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:	Gainevale House
Centre ID:	OSV-0005051
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Lead inspector:	Maureen Burns Rees
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:	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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 January 2018 09:30	23 January 2018 18:30
24 January 2018 09:30	24 January 2018 12:30

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision. The previous inspection was undertaken on the 29 of August 2017.

How we gathered our evidence:
As part of the inspection, the inspector met with the person in charge, the acting regional manager, the director of operations, the chief operating officer, a team leader and two social care workers. The inspector spoke with three of the six residents living in the centre. Residents spoken with outlined that they enjoyed living in the centre. All of the residents were in good spirits on the day of inspection and were observed to have warm interactions with the person in charge and staff caring for them. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:
The service provided was as described in the provider's statement of purpose, dated

December 2017. The centre provided residential care for six adults.

The centre consisted of a large two-storey house located on a spacious site within walking distance of a small village in Westmeath. There were two separate stair cases providing access to bedrooms and bathrooms on the upper level. Six bedrooms were set aside for residents and five of these had en-suite facilities. There were four additional bathrooms and adequate separate communal spaces for the residents. There was a well maintained landscaped garden area surrounding the centre.

Overall judgment of our findings:
Overall, the inspector found that the residents were well cared for. The person in charge had only taken up the post in the previous seven week period and demonstrated adequate knowledge and competence during the inspection. The inspector was satisfied that he was a fit person to participate in the management of the centre.

The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. However, it was identified that the assessed behavioural support needs of a number of the residents were sometimes difficult for staff to manage in a group living environment. In addition, it was observed that three of the residents' bedrooms did not have a window. This was of concern to the inspector, from a fire safety and a residents' rights perspective. The director of operations and chief operating officer told the inspector that fire safety works to address this were planned, and an architects written safety report and proposed plans were submitted by the provider on the day following the inspection which verified these plans.

Good practice was identified in areas such as:

- Resident’s individual needs and choices were appropriately assessed and personal plans had been put in place to meet the needs identified (Outcome 5).
- Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. (Outcome 11)
- There were systems in place to support staff in protecting residents in relation to medication management. (Outcome 12)

Areas for improvement were identified in areas such as:

- At the time of this inspection, three of the residents' bedrooms did not have a window for natural light and ventilation. (Outcome 6)
- Some fire safety improvements were identified for completion. (Outcome 7)
- Some improvements were required in relation to safeguarding arrangements. (Outcome 8)
- An annual review of the quality and safety of care as required by the regulations had not been undertaken. (Outcome 14)

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 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:
Resident's individual needs and choices were appropriately assessed and personal plans had been put in place to meet the needs identified.

A full assessment of resident's needs was completed as part of the admission process and reviewed at regular intervals. These assessments informed personal plans put in place. There was evidence that residents and their families or representatives were involved in these assessments.

There were person-centred plans for each of the residents which detailed their individual needs and choices. Personal goals, actions required to achieve same and timelines were also recorded for each resident. Task analysis sheets had been completed for some goals. There was evidence that outcomes were reviewed by key workers, with residents on a monthly basis. Person-centred plans had a multidisciplinary input, and residents and their family representatives were involved in the development of plans put in place. These were found to be in an accessible format.

The inspector reviewed daily activity lists on file for residents which showed that they were engaged in a good range of activities in the local community and inside the centre. Visual timetables had been put in place for residents regarding their daily planners. A number of residents who spoke with the inspector referred to their activity timetable and it was evident that it assisted them in organising their day.

Personal plans were formally reviewed on a minimum of a yearly basis. There was evidence that residents and their families were invited to review meetings, although on

some occasions they chose not to attend.

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):
No actions were required from the previous inspection.

Findings:
There was suitably furnished and decorated, private and communal accommodation for residents. However, three of the residents bedrooms did not have a window for natural light and ventilation.

The centre was a large character building which was identified as a protected structure. It had been furnished and decorated to a good standard and had a homely and comfortable feel. The building had two staircases which each provided access to two separate upstairs areas which were not connected. There were two separate living room areas on the ground floor which could be accessed by a small number of steps. There were six bedrooms set aside for residents and five of these had en suite facilities. There were four additional bathrooms.

