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:	85/86 Sugarloaf Crescent
Centre ID:	OSV-0001700
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Limited
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

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 following receipt of solicited information. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
14 June 2016 09:30	14 June 2016 21:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
This was the second inspection of this designated centre. This inspection was to monitor ongoing compliance with the regulation and standards.

How we gathered our evidence:
The inspector visited the designated centre, spoke with all six residents, the person in charge and three staff members. The inspector observed practices and viewed documentation such as, residents' plans, recording logs, policies and procedures and minutes of meetings. The inspector spent time with four residents whom verbalised their views on the quality of the service provided.

Description of the Service:
This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in Bray County Wicklow. There were six residents residing between both houses on the day of inspection. One house was home to four residents and the second house was home to two residents. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service was provided was not in line with the statement of purpose for example, residents numbers were inaccurate. The designated centre aimed to provide residential accommodation in a homely, safe, secure and stimulating environment for adults with intellectual disabilities as outlined in the statement of purpose.

Overall Judgments of our findings:
Levels of non-compliance were found across all 13 of the 15 outcomes inspected against. Actions remained outstanding since the previous inspection in 2014. Therefore, these non-compliances remained outstanding and other issues were also identified. Two outcomes were compliant, one outcome was substantially compliant, eight outcomes were moderately non-compliant and four outcomes were found to be in major non-compliance with the regulations.

The inspector found the provider had not put adequate arrangements in place as there was a lack of effective governance and management systems in place this had resulted in the following:

-residents rights, dignity and finances not being promoted (outcome 1)
-residents communications needs not met (outcome 2)
-residents did not have appropriate contracts in place (outcome 4)
-residents did not have effective plans in place (outcome 5)
-residents did not reside in a homely, safe and clean environment (outcome 6)
-risks were identified in health and safety due to poor risk management procedures (outcome 7)
-poor safe guarding measures and medication management systems which could expose residents to risks (outcome 8 and 12)
-poor healthcare arrangements resulting in residents not being assisted or facilitated to achieve the best possible health (outcome 11)
-the statement of purpose was not reflective of what the current designated centre provided (outcome 13)
-poor management and oversight in relation to the designated centre (outcome 14)
-staff had not received appropriate training to carry out there role (outcome 17)
-appropriate documents were not maintained within the designated centre (outcome 18).

The persons in charge facilitated parts of the inspection along with a member of staff from the organizations quality, compliance and training team with staff members from the designated centre. However, this person had responsibility for a unit (house) within this designated centre which accommodated two residents, they had no responsibility or knowledge of the residents residing in the other unit (house) home to four residents. There was a separate 'person in charge' identified in the second unit (house) who was on leave.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector reviewed this outcome in respect of the action identified from the previous inspection and found the action remained outstanding. During the course of the inspection other areas of non-compliance were also identified pertaining to this outcome.

There was a complaints policy and procedure in place, it was unclear who was the nominated person independent of the person nominated to deal with complaints. This was to ensure all complaints were appropriately responded to and records were maintained as specified under paragraph 34(2)(f) of the regulations.

Upstairs there was one en suite bedroom, this en suite and bedroom could be accessed from another room. The inspector was informed the en suite was for the sole use of the resident and no other resident used this en suite. However, the inspector found the other door was open and any resident could have access to the en suite and the resident's bedroom. Staff explained the second door was usually locked and this would be addressed with staff.

The inspector also viewed written complaints made by residents within their files. There was no information in relation to the outcome of these complaints and if residents were satisfied with the outcome available within the designated centre. Staff members spoken with were unable to provide further information.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector reviewed this outcome in respect of the action identified from the previous inspection and found the action remained outstanding. No other component of this outcome was inspected.

Some residents were awaiting referral to speech and language therapist in relation to communication supports since the last inspection in July 2014.

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:
The inspector reviewed this outcome in respect of the action identified from the previous inspection and found the action remained outstanding. No other component of this outcome was inspected.

Some residents within the designated centre did not have a written agreement including the terms for each resident whom resides within the designated centre.

