

**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:	Philomena Gray
Lead inspector:	Helen Lindsey
Support inspector(s):	Anna Doyle
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	3

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 November 2015 09:00 To: 25 November 2015 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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

The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards of Residential Services for Children and Adults with Disabilities. Inspectors followed up on the 17 actions required at the previous announced inspection in March 2015. Inspectors met with some residents and staff, they also observed practices and reviewed documentation such as care plans, complaints logs, risk assessments, minutes of meetings and staff training records.

The centre was made up of three units, on this occasion the inspectors visited one, where 12 residents were living. The service specifically supported residents with complex needs, and so was staffed by both nursing and care staff.

Overall inspectors found that the provider demonstrated a willingness to meet the requirements of the Health Act 2007, however improvements were required to meet with the regulations.

Inspectors found there had been improvement in the centre since the last inspection. Of the 17 actions made by inspectors at the last inspection seven had been met, and nine were in progress. Improvements included the effective governance and management within the centre. There was more organisation, including clearer record keeping and staff responsibilities. Inspectors found staff to be knowledgeable about residents' needs and were observed to treat residents in a dignified manner. Medication systems reviewed showed staff had a clear understanding of the systems and had guidance around specific interventions for residents.

Improvement was needed in a range of areas, but inspectors found that all areas raised at the last inspection were being addressed. A number of procedures had been reviewed by the provider and new systems were being rolled out, with the intention of improving the assessment of residents needs, and then keeping those needs under review to ensure they were being met. The complaints procedure, risk assessment procedure and incidents and accident procedure were also undergoing change, with the intention that the changes would bring improvements. The contract was also being updated to make it clear what was included in the fees for the service. The annual plan was in development using the findings from the unannounced inspections. Although a number of the areas for improvement remain outstanding, there was evidence the provider was working towards meeting the regulations.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall inspectors found some improvements since the last inspection, however there were still outstanding issues that required attention.

There was a complaints policy in place that was displayed in a user friendly format in the centre. There were three complaint officers to whom complaints should be escalated to if the concern/complaint could not be resolved locally. A flow chart in the policy outlined the actions to be taken. However it was not clear who the nominated person was to ensure that the policy was fully implemented, for example that all complaints are dealt with and recorded. This was discussed at the feedback meeting.

A new complaint form had been introduced in July 2015. This had a section on it to complete whether the complainant was satisfied with the outcome. However a number of complaints had been logged that were not recorded on the new form. Therefore it was not possible for inspectors to assess whether the complainant was satisfied with the outcome of the complaint.

During the feedback session, the provider informed inspectors that the service had completed an audit of all complaints in the centre and that the service was seeking advise from an external advocate regarding one complaint on file.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was a policy in place for the admission and discharge of residents, but the contract of care did not contain clear information on the fee's residents were to be charged. The actions from the last inspection had not been implemented. This was discussed with the provider and the person in charge at the feedback session.

From the last inspection support agreements were to be put in place for all residents in the centre. The provider informed inspectors that the draft support agreement drawn up and viewed by inspectors had the last inspection had not been implemented to date.

There was a comprehensive policy and procedures in place for admission and the discharge of residents. The residents were admitted in line with the Statement of Purpose. One new admission was planned and the unit manager was satisfied there was a detailed transition plan in place to assess the residents needs, and how they were to be met in the centre.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

implemented.

Findings:

Overall inspectors found that staff were very knowledgeable about residents needs, however residents care records did not always reflect their current needs.

This action was made at the previous inspection and though there were planned improvements, they had not been implemented to a satisfactory level. Some improvements were seen. The folders were more organised, and a system for archiving older document had been put in place. A new format for assessing and recording residents needs, and the senior staff in the centre were being trained how to use it. The person in charge hoped this would be rolled out within the two months following the inspection.

Each resident had a personal plan and a critical incident form had been completed since the last inspection that incorporated any recommendations from allied health professionals. However examples were seen in 3 of the 4 files reviewed that they did not provide clear information on the residents current health and social care needs. For example one resident who was nil by mouth did not have this recorded on the information sheet. In addition the healthcare needs of resident were not fully assessed and there were no clear health action plans to guide practice. This is discussed in Outcome 11.

There was evidence of a yearly review and staff spoken to said that health action plans were reviewed as part of this. Keyworkers completed the annual review form and goals were set for the year. However there was no evidence of how these goals were reviewed and whether they were improving the quality of life for residents. For example one resident's goal was to have multi-sensory equipment installed in their room. The plan was to refer this to an occupational therapist for assessment. However when inspectors spoke to the unit manager they outlined difficulties in accessing occupational therapy services and informed inspectors of a new goal that this resident had to go home for short visits. This however was not documented in the residents personal plan.

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):

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 that was accommodating 12 residents, and two other units provided accommodation to 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 12 residents, there was a single bedroom for each person. Some alteration had been made to the premises since the last inspection where a bedroom had been made bigger by knocking through to the adjoining room which had been used for storage. This did create a larger brighter room, but the impact was that there was significantly reduced storage space, and many items from the store cupboard were now in a quite lounge area.

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. At the time of the inspection there were 12 residents, and up to 10 staff were working to support them. At key times in the day these rooms were seen to be very busy, with up to 12 residents and 10 staff arriving to have breakfast or use the lounge and leaving for day activities. This would impact on those requiring a quiet environment for having a meal or relaxing.

There was a kitchen for the preparation and heating of meals and snacks. There was also a family room, however at the time of the inspection, one resident was making use of this room, as it was next to their bedroom. As stated above, it was also being used for storage.

Maintenance and cleaning had been carried out since the previous inspection, however some areas still required decoration. Outside it was noted that there were leaves and moss build up on the steps and wheelchair ramp, increasing the risk of slips and falls.

Two of the units that make the centre was not inspected as part of this visit as the residents had other commitments.

At the previous inspection, 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 from being reviewed. There was no evidence that any action had been taken to address this finding, and the window continued to provide clear view on to the small toilet area.

There was a range of assistive equipment available for residents, if required, that met the needs of the residents

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

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

Overall inspectors found that there were systems in place to protect the health and safety of residents, however improvements were still required.

Comprehensive individual risk assessments had completed for all residents that outlined the risks and control measures in place to reduce the risk of injury to residents. Examples of some viewed included 'use of hoist', 'slips in shower'. Examples seen were fully completed including the hazard, the measures to reduce the risk and any remaining risk following the steps to reduce it.

However, there was no risk register for the premises in place as highlighted from the last inspection. This was discussed with the provider at the feedback session who informed inspectors that this was due for completion by the end of December 2015.

Fire evacuation procedures were reviewed. A fire drill had been completed in August 2015. No actions were required from this. However residents needs regarding an evacuation were not clearly accounted for. For example a number of residents required transfer to hospital in the event of an emergency evacuation this was not outlined in the evacuation plan. In addition staff spoke with on the day were unclear about what to do if a full evacuation or a partial evacuation from the centre was required. An action from the last inspection in relation to fire training for staff had not been implemented. The person in charge informed inspectors the additional content required for fire training from the last inspection would be given at refresher training.

An adverse incident log book was maintained to record all incidences in the centre. Inspectors reviewed this and found that records were incomplete and some were reported to senior personnel while others were not. At the feedback meeting the

provider informed inspectors that this incident log book was no longer being used in practice and that staff were now to complete a different form, however there was no evidence of this form in the centre. The provider informed inspectors they were moving to a new system but the paperwork had not been available to them for a short period of time. In addition inspectors noted that one incident recorded in July 2015 had not been notified to the Authority. This is discussed under Outcome 9.

Inspectors observed that there were measures in place for infection control, for example the provision of personal protective equipment, and also a clear system of testing food temperatures when food was heated. There were also local procedures in place relating to a range of healthcare needs of residents in the centre that included the infection control measures to be followed. For example procedure for suction and administering insulin.

Updated training records were requested and submitted to the Authority after the inspection as they were not stored in the centre. This is discussed under Outcome 17.

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):

Findings:

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Improvements had been made since the previous inspection, however implementation of guidance needed to be reviewed.

Inspectors followed up the actions that the provider had committed to take following the last inspection.

Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner. Inspectors observed that staff knew the residents well and knew how to support them if they were becoming anxious or upset, which had a positive impact on the residents wellbeing.

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 set out the residents needs and preferences where they were known.

As stated in the last reports, relatives continued to say they did not understand how allegations of abuse were investigated, and this was fed back to the person in charge.

Inspectors found that there were detailed plans in place that set out how residents were to be supported if they became anxious or upset and became involved in self injurious or other behaviour. The records were clear and information was easy to access. However, it was not possible to see in all cases whether the plans were fully implemented, as some monitoring documentation had not been completed fully, therefore inspectors could not judge if they had been followed. For example where a resident required regular checks to ensure they were safe, the times of the checks did not match the recommendation.

Financial records of two residents were reviewed and seen to provide clear and transparent information.

Judgment:
Substantially Compliant

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:
Overall inspectors found that a record was being maintained in the centre, however there was no evidence of all incidents being reviewed. This is discussed in Outcome 7. In addition inspectors noted that one incident logged where a resident had been admitted to accident and emergency did not match the information submitted to the Authority.

Judgment:
Substantially 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):

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

Findings:

Overall inspectors found that staff were knowledgeable of the residents needs, and responsive where there were changes to people's health however improvements were still required.

As part of the last inspection, the person in charge had outlined that a new personal planning process would be developed to ensure that all residents assessed needs were supported. The manager of the unit informed inspectors that this action was on-going. The service manager was currently assessing the effectiveness of a number of personal plans and that once complete this plan would be implemented for all residents.

Staff were observed to be providing support to residents, observing their presentation and responding appropriately when there was any change. They were seen to do this in a caring way, ensuring the residents were kept as comfortable as possible.

Personal plans reviewed by inspectors found that some improvements had been made with the implementation of a critical information sheet. However, there were still gaps that meant there was a risk of residents needs not being assessed or met.

There was no annual comprehensive assessment of healthcare needs, carried out by a healthcare professional, and only some health action plans were seen to guide staff. While inspectors noted that some plans had improved. Some personal records were incomplete and out of date.

For example, the nurse manager brought inspectors through one residents plan and information was in the plans that was no longer relevant and did not guide practice. For example one resident had been prescribed an enema, there was no guide for staff as to when this should be administered. In addition the epilepsy management plan viewed was last reviewed in 2014 and it did not document how this resident presented during a seizure and when to give rescue medication. Other residents were noted to have been referred for occupational therapy, but records did not make it clear if the required assessment had been carried out. Staff stated that access to this service could be difficult.

As at the previous inspection a large number of documents were not signed or dated so it was not possible to assess if they were current, or historic details.

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):

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

Findings:

The inspector followed up on the areas where the practice was not meeting the regulation at the last inspection.

Improvements had been made to the storage and dating of medications. Clear records were in place for residents who were needed emergency rescue medications. Staff knowledge was seen to be good, and they knew about recent changes to residents medication regimes.

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

Findings:

Inspectors found there was an established management structure in place, with the roles of staff clearly set out and understood. However some improvements were needed to fully meet the regulations.

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. There was also a unit leader in the centre who had a detailed understanding of the day to day running of the centre, and was focused on ensuring the needs of the residents were being met.

Inspectors found that there were appropriate deputising arrangements in place and there were robust on call arrangements in place. The senior member of staff on duty during the inspection knew their role and also how to contact senior managers if required.

People being clear of their roles, and there being clear procedures in place to address a range of areas was an improvement from the previous inspection. The decrease in the areas where the regulations were not being met showed a commitment by the provider to improve the centre for the residents who lived there.

Audit on the service continued to be completed regularly by the quality and safety department within the organisation. These were un-announced visits and took place up to twice a year. Although the most recent report was not available, staff were clear the visit had been carried out, and were working on improving the residents records to ensure they reflected their current needs.

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, this action remained outstanding from the previous inspection.

Judgment:
Substantially 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):

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

Findings:

Overall inspectors found that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents, however improvements were still required in staff training.

Training records for staff were not stored in the centre and were submitted to the Authority after the inspection. Inspectors reviewed these and found that training had taken place for some staff in infection control since the last inspection. However, there was no evidence that staff had received any additional training in relation to the specific needs of the residents in the centre. This had been an action from the last inspection.

Staff had the relevant mandatory training however three staff had not received refresher training in safeguarding of vulnerable adults. In addition refresher training for the management of challenging behaviour had not been provided for some staff.

Agency staff were employed within the centre and the person in charge assured inspectors that agency staff are required to have completed mandatory training in safeguarding vulnerable adults and fire safety as per their service level agreement with the agency provider.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Overall inspectors found that the actions from the last inspection had been implemented however there was an incomplete list of the scheduled policies and procedures stored in the centre.

Inspectors did not review all 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. However as follow up to the last inspection inspectors found that some of the policies and procedures set out in schedule 5 of the regulations were not available in the centre. For example inspectors could not access the policy on infection control. This was submitted to the Authority after the inspection date. In addition the records required under Schedule 3 of the Regulations were maintained but were incomplete. This is discussed in under Outcome 5 and Outcome 11.