However, at the time of inspection three of the bedrooms were observed not to have a window. Two of these being on the ground floor and one in an upper floor area. As outlined under outcome 7, a number of fire safety works had been identified for completion in the centre. These included the provision of a window in the two bedrooms on the ground floor. It was proposed that this work would be completed by the end of February 2018. There were no plans to provide a window in the bedroom on the upper floor but it was proposed that a larger window would be provided in the en-suite facility connected to this room. The resident residing in this bedroom had been living there for an extended period and had personalised the bedroom to her taste. She told the inspector that she really liked her bedroom.

There was a suitable kitchen area with suitable and sufficient cooking facilities.

There was a well maintained landscaped garden area around the centre. Adequate parking was available.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
There were arrangements in place to promote and protect the health and safety of residents and staff. However, some fire safety improvements were identified for completion.

Precautions were in place against the risk of fire. However, a number of fire safety improvements were required for the building. Written assurances in relation to these were not available on the either of the two days of inspection. However, on the day following the inspection, the provider submitted a fire safety report from a registered architect and a proposed plan to complete a number of identified fire safety works. The chief operating officer and director of operations told the inspector that contracts to commence the work were in the process of being awarded. It was anticipated that the works would commence at the end of January and be completed before the end of February 2018.

A procedure for the safe evacuation of residents and staff, in the event of fire, was prominently displayed. Each of the residents had a personal emergency evacuation plan in place which considered the mobility and cognitive understanding of the resident. The centre had two staff on 'waking' night duty. The fire assembly point was identified with appropriate signage in an area to the front of the building. Fire drills involving residents were undertaken at regular intervals with appropriate records maintained of those attending, time required for full evacuation and issues encountered. A fire risk assessment had been undertaken. Records showed that fire fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. Fire doors with self closing hinges had been installed since the last inspection. Formal safety checks of fire equipment and other safety precautions were undertaken at regular intervals.

There was a health and safety policy and procedure, which was specific to the centre. There was a safety statement, dated May 2017. Site-specific risk assessments had been undertaken and appropriately recorded. Health and safety checks were completed at regular intervals. There was an emergency plan in place to guide staff in responding to an emergency. The provider had a quality team which was accessible as a resource for the centre. There was a risk management policy, which met the requirements of

Regulation 26. Individual risk assessments for residents had been undertaken with plans put in place to address risks identified.

There were arrangements for investigating and learning from serious incidents and adverse events involving residents. There was a computer based system for incident and near miss reporting which included a section to record action taken and further actions required. A procedure for completing incident forms was in place to guide staff. There was evidence that individual incidents were reviewed and discussed at staff team meetings.The person in charge provided the acting regional manager with a weekly written report on the numbers of incidents in the centre. From a review of a sample of case notes, the inspector found that incidents had been appropriately reported.

There were procedures in place for the prevention and control of infection. There was an infection control policy and procedure. There were cleaning schedules in place and sign off sheets. Colour coded cleaning equipment was in place and appropriately stored. The inspector observed that there were facilities for hand hygiene available. All areas were observed to be clean and in a good state of repair.

Judgment:
Substantially Compliant

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:
There were measures in place to safeguard residents and appropriate actions had been taken in response to allegations or suspicions of abuse. However, some improvements were required in relation to safeguarding arrangements.

There was a policy and procedure on protection of vulnerable persons, dated August 2017, which was in line with the national guidance. The inspector noted that the responsibilities and contact details for the designated officer and a deputy, were detailed in the policy. The person in charge and staff interviewed were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. There had been a small number of suspicions of abuse in the previous 12 month period and

these were found to have been appropriately responded to. One allegation was in the process of being investigated at the time of inspection. There was a policy and procedure on resident finances, dated January 2017. All staff had attended appropriate safeguarding training.

Arrangements were in place to provide residents with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. However, it was evident that the behaviours of two residents had the potential to have a negative impact on other residents. The inspector found that the assessed needs of these residents were sometimes difficult for staff to manage in a group living environment.