The residents whom did have written agreements in place were not accurate, as contact detail in the event of an emergency pertained to a staff member no longer working in the designated centre since 1 October 2015.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found the wellbeing and welfare of residents required improvement in the areas of the provision of residents' plans, the details contained within the plans, evidence of implementation and review of both personal and healthcare plans.

The system of personal social plans was unclear within the designated centre and some staff spoken with were unsure of the system. Other staff identified the personal outcome encompassing 23 quality of life indicators is completed once every three years. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months. The healthcare needs of residents were completed via a plan titled my health development plan. From this a care plan and or support plan was developed. The inspector found improvements were required in both the social and health plans. The inspector viewed five residents plans as there was no plan completed for one resident. The areas outlined below were identified:

- Plans were not reviewed every six months in accordance with the organizations quality enhancement policy. The inspector viewed a personal plan dated 11 June 2014 this was reviewed on 11 October 2015. No other review had taken place and staff confirmed this on the day of inspection.

- Some aspects of plans were present within the residents file in multiple versions for example, how to manage my money care plan was documented four times in four different places within the file and variations occurred within these documents. The

inspector found these plans not effective in order to guide members effectively in a consistent manner.

- Some goals set were basic everyday activities of living rather than based on an assessment of need such as, choosing clothes to wear. This may be a valuable skill development goal; however, the assessment of need and choice of the resident was not documented.

- One resident had no plan in place despite the resident residing in the designated centre since April 2016. The inspector requested to view the transition plan for this resident. However, the inspector was informed there was no transition plan in place.

- Some health and well being plans did not have a date therefore, the inspector was unable to identify if the document was current. Staff acknowledged plans should have a date.

- The monitoring and implementation required to assess the effectiveness in treatment or deterioration in the areas identified in residents' plans was not evident. In some plans if goals identified were not achieved no evidence of what was achieved or the level of progression pertaining to the goal was provided.

- Some healthcare plans viewed contained specific areas of support and or care provision in areas such as, gastro intestinal issues. Inaccurate interventions in relation to the managements of these areas were identified by the inspector. The inspector asked to see evidence of the implementation of the interventions however, the inspector was informed the information contained within the plan was inaccurate and not up-to-date.

- Some of the healthcare plans developed were not sufficiently detailed to guide practice for example, weight management and high cholesterol.

- The inspector viewed recommendation from an external allied health professional issued in 2014. There was no evidence of these been implemented within the designated centre with the exception of one action completed.

Residents social care needs were identified and residents had the opportunities to participate in meaningful activities appropriate to their interests and preference. These included areas such as, dog grooming, attending music events, meeting friends and shopping. On the day of inspection one resident had a day off from their day service and had planned to meet a friend and go shopping. During the same day another resident's friend had been invited to dinner in one of the houses. This was a weekly occurrence in the designated centre and other residents were interacting with the visitor whom also assisted in the preparation of the dinner.

One of the residents spoken to by the inspector was able to identify some aspects of their plan and what was contained within their goals.

Residents family members were consulted in relation to the personal plans in line with residents and family members preferences. There was evidence for this maintained within the residents file.

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 inspector found significant improvements were required within one house to ensure the premises were safe and suitable for residents.

One house was a two story detached house consisting of one en suite bedroom downstairs with an adjoining room. The inspector was informed this was currently being converted to a living area for the resident. The inspector observed a hand wash basin and a wardrobe also located in this room. On the day of inspection a TV was put up onto a wall bracket so the resident could watch TV in the room. The inspector spoke with the resident and they were happy with the space, as it allowed them personal space away from other residents.

There was a dining room cum sitting room located on the ground floor. The inspector observed excessive amounts of dust located on window sills, tables, TV and radio. The inspector also observed damp within this room under both windows and also on the back wall. Mildew was also evident on the lining of curtains, the inspector queried this with staff members. One staff member was unsure if this was dirt or mould. The significance of this was further compounded by a resident's diagnosis of chronic obstructive pulmonary disease. The inspector found the sofa to be unsuitable for residents, foam was protruding from torn fabric and the fabric was excessively stained. Staff identified funding had been made available to replace this piece of furniture. A separate kitchen was located off the dining area where a door lead out to the back area. The inspector was informed work was ongoing as the decking had only been recently removed. There was a separate enclosed area containing laundry facilitates for residents to part take in. The inspector found this area to be extremely dangerous with nails exposed on a piece of timber attached to the door frame. The inspector requested residents did not have access to this area until the environment was safe. Inside this area the floor was unclean and the whole room required cleaning as visible mould was present on walls. The storage of items such as, a mattress was present along with mops drying against the wall inside the room. There was also a separate storage shed located in the grounds, staff identified this was not in use.

There was an office space downstairs through which a bathroom was accessed. The inspector identified the paint work required attention as paint was flaking of the walls and radiators, with brown stains visible on the ceiling. The storage of files and other items were also inappropriately placed in this bathroom, which was also used by residents.

Upstairs there was one en suite bedroom the main door leading into the bedroom required excessive strength to open the door due to the pile of the carpet being higher than the base of the door. The inspector was informed the carpet was only recently put down however, the inspector observed the carpet to be excessively stained.

There were two other bedrooms for residents upstairs with one staff room to accommodate sleep over staff. The inspector found cleaning products placed inappropriately in this room. There were two other rooms upstairs and the inspector was informed these were small sitting rooms for residents. The inspector observed one room had a TV and a small sofa while the other room had one chair, table, wardrobe and items belonging to the resident. The inspector observed a lead hanging down from the ceiling, the ceiling had what appeared to be old water staining which had turned brown in colour and the paint work was pealing from the walls. The rooms which were not bedrooms were not inviting, homely nor maintained to a suitable manner for residents. The spare room contained a head board and other items, staff identified plans were in place to use this room as a space for another resident.

There were two bathrooms upstairs and were both in need of cleaning.

The second house was two story semi detached house. The ground floor consisted of a sitting room and a dining area with a separate kitchen. There was a staff office located on the ground floor this was also used as a sleepover room for staff. Upstairs there was two bedrooms used by residents and one bathroom with one bedroom not used at present. The inspector found this house clean and well maintained with the exception of a door saddle required between the hall and the dining room. There was a significant gap present between both floor areas and posed a risk of falls to residents, staff members and visitors.

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):
No actions were required from the previous inspection.

Findings:
The inspector found the designated centre required improvements to ensure it was suitable and safe for the number and needs of residents. Improvements were required in the areas of risk management, fire evacuation and the provision of effective infection prevention and control.

The designated centre had an organisational risk management policy in place this included the specific risks identified in regulation 26. The designated centre had a risk register this recorded a number of risks within the houses and the controls in place to address these. The inspector found there were improvements needed in the identification, assessment and management of risk in the designated centre. For example, uneven floor surfaces were identified by the inspector as a potential falls risk.

There were individual risk assessments for residents in place these included fire, absence from the designated centre and choking. However, the individual risk assessments completed were not accurate for example, some areas were identified as a high risk. The inspector did not see evidence of appropriate control measures put in place for the high risk areas identified. Staff members identified the risk assessment was not accurate. The resident in question was not a high risk of some of the areas identified such as, travelling independently. Some information contained within the individual risk assessment were contradicted in other aspects of the resident's file for example, the safety assessment.

The inspector viewed a sample of the personal emergency evacuation plans (PEEPs) for residents and found these plans reflective of the fire drills completed.

The procedures in place for the prevention and control of infection were not effective. The inspector observed mops drying inside the laundry room against a wall, these were not segregated despite a colour coding system in place. Mops used to clean the bathroom areas were drying against mops used to clean the kitchen area. Lack of warm water was also evident within one house therefore, effective hand hygiene could not be implemented. The staff member logged this with maintenance department on the day of inspection.

There was certification and documentation to show the fire alarms, emergency lighting and fire equipment were serviced by an external company on a regular basis. Staff also completed checks on the exits, alarm panels and equipment. However, on the day of inspection there was a cat box located at the bottom of the external stairs. Staff informed the inspector pets were not residing within the designated centre for months. Therefore, it was difficult for the inspector to determine how long this obstruction was present. The door leading to the external stairs was located in another resident's bedroom upstairs. The inspector had concerns in relation to the functionality of this door as the carpet was obstructing the free opening and closing of this door which required force to open and close. The same had occurred in another resident's bedroom where carpet had been replaced and the door did not have free movement. All other doors within the designated centre were not fire doors some had either the cold seal or the intumescent seal removed. Another door was wedged open with a piece of metal. Staff identified the door was a fire door however, the door was not in line with current requirements in order for this to be an appropriate fire door.

Fire drills had taken place and documents recorded the time taken to evacuate. Any issues identified along with the resident who had participated in the drill within the designated centre.

The designated centre had a health and safety statement this outlined the responsibilities of the various post-holders within the organization. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. However, some of the procedures were not accurate for example, lone working pertained to another designated centre. The designated centre had an emergency evacuation plan in place for a number of various events such as, fire, adverse weather conditions, flooding, power failure and possible gas leakage. The plan identified the specific alternative accommodation to be provided in the case that residents could not return to the designated centre.

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):
No actions were required from the previous inspection.

Findings:
The inspector found appropriate measures to protect residents from being harmed were not in place within the designated centre. Improvements were required in relation to behavioural support plans, and the provisions of intimate care plans.

There was a policy in place on the prevention, detection and response to abuse.

Three staff members had not received training in the area of resident prevention, detection and response to abuse. Two other staff members had not received any training in the area since 2009. The inspector found this to be inappropriate considering the changes in both guidelines and policy since 2009 and due to the fact the designated centre was staffed by one staff at the majority of times. In addition some staff spoken to by the inspector were not knowledgeable in relation to the management of an allegation of abuse and could not outline the procedures to be followed should such an

allegation arise.

The inspector viewed a behavioural support plan in place however, found this was not implemented as specified within the plan in relation to recording and reviewing the residents behaviour.

Intimate care plans were not in place for some residents whom required these.

The inspector found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. From speaking with some residents they were knowledgeable in relation to who to speak to should concerns arise

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
The inspector found the organization had made significant changes to the designated centre. While these changes had been notified to HIQA they way in which this information was completed could be improved.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Each resident was supported to achieve the best possible health. However, improvements were required in the area of annual health reviews and the access to allied healthcare services.

Residents had access to a general practitioner, however, not all residents had received an annual review despite this being identified in the statement of purpose as a service provided. All residents had not received an annual review there was evidence of access to the GP.

Residents had access to allied healthcare professionals and the inspector viewed evidence of this including chiropodists, psychiatrist, optician and dentist. However, one resident was referred to a dietician and was still awaiting an appointment on the day of inspection. The exact date of referral was not available however, evidence of referral was present in the resident's annual review dated 27 August 2015.

The inspector found improvements were required in relation to developing healthcare plans with appropriate steps outlined and evaluating the effectiveness of the plans devised as discussed in outcome 5.

Regarding food and nutrition the inspector found residents participating in meal times within the designated centre in accordance to the residents' preferences in relation to food choices. Residents were observed accessing snacks and making tea and coffee for themselves after returning from their day service including one resident making tea for the inspector.

Residents requiring modification to the texture of their food was clearly outlined in the residents file. Staff members were knowledgeable in relation to the implementation of resident's food requirements. However, it was unclear who had prescribed this modified diet. The inspector was unable to view a feeding, eating, drinking and swallowing (F.E.D.S) assessment taking place for this resident. This resident was also identified as a high risk of choking. The documentation and feedback from staff could not demonstrate if there was a high risk of chocking this is actioned under outcome 7.

The inspector viewed a user-friendly menu and refreshments and snacks were available for the residents outside mealtimes within the designated centre.

Judgment:
Substantially Compliant

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 inspector found the oversight of the medication management system within the designated centre required significant improvement. The inspector was concerned there was no effective system in place for reviewing and monitoring safe medication management practices within the designated centre.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received. A stock check was carried out once a week however, there was not a clear system for p.r.n. (a medicine only taken as the need arises) medication.

The inspector observed all medication was stored in a secure, locked cabinet in a locked area and the keys to access the medication cabinet were held securely by staff. The inspector noted the opening dates were not recorded for all required medications for example, creams and syrups. The labels were inaccurate pertaining to one resident's medication in stock. Medication was also stored in the cabinet dated 11 November 2014. The inspector queried if this was the date of the prescription or the expiry date and staff were unable to identify which date this was.

