Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003581
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Pauline Bergin
Lead inspector:	Conor Brady
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 November 2015 10:00	11 November 2015 18:00
12 November 2015 08:30	12 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 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 an inspection of a designated centre operated by St. John of God Community Services Limited (Carmona Services) and was an announced inspection. This was the second inspection of the service by the Health Information and Quality Authority (The Authority). As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, social and healthcare information, policies and procedures, local and organisational processes and protocols, audits and accident and incident records.

In total, 10 residents were residing in the centre at the time of inspection, divided between two adjacent residential units. There were two respite beds operating within this centre in addition to the residents who lived in the centre. A transition plan was in process which was going to move a number of residents out of this centre to a community based home owned by the provider. The majority of the residents attended day services or had planned activities during the day. This will be discussed further in the report.

Overall, the inspectors found that residents received a quality service in many areas and staff presented as caring on this inspection. However, a number of areas for improvement were identified in order to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

For example inspectors found a number of non compliances in the areas of;

- Safe and Suitable Premises
- Health, Safety and Risk Management
- Social Care Needs
- Safeguarding and Safety
- Healthcare
- Governance and Management

These areas along with all areas inspected whereby both compliance and non compliance was found will be outlined in the main body of this report and accompanying action plan.

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:
The rights and dignity of residents was, for the most part, promoted however the privacy of one resident was observed to be compromised on this inspection.

In pre inspection questionnaires, relatives had indicated that residents' privacy and dignity was respected. Throughout the two day inspection members of staff were seen interacting with residents in an affectionate, caring and professional manner. Staff members supported residents respectfully during meal times while personal care was carried out in private.

Staff were observed treating residents very well and clearly knew the residents well and were observed providing good levels of care and support.

Resident meetings were facilitated by staff and took place in both units of the designated centre on a weekly basis. Issues such as activities, food and maintenance were on the agenda for these meetings. A local procedure relating to residents' personal property and possessions had recently been introduced in the centre. As a result lists were maintained of all residents' possessions.

The designated centre had a complaints policy in operation. Along with information on advocacy services, the procedure relating to complaints was displayed prominently in each unit of the centre with the complaints officer clearly highlighted. Inspectors reviewed the complaints log and observed complaints were facilitated and followed up on by the person in charge and members of the management team.

At the time of inspection there was one open complaint made by relative who expressed concern that the privacy and dignity of a resident was not maintained. The person in charge informed inspectors that she had discussed this matter with staff and encouraged staff vigilance to ensure privacy and dignity was maintained. However a resident was observed to be in a state of undress sitting in a hallway in one of the units by an inspector. Inspectors highlighted this to staff to address immediately as this resident's privacy was observed as being compromised.

Judgment:
Substantially Compliant

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:
Inspectors found that residents were facilitated to communicate appropriately based on their communication abilities.

There was a communications policy in place and residents had communication personal passports implemented. These included guidance for staff working with residents as to how to communicate with residents with specific needs. Inspectors reviewed residents who had been assessed by a Speech and Language therapist and found assessments and guidance in place for such residents. For example, residents who were supported by verbal cues, sign language, hand over hand instruction and communication technology.

Residents had appropriate access to televisions, phones and newspapers. Staff spoken to were aware of residents communication needs and were observed communicating with all residents' in a manner that was dignified and respectful.

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. Inspectors found that family engagement and communication was well promoted in the centre. Inspectors noted that while some residents had good opportunities for access to the community others did not.

Inspectors found that some families were very involved in the centre and a clear communication channel was open and apparent in terms of family visits, phone contact and residents going to visit families. Residents had pictures of their families in their bedrooms and some families assisted in the design of resident's rooms.

Inspectors found that while some residents had access to the community and regularly went on community outings to pubs, restaurants, shopping and walks, some residents did not have such activities regularly in their lives. While some residents attended a day service others remained in the centre for considerable periods of time and had limited opportunities to pursue activities in the community. For example, residents with more complex support needs were observed not to have the same access opportunities and links to the community.

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:
While admission and discharge policy was in place residents did not have contracts for the provision of services in place that were signed, agreed and inclusive of the fees charged.

Inspectors found that there were no planned admissions for the centre and that the centre was not admitting any residents. However the centre did provide respite on an on-going basis in set respite rooms within the designated centre. In looking at respite

admission the inspectors found that some residents utilising respite did not fit the profile of other residents in the centre. For example, a young female resident was spending her time in a unit with a number of older male residents whom staff and management highlighted that she had nothing in common with. Management stated respite practices were being continually reviewed. Inspectors found there were no contracts in place for respite residents.

The inspectors reviewed a sample of (permanent) residents contracts which had been formulated since the previous inspection. These contracts did not clearly outline the services received by residents and the fees charged.

Judgment:
Non Compliant - Major

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:
Inspectors found that while each resident's social care needs were considered in this centre and each had a personal person plan in place, further improvement was required to ensure social care needs were consistently met for all residents in this designated centre.

Inspectors reviewed a number of personal plans and found that some included detailed assessments of resident's needs, wishes and preferences. Inspectors observed some residents leaving the centre to attend day services and going on social outings, lunches and activities. Some residents clearly had good opportunities and in reviewing daily activity schedules and speaking to residents and staff it was clear that some residents did have good opportunities for social activities in their lives.

On reviewing other resident's plans the levels of activation from the designated centre was not as apparent. For example, in comparing one resident's weekly activity schedule (which highlighted a number of weekly activities) with their progress note recordings it was found that this resident did not have a full schedule of activities with most of the

recordings highlighting 'drive' or 'dinner and dvd' as opposed to the numerous activities highlighted in the activation plan.

Another resident did not leave the designated centre (by choice) and was highlighted in a previous inspection as requiring further internal activation While some measures had been taken, further social activity options and activities were required for this resident.

Inspectors found that one resident's personal plan highlighted the need for a SALT assessment which had not taken place as was required. The Clinical Nurse Manager stated he did not know why this had not happened yet. Other examples where residents did not have appropriate care plans in response to identified health needs are given under outcome 11.

While a new social care assessment template had been introduced since the previous inspection the inspector found large parts of these assessments were being left incomplete. Inspectors found that there was an unbalanced emphasis on residents' clinical/healthcare needs with the emphasis on their social care needs assessments being given much less consideration.

The inspector found that while some action planning had been completed regarding residents social care plans, some assessments and person centred plans had not been clearly delegated or implemented. For example, residents who highlighted going on holidays as an objective had not been facilitated to do so.

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:
The inspectors found that this designated centre was a large and old building which had previously been home to many more residents but the numbers of residents had been reduced considerably over the years. The centre provided residential services to eleven residents at the time of inspection. While some parts of the designated centre were meeting residents' needs it was clear that this centre was not purpose built and improvements were required in a number of areas to ensure this designated centre was suitable for all residents.

This designated centre was divided into two units. One unit was providing a home to three residents with one respite bed also operational within this unit. Inspectors found that the residents' bedrooms in this centre were well designed and individually decorated. Inspectors noted the standard of the respite bedroom was lower in terms of décor, design and ventilation. This room was musty or damp and there was a noticeable musty odour when inspectors entered the room. This room was considerably bare and did not contain much additional furniture other than the bed.

The other bedrooms were of a good size and standard. One resident's room had a cupboard door hanging off in this unit that required repair. This unit had a kitchen, dining and living area that met residents' needs. There was a quiet room/area for residents who preferred a low arousal environment with accessible switches for lights and music and comfy chairs and bean bags for residents to relax.

The other unit was a long ward style corridor with bedrooms coming off this long corridor. Bedrooms in this unit were of a variable standard. For example, one bedroom was large and very well decorated to an individual's tastes and provided ample storage and space for this resident. For example a leisure area located off the bedroom for the resident to draw, do artwork and listen to music.

Other residents' bedrooms, while clean, were not individually decorated to a similar standard and were very small in comparison. For example, the next room on the corridor was home to a resident who was over 6 foot tall and it was a much smaller room. Inspectors found that only one resident had a double bed and this occurred due to family advocacy seeking this bed as this resident was also very tall. Inspectors found that many residents' bedrooms were too small to accommodate a double bed. The respite room in this centre was very basic in design and standard. It consisted of a bare room with a high low bed and a crash mat rolled/wedged around a bed rail. This was not appropriate use of equipment.

There were two kitchens in one unit which were of a basic standard. One kitchen was not used at meal times while the other kitchen was too small to accommodate all residents. For example, the kitchen table did not accommodate all residents as there were not enough chairs. The kitchens were small and of a very old and dated design.

While there was a sufficient number of baths and showers in this designated centre the standard of these required improvement. There were baths in the centre that residents were supported to use regularly. The shower room in one unit was approximately 3ft x 7ft and had saloon style doors which did not ensure privacy. In reviewing personal intimate care plans of residents, and discussing this matter with the Clinical Nurse Manager (CNM), it was clear residents who required 2:1 support in the shower could not be appropriately supported in this space. The inspector found that the design of this shower room did not permit staff to support residents requiring 2:1 supports or implement safe manual handling practices in moving residents. In another bathroom the inspector noted the magnetic locking mechanism on a fire/safety door was hanging off the door by the cable. This required repair.

Regarding waste disposal the inspectors found that the arrangements in place were

unacceptable. Each residents' bathroom contained incontinence waste bins. Inspectors found a strong odour coming from these bins in one bathroom. In discussing this with the CNM it was found these bins were emptied only twice per week. This was insufficient as these bins were being used every day for multiple residents incontinence wear. The inspector found this practice to be undignified and unhygienic and these bins required to be emptied more frequently. The inspectors found that this issue had already been found and highlighted by this providers quality team audit unannounced visit in November 2014.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The actions from the previous inspection had been addressed however the identification and management of risk required review. In addition the evacuation procedures of two residents required review.

An emergency plan, health and safety statement and risk register were in place. Since the previous inspection a risk management policy had been enacted. This policy provided for the measures and actions to control certain risk specified by the Regulations such as self harm and accidental injury. The policy provided for a proactive and reactive response to risk however it was apparent that in some circumstances risk was not being adequately assessed or responded to.

Since July 2014 two residents had suffered falls resulting in ankle fractures. At the time of these falls both residents had previous recorded instances of falls and balance issues but no falls risk assessments were in place for either resident at the time of suffering these fractures nor was one conducted afterwards. The absence of such risk assessments was queried with multiple staff members who were not aware of same.

In particular one of the residents had been reviewed by a physiotherapist in October 2014 following two falls. The physiotherapist highlighted the difficulty this resident was having in "step negotiation" and stated that this was an area that was in need of review. This same resident suffered another fall in February 2015 while coming down a step before again falling in July 2015 coming down the steps of a bus resulting in an ankle fracture. The lack of risk assessment and control measures in this case was found to be unsatisfactory.

As a result of the fracture the resident received a cast and a care plan around this was put in place. However at the time of inspection the cast had been removed and the resident was again mobilising but no falls risk assessment had been carried out. Staff members spoken were aware of this resident's balance issues and evidence was shown to inspectors that the resident had been referred to an Occupational Therapist for review with correspondence dated 5 November and that this referral had high priority status.

The second resident had suffered an ankle fracture in July 2014 and had four recorded falls in the twelve months before this. The resident had also suffered two further falls in June and July 2015 which did not result in an injury but a falls risk assessment had again not been carried out following any of these incidents. The absence of risk assessments was brought to the attention of the person in charge on day one of inspection who subsequently carried out risk assessments for both residents.

Inspectors were also concerned regarding the management of risk for two residents with a history of pica (eating inedible objects). For example one resident did not have a risk assessment in place regarding his general environment with most of the focus in this area placed upon the use of a restrictive garment as will be discussed under Outcome 8. In relation to the second resident inspectors were told by the CNM that latex gloves were locked away in the unit where he resided. However latex gloves were observed in one of the bathrooms in this unit. An inspector immediately requested that these be removed and locked away.

In relation to fire safety training deficits since the previous inspection had been addressed. Staff members spoken to were aware of the procedure to be followed in the event of an evacuation which was displayed throughout the centre. Fire drills had been conducted for both units of the centre with records maintained. Daily staff checks were being carried out while inspectors observed that fire exits were unobstructed and emergency lighting was operational. Fire extinguishers, emergency lighting and the fire alarm system were subject to maintenance checks at the required intervals.

All residents had personal evacuation plans in place. However it was noted that two residents could be resistant to leaving the centre in the event of an evacuation being required. Inspectors found that the evacuation arrangements that were outlined for these residents required review to ensure that they were evidenced based.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that while residents presented as safe and well cared for, further improvements were required regarding the safeguarding operational processes within this centre. In addition, some improvements were also required in the area of positive behavioural support of residents with specific and complex behavioural support needs.

Inspectors found an Interim Safeguarding Policy in place and found that the person in charge and person participating in management (who was also the designated liaison person) had a system in place that logged safeguarding referrals pertaining to the designated centre. However this process did not fully capture all safeguarding referrals as inspectors were informed that this system was managed by other persons within the organisation previous to the current person in charge and designated liaison person.

In addition, inspectors found that preliminary screenings were being signed off outside timeframes set in organisational safeguarding policy. There was not evidence of an appropriate system in place that took ownership of a full organisational investigation following preliminary screening should this be required. While this area was being looked at and provisional contact had been made with the Health Service Executive, by the designated liaison person, further clarity was required to ensure the operational safeguarding systems were robust in this centre.

Inspectors found that staff understanding of the types of abuse and reporting mechanisms within the centre were adequate.

Regarding positive behavioural support, inspectors found a variance in the standard of behavioural support plans and guidance available for staff when managing residents who presented with complex care needs. In addition, inspectors found all behavioural support plans were not being implemented as directed by clinical guidance.

In a sample of behavioural plans reviewed the inspectors found that some plans were up to date and appropriately reviewed while others were not. For example, some residents had detailed plans regarding behavioural techniques, personal and intimate care, and skills teaching techniques. However, one resident's behavioural support plan was not completed, another resident's referred to a Multi-Element Support Plan that could not be found and another resident's plan was not being implemented in practice. For example, one resident's plan referred to a behavioural skill teaching programme that was not used in the centre. Another behavioural support plan reviewed (July 2015) found that staff only implemented the appropriate reactive strategy with a resident in 6/20 incidents (30%) despite a behavioural plan being in place.

Inspectors found that while restrictive practices were used in this centre the person in charge had good oversight of same and evidence of the least restrictive interventions

being used with residents. For example, a resident who wore a restrictive garment who displayed complex behaviours had been trialled with a number of alternative options according to this resident's care plan.

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 her obligations to notify the Chief Inspector of certain adverse events or injuries. Inspectors reviewed an accidents and incidents log and found that all notifiable events had been submitted to the Chief Inspector within the required timeframes.

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:
Residents reviewed were found to have a good quality of life with caring staff who were pursuing residents' needs, wishes and preferences to promote their general welfare and well-being.

Some residents' attended day programmes and were observed enjoying a good rapport with the bus driver coming and going to their services. Residents presented as happy and content. While some residents attended set programmes other residents' were

activated from their homes in the designated centre. Some residents were observed pursuing outings and visiting their communities for individual interests and social outings.

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

Findings:
The assessment and documentation of residents' healthcare needs continued to need improvement while inspectors found that some healthcare needs were not met on a consistent basis.

Records seen by inspectors indicated that residents had good access to a General Practitioner and other allied health professionals such as physiotherapists and dietician. On the first day of inspection one resident was observed to be taken for a dentist appointment. There was also evidence of follow up to meet the needs of residents while appropriate care was provided for issues such as the ankle fractures for residents referred to in Outcome 7. Residents were also supported to buy and cook their own food where appropriate.

However improvement was needed in the documentation of health assessments and care plans. One resident was stated as requiring a modified diet however when inspectors inquired as to where this recommendation came from there was no assessment evident. Another staff member stated that a resident with gastritis must wait 20 minutes between eating and drinking. Again no record of any recommendation or assessment was evident for this resident.

