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:	Cairdeas Services Belmont
Centre ID:	OSV-0005077
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Julia Kelly
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 October 2017 09:00	24 October 2017 19:00
25 October 2017 09:00	25 October 2017 12:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
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
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third inspection of this centre which forms part of an organisation which has a number of designated centres the south east region. This was an announced inspection undertaken in response to the provider's application to vary the conditions of the service .This variation involved both an increase in the number of residents and a reconfiguration of the units which comprise the service.

Both of the units in this centre had been inspected previously as part of separate registrations in their previous configuration. The changes are part of overall strategy to ensure residents' needs within centres were compatible and also to facilitate the appointment of a centre-based person in charge.

The role of person in charge was previously held by the service manager which was not a feasible option in the long-term due to the level of responsibility this entailed. The centre was granted registration on 3 October 2015 and one of the units also had a monitoring inspection in January 2017. All of the documentation required for the variation of the registration conditions had been forwarded by the provider as required.

During this inspection the inspector also reviewed the actions from the previous inspections of 2015 and 2016 and noted that of 16 actions required almost all had been substantially completed.

How we gathered the evidence:
The inspector met with all residents and spoke with three and residents allowed the inspector to observe some of their daily life and routines. Residents who could communicate told the inspector they were happy living in the centre, and that the move to the centre was a good one for them. They enjoyed their outings and activities, liked having their own bedrooms and had lots of personal possessions.

They occasionally went for a pint, and very much liked going out on the bus and to the shops. The inspector saw that residents were comfortable with the staff and communicated freely with them in their preferred manner.

Relatives who completed questionnaires on behalf of the residents were also very satisfied with care provided, were familiar with all of the staff and the manager and had no grounds to complain. They also said that the services was responsive to their residents needs and were happy with decisions made in regard to these.
The inspector also met with staff members, the person in charge, regional services manager and the provider nominee.

Description of the service:
The statement of purpose describes the centre as providing care for 11 residents, both male and female with moderate to severe intellectual disabilities, behaviour support needs and age related healthcare needs. To this end the inspector found that the care provided was congruent with the residents' needs and with the statement of purpose. A recent admission was being monitored to ensure the suitability and compatibility of residents.

The centre is comprised of two units located on a campus within close proximity to all facilities and services.

Both are single story, easily accessible with adequate space for privacy. The premises are homely, well equipped, spacious and suitable for the current and changing needs of the residents.

Overall judgement of our findings:
This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents with good oversight and responsive care. The arrangements for the variation were found to be satisfactory and suitable.

Good practice was observed in the following areas;
• governance systems were effective and responsive which promoted the residents wellbeing and security of care (outcome 14)
• residents had good access to healthcare, multidisciplinary specialists and good personal planning systems were evident which resulted in a positive and supportive

experience for them (outcome 5)
• residents activities and daily routines were based on their own preferences which ensured they had interesting and varied experiences which suited their needs, ages and health status (outcome 5)
• risk management systems were effective and proportionate which helped to keep residents safe (outcome 7)
• medicine management systems were safe (outcome 12)
• numbers and skill mix of staff were suitable which provided good levels of support and care for the residents (outcome 17)

Some improvements were required in the following areas to improve the overall outcomes for residents;
• More detailed safeguarding plans and adherence by staff to safeguarding protocol was required (outcome 8)
• Adherence to guidelines in regard to the use of any methods of physical interventions (outcome12)
• Ensuring that residents needs are identified on admission (outcome 5)
• Records relevant to residents care and support

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

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 action required from the previous inspection had been addressed. The unsuitable viewing panels noted in all bedroom doors had been removed which afforded greater privacy to residents. Any unsuitable audio equipment had also been removed and there were suitable locks on the bathroom doors to ensure the privacy of residents.

Residents bedrooms were very personalised and comfortable with care taken in regard to their personal possessions.

It was apparent and carefully planned each day that the resident had choice in their preferred routines and could attend day service or activities as they wished or simply relax in the centre if they wished to. The weekly meeting records also showed that residents were encouraged to let staff know in their own way how they felt about aspects of their lives including food or activities. Pictorial images were used to support residents communication and decision making. Staff also used sign language.

It was apparent that staff knew their means of communication and non verbal expressions and responded to this. An assessment for capacity was undertaken in regard to residents managing their own monies. While no residents were deemed to have this capacity it was apparent that with staff support they had access to the own monies and could spend as they wished.

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:
The previous inspection found that resident needs were not re-assessed in a timely manner, support plans did not reflect these needs and annual reviews had not been undertaken or were not comprehensive. Although significant work had been undertaken there were still some deficits in the records of the annual reviews and in the goals and plans made following them for some, but not all residents.

However, from observation, daily records and from speaking with staff it was apparent that comprehensive reviews were held and more meaningful, relevant and age appropriate plans were being implemented for the residents. These are therefore documentary deficits and do not reflect the actual care and support being provided to the residents. This is therefore actioned under outcome 17 Records.