Administration sheets were in place for each resident and a number of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, the exact times of administration were not in place on each administration sheet.

P.R.N. protocols were in place however, the inspector observed discrepancies in the dosage in relation to what was specified in the protocol and what was actually prescribed for the resident.

There were no controlled drugs in use in the designated centre at the time of this inspection.

The inspector was shown a sheet staff within the designated centre used to check medication this was known as a medication audit. However, the areas identified by the inspector were not identified within this audit. Nor was accurate stock balances maintained for example, some balances were left blank and other contained question marks beside the figures. The inspector found this system inaccurate and unproductive with no learning or actions established from the process.

The inspector cross checked a sample of medication stock balance and found these to be accurate.

There was a system in place for recording, reporting errors and reviewing medication however, this required improvement. Medication within the designated centre had gone missing on 04 June 2016. This was the second error to have occurred in recent times.

The electronic reporting system was ineffective in alerting the staff member designated to investigate this in the absence of the person in charge. Therefore, both of these remained unresolved on the day of the inspection as one of the reports contained inaccurate information. This was being investigated on the day of inspection.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found the statement of purpose did not meet the requirement of the regulations.

The statement of purpose did not accurately describe the designated centre. Nor was the required information as outlined in schedule 1 of the regulations contained within the document.

The statement of purpose was not kept under review by the person in charge.

The inspector was provided with a second statement of purpose, this was completed on the day of inspection. This document only contained information in relation to one house within the designated centre.

Judgment:
Non Compliant - Major

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:
The inspector found improvements were required within the overall governance and management structure in place within the designated centre. Improvements were needed in relation to safeguarding all residents and implementation of responsive risk management. The completion of staff supervision, annual reviews, mandatory training and effective systems were required to ensure safe delivery of care to residents also required improvement.

Both houses where managed by one person in charge during the previous registration inspection. During this inspection the inspector established the designated centre was managed by two individuals. These individuals had taken up the role of persons in charge in respect of one house each along, with other houses which formed parts of other designated centres.

The inspector also established another individual took up the role as person in charge covering both houses for a period of time. The inspector was unable to identify the exact dates as this information was not available within the designated centre however, the time frame was between 1 October 2015 and 10 January 2016.

The inspector found the designated centre did not have suitable management systems in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Persons in charge had been identified within separate parts of the same designated centre. This was further complicated by having units (houses) belonging to other designated centres assigned to them also. The person in charge met with during this inspection had responsibility for a unit (house) within this designated centre which accommodated two residents. They had no responsibility or knowledge of the residents residing in the other unit (house) home to four residents. There was a separate person in charge identified in the second unit (house) who was on leave. In addition the inspector met a person in charge from another designated centre who had been responsiblefor completing supervision meetings with staff from one of the units (house) within this designated centre. This arrangement was in breach of the regulation as no shared arrangements in relation to the role of the person in charge are contained within the regulations. Furthermore, findings from this inspection suggest the two units (houses) comprising the designated centre were in effect operating as standalone designated centres. There were separate persons in charge, separate team meetings, separate rota's and unannounced visits as carried out by the representative of the provider.

In the context of the findings contained within this inspection report, the inspector formed the view these management arrangements in relation to the person in charge did not ensure effective governance, operational management and administration of this designated centre.

The inspector found all staff members did not received mandatory training in the areas required.

An annual review of the quality and safety of care of the service for this designated service had not been completed.

The provider had nominated a person to conduct visits to the designated centre at least once every six months and produce a report. However, there was only one visit conducted in 2014 none completed in 2015 and one completed in 2016. These visits only pertained to one house and none were available for the second house.

The person in charge was not available for one of the houses as they were on extended leave.

Supervision of staff was completed by a third person in charge for one house this individual was met during this inspection. This person had no oversight in relation to the overall management of the house and no clear structure was in place in relation to the supervision process. The inspector identified areas of concern as no evidence of supervision was available for staff members prior to November 2015. The person providing supervision was providing support to staff this was not resulting in effective changes. For example, a staff member requiring safe guarding training since November 2015 was still awaiting this on the day of inspection. No identification of any additional control measures implemented for this staff member whom worked in the designated centre in a lone working capacity was evident. Other areas discussed were in relation to basic policies should be completed on induction including annual leave and rosters. The inspector asked to see the roles and responsibilities for this person in charge in relation to the supervision conducted within this house however, this was not available.

The inspector found the reporting structure in place within the designated centre was unclear due to the number of people in charge and the roles discharged to these individuals varied. Evidence of staff meetings were not occurring regularly and evidence of oversight in relation to audits were not evident for example, in medication or residents finance.

The person in charge of each of the houses was also the person in charge of two other designated centres. Staff identified the other designated centres had taken the person in charge away from this designated centre. The inspector was unable to determine the amount of time the person in charge was present in this designated centre as the roster did not reflect this.

The inspector also viewed evidence where one staff member was employed to assist one of the persons in charge however, this individual had identified during supervision they were not supported sufficiently in order to conduct the role effectively due to the needs of the residents. The senior service manager had put measures in place to assist with this however, this had not commenced yet.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found suitable arrangements were put in place when the person in charge was absent from the designated centre.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector was unable to determine if there was appropriate staff numbers to meet the assessed needs of residents as the designated centre availed of staff members from other designated centres. Mandatory training requirements were not provided for some staff working in the designated centre and staff did not receive effective supervision.

The inspector was unable to see evidence of some residents assessed needs as this information was not contained within residents file. Therefore, the inspector could not determine if the numbers were sufficient within the designate centre.

The inspector viewed a sample of four staff supervision files and seven staff training records and found some staff had not received training in some of the areas required. Three staff required safeguarding training, one staff required medication management training and one staff required people moving and handling refresher. The inspector identified one member of staff was allocated a place for training however, had to cancel training in order to work within the designated centre as there was not sufficient staff numbers to provide cover with the designated centre.

The inspector requested a copy of the actual rota as this was not available within one house. This was provided at the end of the inspection to the inspector.

Staff members did receive supervision, however, there was no evidence that this impacted on the quality of care provided to residents.

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

Findings:
The inspector reviewed this outcome in respect of the action identified from the previous inspection. The inspector found the action from the previous inspection had been achieved as schedule 5 polices were available within the designated centre.

During the course of the inspection the inspector found gaps were present in Schedule 3 and 4 of the regulations. For example, current statement of purpose, current directory of residents, actual and planner rota's, outcome of complaints and assessments of some residents needs.

Some resident's information was not present within resident's current folders for example, current risk assessments were within an older folder not utilised by staff.

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:

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
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:	85/86 Sugarloaf Crescent
Centre ID:	OSV-0001700
Date of Inspection:	14 June 2016
Date of response:	15 July 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 procedure did not specify a 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.

[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 (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 provider will conduct a review of its complaints policy and provide an update to the Authority by September 30th

Proposed Timescale: 30/09/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some complaints viewed did not identify if the complainants were informed of the outcome. This information was not available in the designated centre on the day of inspection.

2. 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:
It will be the responsibility of each residents key worker to revisit any complaints made by the resident within a month, to ensure that the resident to happy of the outcome of the complaint.

Proposed Timescale: 30/09/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents whom had been assessed as requiring speech and language assessments were still awaiting these.

3. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The resident has requested an appointment and has received back a letter to explain there no service available.

The location has in place methods of communication suitable to this resident.
Staff will contact Ace communications to seek advice on further ways to help this resident with methods of communication.

Proposed Timescale: 30/10/2016

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:
Accurate written agreements were not evident for some residents who resided within the designated centre and some residents did not have any written agreements in place.

4. 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:
Written agreements are now in place for each resident and any plans required has also been put in place.

Proposed Timescale: 30/07/2016

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:
One resident did not have a plan in place in relation to social or healthcare needs.

Multiple versions of the same aspects of the residents plan were contained within the residents' files with differences contained within some of the versions present.

Some residents' plans were not dated in relation to the residents' healthcare needs.

Some residents social plans were not dated, others plans were not updated when a change in the need or to the circumstances.

The implementation of recommendations from allied health professionals was not evident.

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:
Each resident now has a plan in place.

All plans are currently under review, all duplication with in plans will be removed.