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 November 2015
Date of response:	06 January 2016

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 complaints logged had no outcomes recorded and it was not evident if the complainant was satisfied with the outcome.

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

1. Action Required:

Under Regulation 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:

The complaints log now contains the new revised version of the complaints form where outcomes and complainants views are recorded.

Proposed Timescale: 18/12/2015

Theme: Individualised Supports and Care

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

It was not evident who the nominated person to ensure all complaints were dealt with and recorded.

2. 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:

The Registered Provider will nominate a person other than the complaints officer to be available to residents and to ensure complaints are appropriately responded to and the records maintained.

In the interim, the Quality and Safety Committee oversee the recording and monitoring of complaints. A member of this committee will be nominated to be available to resident's and to investigate, depending on the nature of the complaint.

Proposed Timescale: 18th March 2016, 4th January 2016 - complete

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 agreements in place that set out the services provided and any costs that a resident may incur.

3. Action Required:

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

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

The contract of care/Support agreements which includes the services provided and incurring costs will be place for all residents.

Proposed Timescale: 18/03/2016

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:

There was no evidence of how social care needs were reviewed to assess their effectiveness.

4. Action Required:

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

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

Personal Outcome Measures and goals which identify social care needs of residents will be reviewed twice yearly, this will be documented in the residents personal plan.

The resident and their keyworker will meet monthly to discuss and progress the residents goals, the minutes of these meetings will be available in the residents personal plan.

Proposed Timescale: 20th May 2016; 29th February 2016

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 and social care needs were not comprehensive enough to guide practice.

5. 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:

All personal plans will be reviewed to ensure the residents assessed needs are identified and staff are aware how to support the residents.

All old and out-dated information will be removed from the personal plans are archived.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no annual assessment of residents healthcare needs carried out by a health care professional.

6. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All health assessments will be reviewed and updated by the resident keyworker. They will include all input from allied health professionals and will be updated annually or more frequently if the needs of the resident change.

Proposed Timescale: 18/03/2016

Outcome 06: Safe and suitable premises

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.

7. 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:

Cleaning schedules will be revised to ensure all areas that require attention are addressed both internally and externally.

Proposed Timescale: 29/02/2016

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:

The system in place for risk assessment did not include all risks throughout the designated centre, and the organisations system for recording incidents was not being followed.

8. 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:

The Risk Register for the Designated Centre is in place.

All incidents will be reported and recorded appropriately at the time of the incident.

A review of these incidents will be undertaken by the CNM2 and fed back to staff at monthly staff meetings. This data will inform the update of the risk register.

Proposed Timescale: 30th November 2015 – Complete; 1st December 2015 – Complete; 29th February 2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all therapeutic interventions were fully implemented.

9. 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:

All therapeutic interventions required for a resident will be implemented.

All documentation kept up to date by all staff working in the area.

The documentation will be reviewed at the monthly staff meeting.

An audit of the implementation of the therapeutic interventions in the Designated Centre will be undertaken.

Proposed Timescale: 31st January 2016; 31st January 2016; 29th February 2016; 30th May 2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An incident logged was not reported to the Authority.

10. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

All notifiable events will be reported to the Authority within the given timeframes.

Proposed Timescale: 01/12/2015

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.

11. 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:

All personal plans will be reviewed to ensure the residents assessed needs are identified and staff are aware how to support the residents.

These plans will be updated as the residents needs change to ensure that all staff are aware of the support required for the residents.

Proposed Timescale: 30/04/2016

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:

There was no annual review of the quality and safety of support in the designated centre, and so no copy was available for residents and their relatives.

12. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual report will be issued detailing the quality and safety, care and support on residents in the service.

A copy of this report will be made available to the residents and their representatives.

Proposed Timescale: 12th March 2016; 30th April 2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There had been no training provided for staff in relation to some of the specific needs of residents.

13. 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:

A training audit will be conducted to identify gaps in training for staff in specific care areas for the residents.

A schedule of training will be compiled for staff to attend.

Proposed Timescale: 29th February 2016; 18th March 2016

Theme: Responsive Workforce

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

Staff did not have access to refresher training courses.

14. 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:

Two of the three staff who required fresher training in safeguarding have completed this training. The third has been scheduled for the next safeguarding training.

All outstanding refresher training required for staff will be scheduled.

Proposed Timescale: 21st December 2015 – complete; 31st March 2016

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 of the regulations were available on the day of inspection.

15. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

All Schedule 5 policies will be available in the inspected area.

Proposed Timescale: 21/02/2016