However, in one instance, comprehensive information had been sourced prior to an admission. The information had not been adequately reviewed by staff to ensure all of the resident's needs were being addressed in all aspects. This was discussed with the person in charge and arrangements were being made to rectify this.

The inspector found that residents' needs had been reassessed by appropriate multidisciplinary services including speech and language physiotherapy and dieticians. The inspector also saw that annual reviews had been held and detailed internal multidisciplinary reviews also occurred to ensure residents achieved the best outcomes.

Families, representatives or the resident themselves where this was possible attended the reviews. Support plans had been implemented for identified issues including skin care, nutrition, mobility and behaviour supports. Changes to the supports available and residents plans had been made following the reviews.

The residents ages, healthcare needs, mobility, personal preferences and psychosocial needs cleary informed the care provided and the provider was found to be responsive to changes.

This was evidenced by the changes to residents daily routines when failing health was noted, planning on a day-to-day basis to allow residents choice and support behaviour and routines and activities which were individually tailored.

Residents had been facilitated to move between the units where this was deemed to be in their best interties or their own preference. A new admission had taken place which was carefully considered and was being monitored to ensure it was appropriate for all the residents.

Resident social and daily actives were person-centred. Some attended day services integral to the organisation where the activities were individually tailored to suit their preferences. These included massage, therapeutic baths, music, ball-games, going for drives and walks. Other residents had on-to-one staff that supported their external activities daily.

Within the unit there were suitable activities available and seen to be used such as a sensory room and a massage chair. Some residents were supported with the development of life skills and had responsibilities for small daily tasks in the centre. They had opportunities to attend community events and go for meals out, matches or go for a drink, do shopping with staff and attend other age appropriate supportive groups. The residents told the inspector they enjoyed their various activities.

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

Findings:
The actions from the previous inspection had been satisfactorily resolved with the installation of self-closing devices on fire doors, and the servicing of all fire safety equipment at the required intervals. All exits were easily accessed on the day of inspection and no fire doors were wedged open.

Fire drills were held regularly at various times and any problems identified during these were responded to. Given their individual physical and age related needs each resident had a specific evacuation plan which staff were aware of.

Systems for the identification and management of risk were proportionate and balanced. The risk management policy was satisfactory. There was dynamic systems for

responding to risks identified which were regularly reviewed, including environmental and clinical risk to residents.

Frequent and detailed health and safety audits of work practices and the environment undertaken with actions identified and completed. Untoward events and accident or incidents were reviewed immediately and at management meeting to ensure the actions were effective. Regular audits on accidents and incidents, medicines and medicines errors, challenging behaviour were undertaken and there was evidence of analysis and remedial actions taken in response.

The emergency response systems in place had been effective during a recent occurrence of power outage and residents had not been unduly affected. All residents had pertinent individual risk assessments and management plans for healthcare needs, challenging behaviours, self harm, choking and falls.

The policy on infection control and the disposal of sharps was detailed. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary. Appropriate vaccinations were provided for staff as necessary prior to working in the centre. The equipment necessary for residents safety and mobility was available and records of regular servicing of this and the vehicles used were available.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there were systems in place for the protection of residents but some improvements were required in the specific details of safeguarding plans; intimate care plans and the protocols for responding to any allegations made. Where safeguarding plans were necessary by virtue of residents individual vulnerabilities', for example from threats from peers these did not inform staff or guide practice.

There was specific protocols in place to manage ongoing communication made by a resident which might indicate abusive interactions. This protocol was appropriate and detailed. All such incidents were reviewed by the dedicated social work service and the multidisciplinary team.

However, from a review of the records and speaking with staff the inspector found that the protocol was not been adhered to as outlined. This posed a potential risk to a resident.

Intimate care plans also lacked specific details as to how to best support residents while ensuring that their privacy, dignify and integrity was respected.

However in some instances the plans were very specific and gender preferences were detailed and respected by staff.
Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse

Where any issues arose regarding staff these were managed appropriately by the provider who ensured that systems for ensuring that staff adhered to professional conduct rules were implemented. The inspector reviewed the outcome of a previous complaint made in regard to the management of residents' finances. This has been fully investigated by external bodies with no wrong doing found. However, procedural changes were advised to ensure there was clarity of spending and oversight. The provider outlined a satisfactory process which was being implemented in regard to these.

The provider was acting as guardian for one resident. There was an oversight committee in place to ensure the residents' rights were protected.

There were pictorial and easy read versions of safeguarding systems for residents. Residents who could communicate informed the inspector that they felt safe in the centre. Staff were able to articulate their understanding and responsibilities in relation to this and were very clear on what behaviours were not acceptable. They expressed their confidence in the management team to respond promptly to any incidents.

The inspector found that the systems for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and undertaken with consistent multidisciplinary guidance and review.