All plans will be dated when started and also dated as to when reviewed.

The recommendations of all allied professionals will be implemented.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some reviews did not assess the effectiveness of the plan or the goals identified within the plan.

6. 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:
All resident's plans are under review and will be updated as necessary.

Proposed Timescale: 30/10/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some plans viewed did not identify if some residents participated in the review of their plans.

Some social goals set were not based on assessment nor was there any evidence these were based on residents' wishes.

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

age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
All resident's plans are under review, key workers to work closely with residents to ensure that all plans are based on the resident's wishes and views.

Proposed Timescale: 30/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some plans in place did not contain correct information, other plans did not contain sufficient details in order to guide staff effectively to meet the assessed needs of residents. This information is referred to in the main body of this report. For example, arrangements were not put in place to reduce cholesterol levels.

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

Please state the actions you have taken or are planning to take:
Relevant information with sufficient detail will be included on residents plans as identified.

Proposed Timescale: 30/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One of the houses was unclean and furniture required replacing, other rooms required decorating and painting was required throughout the house.

Some small sitting rooms contained hand wash basins and wardrobes.

9. 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:
Hand basin to be removed
Residents have requested that the wardrobes remain in the room
An extensive list has been sent to maintenance, this list will be actioned as soon as reasonably possible .

new furnishings now in place
Nails have been removed from door frame of laundry room
Staff cleaning rota to be put in place

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One house was not maintained in a good state of repair. Mould was evident in the laundry room and other walls within the main house.

Nails were exposed attached to a timber the door frame of the laundry room.

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

Please state the actions you have taken or are planning to take:
The action submitted by the provider for this action did not satisfactorily address the failings identified.

Proposed Timescale:

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 assessment, management and ongoing review of risk within the designate centre was not maintained up-to-date. For example, uneven floor surfaces.

Some individual risk assessments were not accurate for example, risk of choking.

The system in place in the designated centre for responding to emergencies was not accurate in relation to lone working.

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:
Risk assessment on risk of choking has been completed

Currently all risks within the location are under review.

All risk assessments within the location are under review and will be updated as necessary.

Risk register currently under review, to be updated

Proposed Timescale: 30/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective infection prevention and control measures were not evident within the designated centre.

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

Please state the actions you have taken or are planning to take:
New system regarding Mops to be put in place

Proposed Timescale: 30/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for maintaining means of escape were not maintained within the designated centre.

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

Please state the actions you have taken or are planning to take:
All staff are aware of the importance of ensuring that all fire exits are kept clear. This has been included on the daily running check lists.

Carpets were new on the day of inspection, have now settled and doors are moving more freely.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for containing fires within the designated centre were not evident in relation to fire doors.

14. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
The provider will conduct a review of all fire doors in the main location, this report will be discussed with senior management team.
The provider will then make an action plan to complete work as necessary

Proposed Timescale: 30/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Behavioural support plans were not implemented as specified within the document.

15. 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:
Behavioural support plan was an out of date plan, used when the resident was having a difficult time. The plan is no longer used, therefore has been removed. If a behaviour plan is required in the future a new plan will be drawn up.

Proposed Timescale: 09/09/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents requiring personal intimate care plans were not in place within the designated centre.

16. Action Required:
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the residents personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:
Personal care plans will be drawn to include safeguarding measures and respect to dignity and bodily integrity as necessary

Proposed Timescale: 30/10/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not protected from abuse as some staff members were not trained in the area while other staff members had not received training since 2009.

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

Please state the actions you have taken or are planning to take:
All staff have now received training in safeguarding and protection.

Proposed Timescale: 09/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident was awaiting a referral to a dietician since last year while another resident identified as a high risk of choking did not have a swallow assessment completed.

18. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Referral to a dietician was followed up by staff. A letter was attached to the resident's annual medical dated 20/5/15 which evidenced staff member follow up to the GP in relation to dietician. A letter was sent to the community dietician by the GP 28/8/15. An

appointment can take over a year to come through.

Resident has a swallow test on 24th June. The result of this test was clear and no follow up was required

Proposed Timescale: 30/10/2016

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 administration records did not specify a time other than am and pm.

