), outcomes & any action taken on the foot of complaints.
2. The person in charge will review all current complaints in the complaints log and update the status of each complaint. The status of each complaint will reflect any investigation, outcomes or actions taken on the foot of complaints.
3. Each complaint will now record whether or not the complainant, resident or their representatives (as applicable) were satisfied with the outcome of the complaint.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

There was no nominated person to ensure complaints were recorded and responded to as per the Regulations

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

1. The CMN2 will ensure that all complaints are logged and resolved at a local level where possible. Where this is not possible, the complaint will be escalated to the complaints officer. The progress of the complaint will be communicated to all stakeholders.
2. A local complaints procedure will be drafted to include the nominated person.
3. The Statement of Purpose will be updated to include all recommendations including a clear guide to the complaints policy.

Proposed Timescale: 1. 31/07/2015 2. 31/07/2015 3. 31/05/2015

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:

There was no agreement in place setting out the terms and conditions of the placement, including services to be provided and fees.

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:

1. Support Agreements will be put in place for all residents setting out the terms and conditions of the placement, including services to be provided and where appropriate the fees.

Proposed Timescale: 30/09/2015

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:

Personal plans for residents health care needs were not comprehensive enough to guide practice and the most up-to-date recommendations of allied health professionals were not incorporated into the care plans for residents.

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:

1. The person in charge in conjunction with the clinical nurse manager will ensure that a critical information document is in place for each resident. This will incorporate any recommendations from all relevant allied health professionals. The document will ensure that all staff members are aware of the required support needs of each resident.
2. The person in charge will coordinate a review of the personal planning format.
3. A revised personal plan will be put in place for each resident to ensure their assessed health needs are met & where required recommendations of allied health professionals are comprehensively incorporated into these plans.

Proposed Timescale: 1. 29/05/2015 2.16/04/2015 3. 27/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout did not meet the needs of residents in all cases, as access with equipment in one bedroom was limited.

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:

1. An assessment of the resident's bedroom will occur to review appropriate access when manual handling and mobility aids are been used in the bedroom.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Equipment required for use by a resident and staff for bathing was not available.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1. A Multi-Disciplinary assessment of the bathing strategies and bathroom facilities for one resident will take place.
2. The outcome of this assessment will be considered by the Person In Charge (PIC), to ensure residents have access to bathing facilities in the designated Centre

Proposed Timescale: 1. 30/06/2015 2. 31/07/2015

Theme: Effective Services

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

Some areas of the designated centre needed attention to assure they were clean and

suitably decorated.

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:

1. The person in charge will conduct a review of all cleaning schedules for the designated centre to ensure all areas are clean.
2. The Person in Charge will ensure a revised schedule of improvement and decoration is developed for the designated centre.

Proposed Timescale: 1. 29/05/2015 2. 30/06/2015

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:

Improvements were required in the documentation of controls to manage identified risks.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

1. The person in charge will review the risk management policy for the designated centre to ensure they are up to date and include the measures and actions in place to control the risks identified.

Proposed Timescale: 15/05/2015

Theme: Effective Services

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

No policy on infection control was available and staff knowledge varied on procedures to follow.

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. The person in charge will coordinate the review of all local operational policies, procedures and protocols relating to infection control.
2. A schedule of refresher training in infection control for all staff will be completed.
3. The staff team will receive infection control training as per the training schedule.

Proposed Timescale: 1. 31/07/2015 2. 30/04/2015 3. 29/05/2015

Theme: Effective Services

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

Training did not include fire control techniques such as use of extinguishers, and learning points from drills had not been followed up.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

1. The use of fire extinguishers will be part of all fire training for staff members with immediate effect.

2. The clinical nurse manager will review fire drills, outcomes & learning at the staff team meeting to ensure all learning from these drills has been integrated into current fire evacuation plans of residents.

Proposed Timescale: 1. 14/05/2015 2. 29/05/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behaviour support plans setting out how interventions would be implemented were not in place for all resident who had behaviour that challenges. Also recommendations made by professionals were not always included in behaviour support plans that were available.

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:

1. Behaviour support plans will be reviewed by the multi-disciplinary team to ensure that all recommendations are included in plans.

2. The person in charge will coordinate a review meeting with the staff team to ensure all staff members are aware of how to implement agreed behaviour supports.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

Not all restrictive procedures in use in the designated centre were documented, and therefore it was not possible to see if they followed national policy and evidence based practice.

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:

1. An audit of all restrictive practices will take place and a restrictive register will be formalised by the person in charge to ensure all restrictive procedures are recorded and monitored.

Proposed Timescale: 30/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans did not provide sufficient detail to ensure staff were clear about how to meet residents healthcare needs. This included responding to residents changing needs.

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. The person in charge in conjunction with the clinical nurse manager will ensure that a critical information document is in place for each resident. This will incorporate any recommendations from all relevant allied health professionals. The document will ensure that all staff members are aware of the required support needs of each resident.

2. The person in charge will coordinate a review of the personal planning format.

3. A revised personal plan will be put in place for each resident to ensure their assessed health needs are met & where required recommendations of allied health professionals are comprehensively incorporated into these plans

Proposed Timescale: 1. 29/05/2015 2. 16/04/2015 3. 27/11/2015

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:

Recording of medication administered to residents needed to be clearer, including doses that may vary on a daily basis, corrections on records, and medication leaving the premises. Refrigerated medication needed to be stored within identified temperature ranges, and short life medication needed to be dated on opening.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

1. All local operational procedures relating to medication management will be reviewed and updated.
2. This review will include revised procedures for medication leaving the premises, refrigerated medication needed to be stored, and short life medication needed to be dated on opening.
3. The daily recording of the medication fridge temperature will commence.
4. A full medication audit will be coordinated by the person in charge with a corrective action plan put in place regarding ordering, receipt, prescribing, storing, disposal and administration of medication where required.

Proposed Timescale: 1. 29/05/2015 2. 29/05/2015 3. 20/04/2015 4. 31/08/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Improvements were required to ensure clinical governance and operation of the centre.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

A review of clinical governance & supervision arrangements will be conducted by the person in charge as a local operational procedure & rolled out to all staff for the designated centre.

2. A schedule of clinical supervision will be identified and initiated.

3. The Person in Charge (PIC) will link weekly with the CNM1/2 for updates and will have formalised monthly meetings for review of practice and support in the operation of the designated centre.

4. The position of the Person in Charge (PIC) will be reviewed in this designated centre to ensure the effective running of the centre.

Proposed Timescale: 1. 28/08/2015 2. 28/08/2015 3. 31/05/2015 4. 28/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

there was inadequate documentation to demonstrate all training provided in relation to some of the specific needs of the residents.

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. Training logs will be updated in accordance with all relevant training that staff has received.

2. Training in specialised areas pertinent to the designated centre will be identified and will form part of all training schedules for 2015.

Proposed Timescale: 29/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies as set out in schedule 5 were available or implemented on the day of the inspection.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

1. A review of the schedule 5 policies will be coordinated by the person in charge to ensure that all policies are available in the designated centre and staff know how to access them.
2. Individual policies will be discussed in detail at staff meetings as a mechanism of education and training around that policy.
3. Specific policies such as Risk management, Medication Management and Infection Control will be prioritised for discussion.

Proposed Timescale: 1. 30/06/2015 2. 30/04/2016 3. 30/09/2015