Both mental health and psychology services were available internally and resident's psychosocial needs were very well assessed and supported with ongoing intervention and review. Behaviour support plans were detailed and staff spoken with demonstrated an understanding of and empathy with the underlying causes of behaviour and were seen to implement the plans. The staffing levels available also supported this process.

The policy on the use of restrictive practices was also in accordance with guidelines. It clearly defined the exceptional circumstances in which such procedures should be used and how they were to be monitored and overseen. The inspector was satisfied that such

practices were monitored, not used inappropriately; the protocol was followed and robustly reviewed by the multidisciplinary team.

While some procedures used were significant they were closely aligned to the behaviour supports plans in order to enable the resident manage the behaviours themselves with staff support .They were also necessary to protect other residents. There was evidence that the incidents and timeframes of such incidents were reducing. Detailed records of the use of such procedures were maintained.

However, the inspector found that on some occasions a limited physical intervention was used. This was not prescribed for the resident and some staff did not have training in its use. All staff had training in challenging behaviours.

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:
Residents had a range of complex healthcare needs. The inspector found evidence that these were identified and supported on an ongoing basis and as needs changed. There was good access to general practitioners (GPs) and out-of-hours service was also used where necessary.

There was evidence of regular referral and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, neurologists dieticians and physiotherapy and psychiatry. The support plans were informed by these assessments and review. As necessary food and fluid intake were monitored.

From a review of the medical records and nursing notes the inspector found that where end-of -life and palliative care was necessary this had been provided. All necessary clinical and emotional care and supports had been provided by familiar staff and family members. While no specific end-of-life care plan had been implemented the inspector was satisfied that this was a documentary deficit only. This is actioned therefore under outcome 18 Records.

The inspector saw evidence of health promotion and monitoring with regular tests and interventions to manage specific healthcare needs.

The inspector saw from records and speaking with staff that families were kept fully informed and involved in regards to healthcare issues and appointments. Inspectors were informed and saw evidence that if a resident was admitted to acute services staff were made available to remain with them where possible to ensure their needs were understood.

Residents' nutritional needs were addressed and monitored. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. The inspector observed these being implemented. They were also aware of resident's preferences and residents helped staff to do the shopping. The meal times as observed were individualised and managed sensitively and respectfully where support was needed.

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

Findings:
Both actions required from the previous inspection had been addressed with satisfactory procedures implemented for accounting for and managing all controlled medicines.

Medicines were appropriately prescribed. The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medication were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

Where errors were noted remedial actions were taken promptly. Although there are nurses on duty in both units at all times non nursing staff also had training in the administration of emergency medication should this arise. The inspector saw evidence that medicines were reviewed regularly by both the residents GPs and the prescribing psychiatric service. No resident was assessed as having the capacity to self-administer medication.

Audits on medicines management practices and on the use of PRN (as required) medicines were undertaken regularly.

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:
The statement of purpose was in accordance with the regulations and accurately described the service to be provided. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with moderate to profound intellectual disabilities, healthcare and behaviour related needs.

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:
The action from the previous inspection had been satisfactorily resolved with the appointment of new full-time person in charge to the centre.

The inspector was satisfied that the governance arrangements were effective to ensure

the safe delivery of care with suitable systems in place to govern and promote accountability.

The newly appointed person in charge was suitably qualified and experienced and had very good knowledge of both the residents' needs and the regulatory requirements. She was full-time in post and was supported by a team leader with defined areas of responsibility. There was evidence of protected time available to carry out the management function.

There were robust reporting structures in place to the regional services manager and the provider. Following the last inspection of one unit in January the services manager had undertaken a rigorous review of the practices. This had identified areas for improvement including clinical care, medicines management practices, residents support plans, safeguarding, and health and safety matters. The actions required had been carried out.

There was also evidence that following each inspection of centres in the service actions and issues identified were assimilated for continued improvement and learning.

The provider nominee had commissioned two six monthly unannounced visits to the centre. The reports were detailed and included findings from all audits and other internal inspection carried out. Issues identified were noted for action.

The inspector reviewed the annual report for 2016 which was in easy read format suitable for residents and found that this covered a range of issues but because of its format could not sufficiently provide a full overview of the quality and safety of care. None the less the inspector was satisfied that coupled with the level of review and other quality assurance systems this was satisfactory currently.

Effective governance is also demonstrated by the decision to reconfigure the units to one designated centre which supports compatibility of needs and greater oversight by the management.

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

Judgment:
Compliant

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

Theme:

Responsive Workforce

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

Findings:
There was a satisfactory number and skill mix of staff available. The residents were assessed as requiring nursing care and this was available on a fulltime basis. There were between three and four staff available in each unit on a daily basis, with three staff including two nurses available between both units at night. This ratio ensured that residents activities, behaviour supports and personal care needs could be achieved.

There was a centre-specific policy on recruitment of staff, suitable probationary induction systems and an annual staff support/ appraisal system in place .Where more frequent supervision was required this was seen to be undertaken. Regular and resident focused team meetings were held in each unit to support consistency of care. