

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodvale Group - Community Residential Service
Centre ID:	OSV-0003058
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
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 October 2017 09:25 To: 24 October 2017 19:40

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 the third inspection of the centre, with one announced and another unannounced inspection previously conducted. The inspection was completed by one inspector over one day. The required actions from the centre's registration inspection in April 2015 were followed up as part of this inspection.

How we gathered our evidence

The inspector met with a number of the staff team which included nursing staff, care staff, social care workers and two clinical nurse managers for the community service. The inspector met with nine residents during the course of the inspection and interviewed one of them.

Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. Residents were noted to be content, comfortable and relaxed in their environments

with positive person-centred interactions observed with staff members. A resident communicated their satisfaction with the residence and the service provided there to the inspector. In summary, the resident outlined that they loved their room, that staff were nice, the food was good and that their health and safety needs were supported.

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, centre records, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the premises of both houses that constituted the centre.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was comprised of two houses located in a suburban community, close to a variety of amenities and to public transport options. The statement of purpose stated that the centre's aim was to provide a competent, collaborative and comprehensive community based service in a safe, loving, home-like environment that promoted respect and dignity of service users with intellectual disabilities. Residents' other support needs included autism, epilepsy, mental health issues and challenging behaviour.

There was capacity for 12 residents and on the day of inspection it was home to 11 ladies and one gentleman over 18 years of age.

Overall judgment of our findings

Eleven outcomes were inspected against and overall the inspector observed a reasonable level of compliance. The inspector found that residents' healthcare and medicines management needs were supported. Also, the follow up actions with regard to the supporting of residents' finances, contracts of care and the centre's response to complaints were addressed.

However, to comprehensively ensure that residents' needs were optimally supported, areas for improvement were identified in the core outcomes of safeguarding and safety, with the centre's risk management system and the resident's social care needs. In addition, to ensure that they had all the required competencies to fully support residents' needs, improvements were required in the facilitation of staff training. The centre's governance and management systems required some attention to ensure that going forward it captured and addressed any possible service delivery gaps for the resident.

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 two actions from the previous inspection had been addressed. There was now a revised guidance document available to inform staff practices and supports to residents with regard to their financial affairs. This document included a section regarding expectations for residents when planning holidays, with particular reference to the costs involved.

The centre's complaints log for 2017 was observed. It was noted that the complaints procedure was utilised for residents and complaints were investigated and followed up.

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 required action with regard to the resident's contract was addressed. A recently revised edition of a contract was reviewed and it was found to reference charges with regard to the resident participating in outings and holidays. The contract was noted to have been signed off by the resident's representative on 15 October 2017.

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 supported through a care planning system, with plans present to inform and guide staff. The resident, their representative and members of the multidisciplinary team were involved in the assessment process. Residents were afforded opportunities to participate in interests and activities of their choice.

However, the inspector noted that improvement was required in the review and evaluation process of some residents' social goals, particularly with regard to ensuring that their full potential was systematically facilitated.

The inspector reviewed a number of residents' files which, to clearly guide staff, were organised through a traffic light system. There was evidence of assessments being completed and of plans subsequently developed. Social goals, individual to the resident were identified and documented. There was evidence of the resident being supported to participate in and implement some of their goals. However, the inspector noted that for some residents these goals were not comprehensively reviewed and evaluated. For example, a resident's cited goal was to attend concerts and musical events; however, within a 10 month period they had only been facilitated in attending two events.

During the course of the inspection, residents were noted to attend day services and to be coming and going to a variety of activities. Documentation also indicated that residents went shopping, for meals out in the community, horse riding and used the library services. Residents also informed the inspector of their plans to attend a musical before Christmas.

The inspector observed that, since the previous inspection, no resident had been admitted or discharged from the centre.

Judgment:

Substantially 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 some improvements were still required to the centre's premises to ensure that it fully supported each resident's needs in a comfortable and homely manner.

There were two houses in this centre and the inspector conducted a premises walk around in each one and observed that there were some maintenance and decoration issues that required attention, particularly in the first house. These issues included:

- painting work required on walls/ceiling of some rooms
- unsightly worktop as strip missing on end piece
- curtain poles/fixtures left in situ with no curtains in place
- lights without lampshades
- some damp/mould noted on wall.

The inspector observed that in the second house there was a lack of equipment to ensure that each resident's privacy needs were facilitated. A screen option was not freely available in the house for the residents that shared a twin room. This Schedule 7 deficit was previously identified and was an agreed action from the last inspection. At the feedback meeting the provider noted that it could be sourced if the resident expressed a need.

The other previously cited privacy related matter for the residents had been addressed as thumb locks had been installed on the bathroom door.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

In general, the inspector observed that the health and safety of the residents, visitors and staff was promoted and protected in the centre. However, some improvements were required to comprehensively address all possible risk related matters for the resident.

The inspector observed that there were policies and procedures available in the centre with regard to risk management, emergency planning, fire safety, incidents where a resident goes missing and manual handling. There was also a health and safety statement and a centre risk register (updated at end of quarter three 2017), which encompassed both clinical and general risk matters.

However, the inspector found that the risk register ratings did not correlate with some of the residents' observed and assessed needs. This included fire being rated low though a resident had particular issues with the evacuation procedure. The inspector also noted that this resident's evacuation issue required improvement in the recording and review of the matter.

Additionally, through assessment of other outcomes it was noted that some individual risk for a resident was not comprehensively captured/assessed. For example, a possible risk of absconding. These matters were discussed at the inspection feedback meeting.

The inspector found that there was an established fire management system and the required fire equipment was available in the centre. There was evidence of maintenance and servicing of the fire alarm system, the emergency lighting and of the equipment provided, which included fire extinguishers and fire blankets. Some fire containment issues had been addressed since the previous inspection.

Fire safety related checks were completed by staff, and also incorporated into the centre's weekly health and safety walk around. Fire drills were conducted at a variety of times and with variances in the number of staff available to provide support. There was also a system to ensure that all staff participated in the fire drill procedure. Staff

knowledge of fire safety management was found to be good. The resident's individual needs were also considered in their personalised emergency evacuation plan.

Staff were provided with fire training; however, further specialised training in the usage of ski pads was needed for some staff. This training need had recently been identified by the provider.

From general observations, a walk around, document reviews and discussions with staff, the inspector found that there were satisfactory procedures in operation for the prevention and control of infection.

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:

Overall, the inspector found that there were measures and systems in place in the centre to protect residents from being harmed or suffering abuse, with appropriate actions taken in response to allegations.

However, though there was a positive behaviour support approach evident for residents, improvement was required with the supporting of some residents' particular needs. The centre did promote a restriction free environment; however, some improvement and clarity was required with the due process mechanism around the usage of restrictive practices.

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. Where required safeguarding plans were developed to inform and guide staff practices and supports. Additionally, the inspector noted that intimate care plans were available to safeguard resident's individualised needs.

Staff member's engagement with residents was observed to be warm, respectful and

person centred. Residents were observed to be content in their home and on interview a resident reported that she felt safe and liked staff.

The inspector observed that the resident's emotional and behavioural needs were recognised in the centre. Residents were reviewed and supported by members of the psychiatry team. However, the inspector found that though previously supportive documentation was in files, some residents' behavioural support needs had not been recently reviewed by a behaviour specialist, though behavioural incidents had occurred. Additionally, the inspector noted that regular reviews of residents' behaviour support needs and plans were cited as control/supportive measures on both challenging behaviour risk assessments and on safeguarding plans.

Restrictive practices utilised with regard to the resident's needs were predominantly of an environmental type. There was evidence of review and of the resident's representative being informed. However, there was no risk assessment or tracking documents for the usage of some restrictions and the timeliness of the review process required improvement.

The policies as required by regulation were available to staff.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall, the inspector found that the resident's healthcare, including their nutritional needs were supported.