The centre had a policy and procedure on behaviour support, dated October 2017. Risk assessments and safeguarding plans had been put in place. Reactive strategies and anxiety plans were on file for residents who were identified to require same. Training records showed that staff had received appropriate training in a recognised behaviour management approach. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. The centre had access to the providers behaviour support team which included expertise in psychology, psychiatry and psychotherapist. The provider had a facility for a drop in clinic for behavioural support.

There was a policy and procedure on restrictive practices. Restrictive practices in place were approved and regularly reviewed by the provider's behaviour support team. There was a restrictive practice log maintained. Risk assessments had been completed for restrictive practices in place. There was evidence that restraints used were discussed at providers clinical meetings on a two weekly basis.

The centre had an intimate care policy in place. Intimate care assessments and plans were in place for residents who require same.

Judgment:
Substantially Compliant

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

Theme:
Health and Development

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

Findings:
Arrangements were in place to support residents on an individual basis to achieve and

enjoy the best possible health.

Residents' healthcare needs were met by the care provided. Overall, residents had low healthcare needs. There was a policy on health and wellbeing. A comprehensive health assessment and action plans had been completed for residents. Personal plans included a section on personal health. A hospital passport was in place which included pertinent information in the event that a resident needed to be admitted to hospital. Pre and post consultation notes were maintained of all contact with GPs (general practitioner) and other health professionals. Each of the residents had their own GP and access to an out-of-hours doctors service. The provider employed and or had access to a number of therapeutic supports which were available to residents. These included: speech and language therapy, dietician, occupational therapy, physiotherapy, behaviour specialist, psychology, psychiatry and counselling therapist. Residents had access to a nurse, in core working hours, through the provider's clinic service which was located a short drive away.

There were arrangements in place for residents to be involved in choosing and assisting to prepare meals in the centre. There was a fully equipped kitchen-come-dining area with adequate seating to allow meal times to be a social occasion. A weekly menu planner was agreed at the weekly resident forum meeting which was generally well attended. There was a policy on diet and nutrition. The inspector observed that a healthy diet and lifestyle was promoted in the centre. There was evidence that residents, identified to require such support, had access to a dietician. Recommendations from dieticians for some residents were being implemented in the centre.

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:
There were systems in place to support staff in protecting residents in relation to medication management.

There was a policy and procedure on the safe administration of medication, dated June 2017. A secure storage press was in place for medications. All staff had completed appropriate training in the safe administration and management of medications. The

inspector reviewed a sample of medication prescription and administration records and found that they had been appropriately completed. Records showed that medications had been administered as prescribed. Individual medication management plans were in place. Procedures were in place to check all medications ordered and delivered by pharmacy with medication stock control logs maintained. A seven day supply of all medications including PRN or as required medications was maintained in the centre.

PRN or as required medication protocols were in place for residents who were identified as requiring these. These had been signed off by the resident's physician. A PRN administration record was maintained of all administrations and included information on the reasons for administration, synopsis of all other techniques used prior to resorting to the PRN administration and the outcome as a result of the medication being given.

A controlled drug was used in the centre. This drug was found to be appropriately stored with appropriate checks recorded in the controlled drugs register.

There were arrangements in place to review and monitor safe medication management practices in the centre. Medication audits were undertaken by the provider's quality assurance department on a regular basis with the most recent audit completed within the previous two weeks. There was evidence that the output from these audits, with any learning identified was discussed at staff team meetings.

There were procedures for the handling and disposal of unused and out of date drugs including controlled drugs. A record was maintained of all unused and out of date medication returned to pharmacy.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose in place, dated December 2017.

Overall, this accurately described the services and facilities provided. However, the information provided in relation to the staff complement for the centre was incorrect.

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:
There were arrangements in place to monitor the quality and safety of care and support in the centre.

There was a management structure in place. The person in charge reported to the acting regional manager who in turn reported to the director of operation, who reported to the chief operating officer. Staff interviewed had a clear understanding of their role and responsibility, and of the reporting structure.

The person in charge held a full-time position and was not responsible for any other centre. He was supported by a team leader and a deputy team leader. The person in charge had only taken up their position within the last two months. He holds an honours degree in childhood and youth studies and had more than six years management experience. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a good understanding of the individual care needs of each of the residents.