When attempting to find this recommendation two members of staff showed inspectors a SALT recommendation stating that the resident should remain upright for 30 minutes after eating and drinking. In practice this was not happening owing to resistance from the resident to remain in such a position. To mitigate the difficulties this caused, a tilted bed had been provided for the resident which was a positive and proactive step. However neither the use of this bed nor the 20minute interval between food and drink was documented in any care plan for this resident which did not promote consistent care giving in this regard.

It was noted in particular that residents' nutrition care plans were not sufficiently detailed and recommendations around matters such as preferences, consistency and food fortification were not consistently included in care plans. However it was observed that staff members were aware of the needs of residents and provided nutrition in line with the recommendations from allied health professionals.

It appeared in some instances that the residents were reliant on long established staff members' knowledge to meet their healthcare needs without the presence of appropriately detailed care plans to guide staff. The absence of such plans could pose a significant risk in the event that unfamiliar staff are employed in the designated centre. The inadequacy of residents' careplans is actioned under Outcome 5.

In addition there were also instances where appropriate healthcare was not provided for. One resident who was observed as being very slight had a recommendation from a dietician to be weighted every 2-4 weeks. While in recent months this resident was being weighted on a regular basis it was noted that during a period from October 2014 to February 2015 the resident was only weighted on one occasion. When this was discussed with the Clinical Nurse Manager inspectors were informed that this occurred because the weighing scales in the unit of the centre where the resident was living was broken.

Systems for monitoring residents' healthcare needs required improvement. Inspectors reviewed records for a resident who had previously developed an infection and had been receiving medication for this. Although the medication had since been discontinued a daily checking process was highlighted as being carried out. However it was observed by inspectors from the documentation that this infection had returned. When highlighted to the nurse, the GP was contacted during the inspection. Improvement was required to ensure that remedial action was taken in a timely way.

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 documentation around medication was in need of review however medication was observed to be administered in line with best practice at the time of inspection.

Secure storage was used in both units of the centre and adequate provision was made

for the storage and disposal of unused or out of date medication. Recorded levels of medication were found to match the medication stock present in the centre. Best practice was followed during the administration of medication which was observed by inspectors. All staff administering medication had undergone the necessary training while more members of staff were in the process of receiving such training.

Prescription sheets and administration records were reviewed by inspectors. The medication records relating to permanent residents were found be legible to staff and contain most of the required information. However some omissions and errors were noted by inspectors. For example the route of administration for one medication of a resident was not provided for on the prescription sheet while the max dose of a PRN medication was not stated on the prescription sheet of another resident. The medication records of respite residents were also reviewed. These were presented in a different format and were also missing some information such as residents' photographs.

No resident in the centre was in receipt of crushed medications however the prescription sheet of one resident stated that medication was to be given "crushed in chocolate mousse/yogurt". This was brought to the attention of the Clinical Nurse Manager on duty who stated that this resident did not receive any crushed medications and the administration route stated was an error.

While reviewing resident/medication files it was also noted that protocols detailing information such as the specific criteria for use were not in place for all PRN medications. Per the medication policy in operation in the designated centre all PRN medication required a written protocol.

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 reviewed the statement of purpose and found that it contained a contradiction regarding the admissions process in operation and emergency admissions within the designated centre. This contradiction was brought to the attention of the person in charge and inspectors were subsequently provided with a statement of purpose which contained all the information as required by the Regulations.

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 were satisfied that there was an appropriate management structure in place however further oversight was required from a frontline management perspective to ensure all residents were appropriately supported in the delivery of safe care and services.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge was suitably qualified and experienced and met the requirements of the Regulations. The person in charge had oversight and responsibilities for two designated centres based on the provider's campus.

The person in charge was supported in her role by a programme manager whom she met on a regular basis. In addition a CNM was present in the designated centre. The person in charge outlined several changes that were going to be happening such as staff recruitment and de-congregation and re-development plan (which were submitted to the Authority)

There was a system of management team meetings which provided reports to the nominated provider. There was an active quality and safety department in place which provided guidance and support to the person in charge on managing areas of risk and compliance with the Regulations. The quality and safety department had devised a system of unannounced audits which examined the centre compliance levels and did evidence changes made in the centre. Regular (bi-monthly) updates were also provided to the Quality and Safety Committee. However, as evidenced in a number of non-compliances in this inspection report there was evidence found of areas whereby areas of non-compliance identified were not addressed by the provider to a satisfactory standard. For example, risk management, safeguarding, social care needs and premises suitability.

A brief local annual review was devised by the person in charge in the absence of an organisational template for same. This showed a good commitment to governance and oversight but required some improvement to ensure the consistent use of all resources to provide a substantive overview of the safety and quality of care within the designated centre.

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 there were arrangements in place for the management of the designated centre in the absence of the person in charge. There was a CNM (Clinical Nurse Manager) post at the time of inspection and the person in charge highlighted additional Social care Leader posts had been sought to support her in the role. The Programme Manager and Provider Nominee had been met on previous inspections and were appropriately involved in the governance of the designated centres should an absence of the person in charge occur.

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:
As outlined in Outcome 6, Safe and Suitable Premises there were a number of issues

regarding the facilities and premises that needed to be improved.

In reviewing the resources available to the centre while there was adequate transport and budget available in the centre for food and (some) recreational needs of residents, improvement was required in the resources provided to this designated centre. For example, the facilities and standards of parts of this centre required further resource commitment by the provider to ensure improved outcomes for the residents living there. For example, the facilities and associated premises issues required further resourcing to improve.

Judgment:
Non Compliant - Moderate

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

Findings:
The designated centre was found to be staffed by adequate numbers of appropriately skilled and committed staff.

Inspectors reviewed staff rosters and found there were now sufficient numbers of staff to meet the needs of residents throughout the day. There was a long established core staff working in the centre which ensured a continuity of care for residents. Throughout inspection warm interactions were seen between residents and staff who displayed a strong passion for their work and had a good knowledge of residents' needs.

Inspectors were made of one instance the week before inspection where an on call staff member, who was providing cover for an absent staff member in one of the units in the designated centre, was called away to another designated centre leaving just one staff member on duty overnight when some residents in that unit required two staff members in the event of an evacuation. The person in charge informed inspectors that the correct on call procedure had not been followed on this occasion and one staff member should not have been left on their own overnight in one of the units. However the person in charge told inspectors that in the event of an evacuation a protocol was in place to receive staff help from another designated centre located in the same building.

A sample of staff files were reviewed by inspectors and found to contain all the

necessary information such as Garda vetting and references. Nursing staff files reviewed also contained the required registration details from the Nursing and Midwifery Board of Ireland which was highlighted as an action during the previous inspection.

Staff members were in receipt of appropriate supervision and had undergone training in the areas of fire safety, manual handling and safe administration of medication. One staff member was overdue safeguarding training but this was scheduled for the week after inspection.

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

Findings:
Although some policy gaps identified on the previous inspection had been responded to (for example the risk management as discussed under Outcome 7) some of the policies required by Regulations continued to need review and/or updating.

Under the Regulations such policies must be reviewed at three yearly intervals or be updated in line with best practice. However the behavioural support and intimate care policies were both last reviewed in 2009 while the safeguarding policy in the centre was dated October 2013 and titled as an interim policy. It had not been updated to reflect changes in national policy (Dec 2014). In addition a policy covering the provision of information to residents was not in place at the time of inspection.

A directory of residents and residents' guide that met the requirements of the Regulations were available in the designated centre. All other documentation requests made by inspectors were facilitated.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003581
Date of Inspection:	11 November 2015
Date of response:	02 February 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:
A resident was observed to be in a state of undress in a hall in the centre.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
• The residents key-worker will conduct a review of the residents wardrobe.
• Incorrectly fitting clothes will be removed and long fitting tops, and higher waited pants will be bought by the resident's.

Proposed Timescale: 31/01/2016

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

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Supports in place to develop and maintain links with the wider community required further improvement.

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

Please state the actions you have taken or are planning to take:
• A review of the weekly timetable for each resident will be conducted.
• Areas of down time for each resident will be identified.
• A weekly Community Engagement Plan will be drawn up in order to Support and track resident's Community Engagement.
• This will form part of the weekly team meeting.

Proposed Timescale: 19/02/2016

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:
All residents' did not have contracts regarding the services they received and the fees they were being charged.

3. 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:
• All Contracts of care which include the details of the fees charged will be signed by the resident and/or their representatives.

Proposed Timescale: 29/02/2016

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 not a comprehensive healthcare plan in place regarding all residents.

4. 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:
• An updated referral has been sent to the Speech and Language Therapy Department for a review of the residents eating and drinking requirements.
• Recommendations will be made by the Speech and Language Therapist once the assessment has been carried out.
• These recommendations will be implemented by the staff on duty with oversight from the Supervisors.

Proposed Timescale: 08/02/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive plan was not in place for each residents social care needs.

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

Please state the actions you have taken or are planning to take:
• Two Social Care Leaders have been employed as Supervisors in the Designated Centre.
• A new Social Care Needs Assessment has been sourced to support with identifying the

wishes, preferences and support needs of residents in the centre.
• The Social Care Assessment will be completed for all residents. This will be conducted by the key-worker in conjunction with the Supervisor, with oversight from the Person In Charge.
• Social Goals will be set for each resident.

Proposed Timescale: 01/08/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All multidisciplinary review had not been completed in personal plans.

6. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
• All personal plans will be reviewed at regular intervals and will be multi-disciplinary.
• The resident who was identified to be lacking SALT Assessment will have this completed.

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a disconnection between residents social care assessments, action plans and the completion and implementation of agreed actions.

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

Please state the actions you have taken or are planning to take:
• As part of the new Supervisory arrangements, staff will be supported by the Supervisors with oversight from the Person In Charge to complete assessments, records and agreed actions are completed.
• All Staff will receive on-going Professional Supervision from Supervisors to monitor and review implementation.

Proposed Timescale: 08/04/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** All parts of the premises were not suitably decorated. **8. 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:** • The Respite rooms within the Designated Centre will be furnished with new beds for Respite residents. • The rooms with also be decorated with soft furnishings to create a welcoming and homely atmosphere for those accessing the Respite service.
Proposed Timescale: 29/02/2016
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** All equipment was not maintained in good working order. **9. 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:** • The magnetic release on the fire safety door which is not in working order will be repaired. • The chair scales which was not functioning has been removed. A chair scales is now available to residents as required. • New beds have been sourced in order for appropriate use of bed rails.
Proposed Timescale: 29/02/2016
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** All areas of Schedule 6 were not adhered to. Some rooms were not of a suitable size Some bathrooms/showers were not accessible and of a suitable size. The kitchen/dining

space was not of a suitable size. The arrangements for waste disposal required review. Ventilation was not satisfactory in some parts of the premises where a damp/musty smell was evident.

10. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
Bedrooms:
• In line with the de-congregation of three resident from the Designated Centre in Summer 2016; re-configuration of the residents living space will be undertaken to ensure that all resident have access to adequate private living space.
• The size of the bed required for resident's will be reviewed in line with their support needs (manual handling, level of ambulance etc.) and alternative bed sizes will be sourced in line with residents needs and preferences if applicable.
• Resident room will be decorated in a personal and homely manner, in line with their wishes and preferences.
• Resident's rooms will have appropriate ventilation system.

Kitchen:
• The kitchen that is unused kitchen will be turned into a laundry room in order to remove the laundry area which is currently adjacent to the bathroom.
• The kitchen is currently used to support residents with meal time will have separate dining are available that will cater for all residents to eat their meals together if they wish.

Bathrooms:
• An environmental assessment was carried out by the Occupational Therapy Department for the bathroom in one area of the Designated centre.
• Plans have been drawn up to open up the bathroom area, increase in the space available to resident and their support staff and to ensure that privacy and dignity are being maintained when carrying out personal care.
• A specialist access bath is being sourced in order to provide more appropriate support for those with mobility issues.
• The maintenance manager will co-ordinate these internal works with oversight from the Person In Charge.
• In the second bathroom area, the existing laundry area adjacent to the bathing facilities will be removed.

Waste disposal:
• A protocol for the storage and removal of Incontinence wear waste will be drawn up by the Person In Charge.
• This will ensure that controls are in place to reduce the odour and promote the privacy and dignity of the residents.