19. 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:
Administration records have now been changed

An audit to be carried out by SHS medication trainer to ensure best practice

Proposed Timescale: 30/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some prescribed products stored in the medication press did not contain the resident's name for whom these products were prescribed for.

Some prescribed products stored in the medication press did not specify the date of opening.

Some prescribed products stored in the medication press did not contain accurate information on the label.

20. 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:
All medication in the drug cabinet have now been labelled and dated correctly.

An audit to be carried out by the SHS medication trainer to ensure best practice.

The findings of the medication audit will be discussed at a staff meeting and further training identified if needed

Proposed Timescale: 30/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were unaware if the date on a medication label was the expiry date or the date the medication was dispatched.

21. 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:
An audit to be carried out by the SHS medication trainer to ensure best practice

Proposed Timescale: 30/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some p.r.n protocols were not accurate as referred to in the main body of this report.

22. Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
An audit to be carried out by SHS medication trainer to ensure best practice for PRN protocols

Proposed Timescale: 30/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The system in place for recording medication errors was not effective as the electronic system did not notify the staff member of the error in a timely manner.

23. 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:
Client service manager to email staff member directly of medication error upon receiving notification of the error

Proposed Timescale: 30/07/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose was not reviewed since 2014 for the designated centre.

24. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The statement of purpose has now been updated

Proposed Timescale: 30/08/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain some of the information as set out in Schedule 1 of the regulations.

25. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of Purpose has now been updated to include the information as required

Proposed Timescale: 30/07/2016

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:
Effective governance, operational management and administration of the designated centre was not evident within this designated centre.

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

Please state the actions you have taken or are planning to take:
Senior management are currently addressing the absence of the PIC at this location. An interim PIC structure was addressed on the 15th July and a PIC was identified with notification to the authority

Proposed Timescale: 15/07/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Lack of effective governance, operational management and administration of the designated centre.

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

Please state the actions you have taken or are planning to take:
The new PIC in place will take responsibility for the entire designated Centre

Proposed Timescale: 15/07/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The post of person in charge of the designated centre did not fulfil the requirements in relation to managing the whole designated centre.

28. Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
The new PIC will take responsibility for all aspects of managing the designated centre to include supervision

Proposed Timescale: 15/07/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The structure within this designated centre was un clear as three different person's in charge had different inputs into the designated centre.

29. Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
The new PIC will take responsibility for all aspects of managing the designated centre

Proposed Timescale: 15/07/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management systems were not in place within the designated centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This was evident through the actual physical appearance of one of the houses and through lack of audits within the whole designated centre.

30. 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:
Improvements are ongoing to improve the physical appearance of the designated centre

An internal Audit is planned for the 30th September for the entire designated centre

An extensive list of items was sent to maintenance
Audit 30th September 2016 / Maintenance 30th December 2016

Proposed Timescale: 30/12/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support in the designated centre was not completed.

31. 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 review is now taking place within the designated centre

Proposed Timescale: 30/10/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Unannounced visits to the designated centre at least once every six months or more frequently were not completed within this designated centre.

32. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
An inspection took place in February 2016 in the main location but did not include the smaller location. The provider has now put in place a system to ensure that the location is audited as required
Audit to take place on the 30th October 2016

Proposed Timescale: 30/10/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective arrangements to support, develop and performance manage all members of the workforce. To assist them to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering was not evident within the designated centre.

33. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Supervision will be taking place with the current PIC

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The assessed needs of some residents were not present within the designated centre.

34. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Supervision will now take place with the onsite PIC
The location is currently advertising for staff to work the location to ensure the continuity of care.

Proposed Timescale: 30/10/2016

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 appropriate training, including refresher training.

35. 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:
All staff have now received necessary training, a review of all staff training needs has taken place. Staff are booked on the next available refresher training.

Proposed Timescale: 30/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents within the designated centre was not maintained up-to-date.

36. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
The directory of residents has now been updated

Proposed Timescale: 30/08/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the information as set out in schedule 3 was not available in respect of each resident within the designated centre.

37. Action Required:
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7

years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
All residents plans are currently being updated and will be in line with schedule 3

Proposed Timescale: 30/08/2016