The provider's quality department had undertaken a range of audits in the centre. These included audits of personal plans, medication management and cleaning schedules. There was evidence that issues identified were reported to the acting regional manager along with an action plan and timelines to address issues identified. The person in charge submitted a weekly report to the acting regional manager which included information on matters such as incidents, restrictive practices, maintenance concerns and any clinical concerns. A separate monthly assurance report regarding all operational matters was also compiled by the person in charge and submitted to the acting regional manager.

The provider had undertaken six-monthly unannounced visits to the centre and produced a report of the quality and safety of care as per the regulatory requirements.

An annual review of the quality and safety of care as required by the regulations had also been completed.

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

Findings:
There were appropriate staff numbers and skill-mix to meet the assessed needs of residents in the centre. However, a small number of relief staff were over due to attend some training

There was a recruitment and selection policy and procedure in place, dated June 2017. The inspector reviewed a sample of four staff files and found that the information as required in Schedule 2 of the regulations was available in the files reviewed.

There was a staff roster in place which showed that there were adequate numbers and skill-mix of staff on each shift to meet the needs of the residents. The person in charge reported that the whole time equivalent staff complement for the centre was short by two staff. There was evidence that this shortfall would be reversed in the two weeks following the inspection with the return of a staff member from long-term leave and the uptake of a position by a new staff member. The inspector noted that copies of the standards and regulations were available in the centre. Staff interviewed were knowledgeable about their role and the regulatory requirements.

There was a training and development procedure in place, dated June 2017. There was a training programme in place which was coordinated centrally by the provider. Staff training records reviewed by the inspector showed that all staff had attended mandatory training but a small number of relief staff were over due to attend some training.

There were formal supervision arrangements for staff in place. The inspector reviewed a sample of supervision records and found that they were of a good quality and had been undertaken in line with the frequency proposed in the providers policy.

There were no volunteers working in the centre at the time of 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:

Maureen Burns Rees
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0005051
Date of Inspection:	23 & 24 January 2018
Date of response:	20 February 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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
At the time of inspection, three of the residents bedrooms did not have a window for natural light and ventilation.

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 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:
Proposed Plans for building works and fire safety was submitted to the Authority 1 day following the Inspection. Building works will be completed by the 28th Feb 2018.

Proposed Timescale: 28/02/2018

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:
A number of building fire safety improvements were identified. Written assurances in relation to these were not available on the either of the two days of inspection. However, on the day following the inspection, the provider submitted a fire safety report from a registered architect and a proposed plan to complete a number of identified fire safety works.

2. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
Proposed Plans for building works and fire safety was submitted to the Authority 1 day following the Inspection. Building works will be completed by the 28th Feb 2018.

Proposed Timescale: 28/02/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The behaviours of two of the residents had the potential to have a negative impact on other residents. The inspector found that the assessed needs of these residents were sometimes difficult for staff to manage in a group living environment.

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

Please state the actions you have taken or are planning to take:
Person in Charge to complete Impact Assessments on all residents in the Designated Centre to ensure all protential impacts are taking into account. [2 March 2018]

Person in Charge to meet with Behavioural Special and Director of Services to complete a review of all adverse incidents for previous 3 months to ensure there is ongoing review and transfer of learning from these incidents. [16 March]
Person in Charge to complete Comprehensive Needs Assessments on all residents in the Centre in order to ensure assessed needs are being met. [23 March 2018]
MDT to be held following completion of Comprehensive Needs Assessment and review of Incidents. Person in Charge, Director of Operations, Director of Services and Behavioural Specialist to attend. [30 March 2018]

Proposed Timescale: 30/03/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The information provided in the statement of purpose regarding the staff complement for the centre was incorrect.

4. 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:
Review of Statement of Purpose was completed by Peron in Charge and Director of Operations on the 20 March 2018. Statement of Purpose was updated following this review and staff complement was updated.

Proposed Timescale: 20/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of relief staff were over due to attend some training.

5. 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:

Person in Charge to complete a full review of all relief staff training records and complete gap analysis. All outstanding training to be completed by relevant relief staff.
Proposed Timescale: 20/03/2018