It was observed that the resident's healthcare needs were promptly identified, assessed, supported and reviewed through a care planning system. Each resident was facilitated to attend a general practitioner of their choice with out of hours medical support available. On the day of inspection a number of residents were being supported to attend for an annual immunisation programme.

Residents were also facilitated to access a multidisciplinary team which included physiotherapy, psychiatry, a clinical nurse specialist in dementia, occupational therapy and social work. It was also observed that residents were supported to access and

attend allied health professional and specialised clinics in keeping with their assessed needs.

The resident's health and nutritional needs were observed to be considered, assessed and supported by staff. Both the dietitian and speech and language therapist were involved in the assessment process. Staff knowledge with regard to the residents' support requirements was noted to be good.

Residents expressed their satisfaction with the menu and choice provided. During menu planning, each resident had the opportunity to choose/lead the main meal. Healthy eating was promoted and encouraged. Drinks and a range of snacks were available to the residents.

Residents were also noted to be involved in shopping and food preparation in line with their wishes and abilities.

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:

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. There was an overarching service policy and a further local guidance document for the community service.

A pharmacist was available to the residents and staff noted how accessible this service was. The resident's medication was delivered on a weekly basis with established processes in situ for the receipt of same. Medicines in the centre were stored as required and the residents' medication records were also kept in a safe and accessible place.

There was evidence of ongoing review of the residents' medical status and their medication which involved their general practitioner and psychiatrist. It was also noted that there was communication with specialised clinics in line with the residents' needs. Medication in this centre was administered by both registered nurses and other staff

that had been trained in safe administration of medication practices. The inspector observed a bank list of nursing staff signatures with their initials and correlating registration numbers. Staff knowledge with regard to the residents' needs and practices was observed to be good.

There was a system in place through the centre's incident reporting system, for the reviewing and monitoring of safe medication management practices.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

In general, the inspector found that there were management systems in place to support and promote the delivery of a safe and quality service. There was an identified management structure with clear lines of authority and accountability. The quality of care and of the residents' experience of service delivery was monitored. However, improvement was required to ensure that some identified gaps in areas of care and support provision were addressed for the residents.

The inspector observed areas for improvement in the core outcomes of safeguarding and safety and with the centre's risk management system. The centre's premises also required attention to ensure that it was comfortable and homely throughout. Some further work was required with the review and evaluation of the residents' social care needs.

There was evidence of self-monitoring by the provider, which included the six monthly provider visits and the annual review process. Both the residents and their representatives were noted to actively participate in the feedback process. The most recent provider visit (June 2017) identified areas for improvement with some noted to be followed up. Other outstanding identified areas correlated with some findings on this inspection.

The centre's management structure encompassed the person in charge who was line managed by a clinical nurse manager 3, and had access to the provider's representative. There were communication systems in situ around this structure. The person in charge, who had worked in the centre for a number of years, was on leave at the time of inspection but there was a system to cover her absence. Additionally, there was a nurse manager available to provide support and guidance to staff over the 24 hour period.

Arrangements for staff to raise concerns with regard to the service provided were observed. Staff were positive in their feedback and experience of working in this centre and of the support they received.

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):

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

Findings:

In general, the inspector found that the number and skill mix of staff in the centre was appropriate to the residents' needs. However, some improvement was required with the facilitation of a comprehensive suite of staff training in line with the assessed needs of the residents.

Gaps observed in staff training related to some residents' particular/individualised needs and included:

- bespoke fire training as noted under outcome 7
- manual handling
- safeguarding
- behaviour support
- education in mental health conditions
- first Aid
- care planning

With regard to the centre's workforce, the inspector was informed by the clinical nurse managers that currently the staff complement was full. In situations, where relief staff were required, they generally worked with permanent staff members and were familiar

to the residents.

A planned and actual roster was maintained for the centre. The inspector was informed that currently no volunteers were involved in supporting residents.

