

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Graifin House
Centre ID:	OSV-0002636
Centre county:	Dublin 18
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 March 2017 09:55 To: 24 March 2017 19:10

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was HIQA's second inspection of this centre. The required actions from the centre's registration inspection in March 2015 were also followed up as part of this inspection.

How we gathered our evidence

The inspector met with a number of the staff team which included care workers and the person in charge. The inspector also spoke with three residents of the centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. Overall, residents reported that they were happy living in the house and that they knew what to do if they had any issues with the service provided.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, service self assessment documentation and a number of the

centre's policy documents. The inspector also completed a walk through, and around the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The house was a two storey, five bedroomed building located in a suburban area. It was close to a broad range of services and amenities with a public transport system available.

The statement of purpose stated that the centre provided a highly supported community based residential service for adults with Prader-Willi Syndrome (PWS). There was capacity for five residents in the service and it was now home to two gentlemen and three ladies over 18 years of age.

Overall judgment of our findings

Eleven outcomes were inspected against and two outcomes were found to be of moderate non-compliance. Some improvements were required in the centres' health, safety and risk management systems, in the areas of staff mandatory training and with the maintenance of the rota document. Improvements were also needed with the centre's premises and it's records and documentation system.

Compliance and substantial compliance was found in the other core outcomes assessed. This included residents' healthcare, medication, social care and safeguarding needs. Governance and management of the centre was also found to be in substantial compliance with the regulations.

Residents' rights, dignity and consultation and, admissions and contract for the provision of service were also found to be compliant as actions from the previous inspection had been implemented.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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):

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

Findings:

The inspector found that the identified action from the previous inspection in March 2015 had been completed. The centre's complaint log was reviewed and demonstrated that the complainant was appropriately informed of the outcome of their complaint. The inspector also noted the implementation of learning from the centre's complaint process.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the identified action from the previous inspection had been completed. Residents' service agreement had been amended to include the amount of

rent paid for the service provided.

Judgment:

Compliant

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):

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

Findings:

Overall, the inspector found that residents' wellbeing and welfare was maintained through evidence based care and support. The arrangements to meet residents' needs were outlined in plans that reflected their individual needs, wishes and supports. Residents were involved in the planning and review process. Residents led and were engaged in a variety of activities of their choosing. Times of change and transition were supported with residents.

The inspector observed that residents were individually supported to identify, plan and participate in a meaningful day of their choice. Residents attended an array of community based classes and day service options. Some residents were supported to participate in a work placement. On the day of inspection residents were observed to individually engage in a number of activities.

The residents' assessment of needs encompassed cognitive, life and social skills. Their person centred plans were linked with their day service and reviews were cross sectional in nature.

The inspector found that residents' changing and evolving needs were recognised and supported. There was evidence of good communication with other services when residents were temporarily absent from this centre, and of planning to ensure that their future supports would be appropriate to their needs.

Judgment:

Compliant

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):

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

Findings:

The inspector found that the premises did not fully meet residents' needs in a comfortable way as the required actions from the previous inspection were incomplete.

During a walkabout of the premises and from interview with the person in charge (PIC) the inspector observed that the downstairs bathroom in the house required attention. A musty odour was noted in the front hall area and the residents' internal exercise room had an unpleasant smoky type smell.

Additionally, some areas required painting, garden furniture was unkempt and some unused items were inappropriately stored in residents' communal areas, for example, the garden room.

The inspector also observed that the identified work to the garden pathways, which were used as fire exits was still outstanding. The PIC reported that this matter was in progress but there was no definite timeframe for completion.

Not all aspects of this outcome were assessed on this inspection.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspector found that the health and safety of residents, staff and visitors was promoted and protected.

Suitable fire equipment was available for use in the centre. There was evidence of the fire alarm, emergency lighting and fire extinguishers being serviced. There were means of escape and fire exits were clearly identified. Fire evacuation procedures and signage were displayed in the centre. Residents' abilities and individual situations were accounted for in the evacuation procedure. Personal emergency evacuation plans were present to inform individual resident's supports. Staff and residents' knowledge of the evacuation process was clear. Fire drills were found to have been completed. However, at the time of inspection the inspector were not assured that the provider had adequate arrangements in situ for the containment of fire within the centre. The person in charge (PIC) informed the inspector that management were aware of this matter and were in the process of addressing it.

The centre had a risk management system which encompassed underpinning policies and procedures, a risk assessment process, health and safety checks and learning from events. The inspector observed that there were good arrangements in place for investigating and learning from incidents, for example, a service investigation was completed for a recent fire incident. Individual resident and centre risk assessments were completed and were reflected on the centre risk register. Evolving risk was observed to be identified by the PIC, for example, residents' recently acquired pets. However, an action from the previous inspection was not fully completed as not all required policies were finalised and available to staff.