Proposed Timescale: 31/12/2016

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:** Risk was not being managed in an appropriate manner for residents who were at risk of falling. **11. 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:** • All residents now have a Falls Risk Assessment completed. • Any falls sustained by a resident are recorded and reported to the Physiotherapy department on a Falls Report form for review and consultation. • Following any incident of a fall, the Falls Risk Assessment will be reviewed.
Proposed Timescale: 08/02/2016
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The arrangements for the evacuation of two residents in the event of a fire required review. **12. Action Required:** Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations. **Please state the actions you have taken or are planning to take:** • The Person In Charge has reviewed and updated the Personal Evacuation Plans for two residents. • Each resident has an Evacuation Mattress in their bedroom to provide additional evacuation supports in the event of non-compliance of a resident to evacuate.
Proposed Timescale: 08/02/2016

Outcome 08: Safeguarding and Safety
Theme: Safe Services **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff were not provided with appropriate guidance in all case whereby residents required behavioural support. In cases where this information was available in residents plans it was not being consistently implemented in practice.

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

Please state the actions you have taken or are planning to take:
• A meeting with the Principal Psychologist, Behaviour Practitioner, Supervisors and Person In Charge will take place in order to discuss the behaviour support requirement of the resident's.
• Referrals for renewed Behaviour Support will be made as identified at the MDT meeting.
• The Supervisors will ensure that the Behaviour Strategies and Guidelines for residents will be implemented by staff on duty through observation, supervision and behaviour incident reviews at weekly team meeting.

Proposed Timescale: 10/02/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The operational processes for responding to allegations of abuse were not sufficient to ensure the implementation of national policy in the protection and safeguarding of vulnerable people.

14. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
• A Procedure for the implementation of National Policy in the Protection and Safeguarding of Vulnerable People is being drawn up at organisation level in order to ensure that all processes are clearly implemented in the designated centre.
• All staff will be inducted into this Procedure once completed.

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The health care needs of residents were not consistently met.

15. 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:
• A review of all Healthcare plans for residents will be undertaken.
• Any recommendations from MDT/Healthcare Professionals will be incorporated into the care plans for residents in order to ensure that appropriate and consistent care is provided.
• Any changes to the Healthcare plans of residents will be discussed at the weekly team meeting as an agenda item and also referenced in the locations Communication Book in order to ensure that all staff have a working knowledge of the needs of residents.

Proposed Timescale: 30/04/2016

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:
Some errors and omissions were found in prescription sheets and not all PRN medications had appropriate protocols in place.

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

Please state the actions you have taken or are planning to take:
• The Medication Audit is due for review in January 2016.
• A review of all Kardexes will be conducted for all residents.
• A protocol will be written up for use of all PRN medications.

Proposed Timescale: 31/01/2016

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:
Further improvements were required to ensure residents' care and support needs were more effectively monitored and implemented. As evidenced across outcomes of non compliance further improvement was required from a governance and oversight

perspective.

17. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
• Two Social Care Leaders have been appointed in the Designated Centre. This provides for additional governance and oversight from Frontline Management.
• An updated Quality Enhancement Plan will be drawn up for the Designated Centre to include actions outlined in this Inspection Report.
• Supervisors will conduct regular Professional Supervisor in order to manage the performance of staff in relation to the agreed actions on the QEP.

Proposed Timescale: 19/02/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
This centre was not found to be appropriately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. For example, the facilities and associated premises issues required further resourcing to improve.

18. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
• Internal Changes will be made to the Designated Centre in order to ensure the effective delivery of care and support to residents.
• Details of these changes are outlined in Outcome 6 above.

Proposed Timescale: 31/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A policy on the provision of information to residents was not in place at the time of inspection.

19. 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:
• Policy details on the Provision of Information to Residents is contained in the Total Communication Approach Policy that is kept in respect of the Designated Centre.
• Staff will be re inducted into the policy to ensure awareness across the entire team.

Proposed Timescale: 31/01/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies had not been reviewed in over three years while the safeguarding policy required updating.

20. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
• All policies and procedures outlined in Schedule 5 in respect of the Designated Centre will be reviewed and in applicable instances updated.

Proposed Timescale: 31/03/2016