Supervision and support for members of the workforce was observed to be delivered through the person in charge's presence in the centre, staff meetings and a formal supervision process. Staff reported their satisfaction with working in the centre and acknowledged the support that they received.

Throughout the inspection staff were observed to interact with residents in a person centred and respectful manner.

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 a number of the centre's Schedule 5 policy documents, though present, were not reviewed within the required regulatory timeframe. This included one of three policies that had been noted to require review on the previous inspection (the creation of, access to, retention of, maintenance of and destruction of records) and policies that underpinned staff practices with regard to residents' safeguarding needs. These included:

- the policy for the provision of personal intimate care
- the policy for the provision of behavioural support
- the policy on the use of restrictive procedures and physical, chemical and environmental restraint.

During the inspection feedback meeting the provider reported that a number of the cited policies were currently under review with a projected timeframe for completion at end of

2017.

Additionally, the inspector observed that some improvements were required with the quality of maintenance of some residents' records. For example, some goals did not have a date of creation and a resident's healthcare plan needed to be redrafted to ensure clarity for the staff in following same.

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 Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003058
Date of Inspection:	24 October 2017
Date of response:	04 January 2018

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 05: Social Care Needs

Theme: Effective Services

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

Some resident's social goals were not reviewed and evaluated in a systematic manner that ensured their full potential was realised.

1. Action Required:

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

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:

Each resident's individual goals will be reviewed monthly or sooner if required.

Proposed Timescale: 31/12/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As outlined in the body of the report a folding screen to ensure the resident's privacy was not available in their home.

2. Action Required:

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

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

Folding screen is available when residents request to use it.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

As outlined in the body of the report, a number of areas required attention to ensure that each resident's home was appropriately maintained.

3. 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:

Mould has been removed and the area has been treated.

Painting will be prioritised in 2018 maintenance list.

Maintenance works will be carried out in the kitchen area.

Proposed Timescale: 30/04/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

As outlined in the body of the report, some improvements were required with regard to the centre's identification, rating, review and updating of all risk matters for residents and staff.

4. 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:

Safety Statement has been updated has been updated to reflect current risk ratings.
Current Risk Assessment in Residents care plan to reflect risk of absconding.

Proposed Timescale: 31/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

As outlined in the body of the report, improvements were required with the due process mechanisms for the usage of restrictive practices with the resident.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Multi disciplinary Team meetings held every 3 months to review Restrictive practices in the Woodvale Group.

There are daily recording sheets in Residents care plans for recording use of restrictive practices.

Proposed Timescale: 31/12/2017

Theme: Safe Services

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

Some resident's support needs with regard to their challenging behaviour, required to

be reviewed and updated to ensure that they were optimally supported.

6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Clinical Nurse Specialist in Behaviour will review the behaviour support plans

Proposed Timescale: 31/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

As outlined in the body of the report, improvement was required to ensure that the centre's management systems comprehensively supported the residents' needs.

7. 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:

The PIC will ensure that each resident's individual goals are reviewed monthly or sooner as required.

The PIC will ensure that up to date risk assessments for all risks are in residents Care Plans

Proposed Timescale: 31/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

As outlined in the body of the report, gaps were identified with regard to some staff member's 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:

Ski pad Training scheduled for all staff on 15/01/2018.

Training scheduled for staff in January and February for Manual Handling and Welfare and Protection.

A training needs analysis had been completed identifying additional training requirements for the staff team for 2018

Proposed Timescale: 01/03/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

As outlined in the body of the report a number of centre 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:

The Policy on Supporting persons with behaviours of concerns has been reviewed and circulated.

The Policy for supporting provision of personal intimate care will be circulated in February 2018.

The Policy on the use of Restrictive Practice is currently being reviewed.

Proposed Timescale: 30/04/2018

Theme: Use of Information

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

As cited in the body of the report, improvement was required with the maintenance of some residents' schedule 3 records.

10. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All goals for residents have been dated.
A resident's health care plan has been redrafted to ensure clarity for staff.

Proposed Timescale: 31/12/2017