The inspector found that satisfactory procedures were in place for the prevention and control of infection. There was a rota which staff completed and the premises was observed to be clean. Hand hygiene facilities were available.

The centre's vehicle was not assessed on this inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, the inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. The centre promoted a restrictive free environment for residents.

The inspector found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Staff knowledge of residents' safeguarding needs was good and they were found to be aware of their reporting responsibilities. Staff interactions with residents were noted to be person centred, pleasant and particularly aware of honouring residents' privacy and dignity. Residents that were interviewed told the inspector that they felt happy and safe in the centre.

A positive behaviour support approach was in operation in the centre and residents that required it, were observed to be facilitated to access a behaviour support specialist. Staff outlined that they would communicate and regularly refer to the specialist. Residents' mental health needs were also supported with residents observed to access their local community psychiatric service.

The inspector observed that an environmental restriction was utilised in the centre but that opportunities to reduce it's implementation were taken. The inspector observed that there was due process mechanisms in situ regarding this restrictive practice.

Staff were facilitated with relevant training to support residents in managing their behaviour. Additionally, management and staff had recently identified a need to enhance staff skills through education in mental health conditions. This was being explored and sourced at the time of inspection.

The policies as required by regulation were present in the centre.

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:

Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

The inspector observed that residents' physical and mental health needs were identified and supported. Plans were available to inform staff, whom the inspector observed to have good knowledge of residents' needs and support requirements.

The inspector particularly noted the manner in which residents' healthcare needs were maintained in times of change. For example, the centre's six monthly provider visit recorded complimentary feedback from a resident's family regarding the efforts made to ensure their relative's healthcare needs were supported whilst on a holiday break.

Residents were observed to be supported to access specialist and allied health care services. These included the public health nurse, the diabetic clinic, the local community mental health service, dental and chiropody services. Residents reported satisfaction with their healthcare services. Residents were supported by a medical practitioner of their choice either in their local community or their family doctor.

Given the specialist nature of this service, residents were observed to be comprehensively supported with their food and nutritional needs. A healthy lifestyle with exercise programmes was promoted and supported. The dietician visited the centre on a monthly basis to review each resident's progress and their menu plans. Residents outlined their particular supports to the inspector, and that they were happy with the service provided. Residents were involved in preparing their snacks and meals with the support of staff.

Judgment:

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:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place. However, some improvement was required in the process for review of a resident's medication record.

A pharmacist of their choice was available to the residents. Information regarding their health condition was also observed to be available in residents' plans. Assessments were completed with residents that self-medicated. There was evidence of review of the residents' medical status and their medication. However, some improvement was required in the process for review of a resident's medication documentation. The person in charge was noted to be aware of, and in the process of following up on this matter.

There was a system in place for reviewing and monitoring safe medication management practices. A medication audit was recently completed.

Judgment:

Substantially 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:

Overall, the inspector found that the management systems in place in the centre ensured the delivery and monitoring of safe and quality services. Residents and their families expressed satisfaction with the service provided. However, some improvement was required with the centre's annual review process.

The inspector observed that there were clearly defined systems and processes in operation that supported and promoted the delivery of safe, quality care services for residents. This encompassed the centre's health and safety structures with review and follow up on these matters noted. The audit process was also observed to be utilised, for example, a service medication audit was recently completed. There was evidence of service self-assessment. The provider had completed the required six monthly visits and an annual review was available for 2015. However, none was conducted for the service in 2016.

The inspector observed a clearly defined management structure with clear lines of authority and accountability. The person in charge (PIC) had taken up the position in recent months as the permanent PIC was on leave. The PIC was responsible for this and

another Rehabcare centre in the midlands. She outlined the induction and familiarisation process that she had undertaken for this service, and with the residents and staff. The PIC informed the inspector of the manner in which she allocated her time to this centre and of the systems that were in operation to ensure effective service provision. There were two team leaders who generally worked opposite each other on a day to day basis. When not present in the centre, the PIC noted that she was accessible and had daily phone communication with the team leaders. A formal systematic meeting process to ensure governance and oversight was also observed to be in place. The agenda for this meeting was noted to be comprehensive and inclusive of resident and centre matters.

The PIC was supported and supervised by a regional manager with whom she had regular contact. She also attended the provider's six weekly managers meeting which facilitated communication regarding operational management issues and learning opportunities.

The PIC demonstrated knowledge of the legislation and of her statutory responsibilities. She was committed to her continuous professional development and was currently undertaking a course of study. The PIC was clearly identifiable to the residents and staff, who highlighted the level of support that they received from her.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were sufficient staff numbers to meet the assessed needs of residents and to ensure the safe delivery of services. Continuity of care delivery was maintained. Staff were appropriately supervised. Staff training was in line with residents' needs, however, some gaps were observed.

The inspector observed that the number and skill mix of staff was appropriate to the needs of the residents. Though there were some care worker vacancies, continuity of care for residents was ensured through the usage of regular agency staff from the Rehabcare panel who were very familiar with the service and residents' needs.

Staff interactions with residents were observed to be person centred and respectful. Staff knowledge of residents and their support needs was comprehensive. Resident and family feedback on the service's six monthly provider visit was very complimentary of the centre's workforce.

Staff training and education was facilitated. This included a suite of mandatory training to support residents' health needs and ensure safe service provision. New staff were, as part of their induction given an overview of Prader-Willi Syndrome and associated needs. The inspector noted that the person in charge (PIC) was also sourcing additional up skilling options for staff.

However, gaps in mandatory training requirements, for example, fire safety training were noted for some staff. The PIC had identified this deficit and training dates were being scheduled.

Supervision of staff was clearly established and implemented through direct daily supervision by the PIC and team leaders, and through an individual staff member supervision meeting.

Regular staff meetings were also facilitated which informed and updated the staff team. The agenda included HIQA related matters. Staff reported that they were happy with the level of support and supervision that they received.

There was a planned and actual staff roster for the centre. However, the inspector noted that it didn't reflect the full names of some agency staff.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector found that all the required Schedule 5 operational policies were not available in the centre. Two of the four required policies as identified on the previous inspection were not present. The centre's policy on Access to Education, Training and Development only related to children's services.

Additionally, the inspector observed that some other policies were outside of the three year timeframe, for example, a policy on the provision of intimate care, and another policy was in draft format. Also, some procedural documents did not have a date of creation.

Not all aspects of this outcome were assessed on this inspection.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002636
Date of Inspection:	24 March 2017
Date of response:	09 May 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

The outstanding work on the garden path facility needed to be completed to ensure that it was in good working order for residents' usage.

1. 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

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

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 PIC has obtained quotations for works required in the garden including a pathway leading from the rear of the property to the front Fire assembly Point.

The PIC has also sourced garden furniture and will ensure regular maintenance of this furniture.

The PIC has scheduled the removal of any unused equipment/ furniture from the service.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

As per the body of the report a number of areas required attention to ensure that the premises was clean and suitably decorated for residents.

2. 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 PIC is currently updating the interior of the service and has retained a contractor to carry out painting where required.

The PIC has reviewed the daily cleaning schedule for the service to include regular ventilation.

Proposed Timescale: 30/06/2017

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 centre risk policy relating to self-harm was not finalised.

3. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The organisation's risk policy relating to self-harm is currently being reviewed and will be finalised by 30th June 2017

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The centre did not have adequate arrangements in situ for the containment of fire.

4. 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:

A comprehensive schedule of works has been completed by the provider to include the installation of fire doors throughout the service.

Proposed Timescale: 30/06/2017

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:

Improvement was required in the process for review of a resident's medication record.

5. 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 PIC will ensure all aspects of medication ordering, receiving, prescribing, storing, disposing and medication administration ensuring that all medicines are administered to the resident for whom it is prescribed. This will be in accordance with the organisation Medication Policy.

This includes all staff receiving Safe Administration of Medication, regular review of the medication Policy at team meetings, individual staff supervisions.

The PIC will ensure that GPs supporting each service user will review each service user's medication as per the organisation Medication Policy and complete all required

supporting documentation.

Proposed Timescale: 24/04/2017 - Complete

Proposed Timescale: 24/04/2017

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:

No annual review of the quality and safety of care and support in the centre was completed for 2016.

6. 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:

Annual Review of the service will be complete by 31/05/2017.

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff rota did not contain the full names of some agency staff.

7. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The PIC will ensure that full names of all staff on duty in the service are reflected on the service rota.

Proposed Timescale: 24/04/2017 - Complete

Proposed Timescale: 24/04/2017

Theme: Responsive Workforce

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

There were gaps with some staff member's mandatory training requirements.

8. 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 been schedule to undertake all refresher training as required including one staff member has undertaken Adult Safeguarding Training on 6/04/2017. All training will be completed by end of June 2017.

Proposed Timescale: 30/06/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some of the centre's policies were not reviewed within the required regulatory timeframe.

9. 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 organisational schedule 5 policies have been updated and are currently being signed off by senior management.

Proposed Timescale: 31/07/2017

Theme: Use of Information

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

The following policies were not available in the centre:

- Access to education, training and development (Adults)
- Residents' private property

10. 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:

The Access to education, training and development (Adults) policy has been provided to all staff and residents.

The Residents' private property Policy has been provided to all staff and residents.

Proposed Timescale: 24/03/2017 - Complete

Proposed Timescale: 24/03/2017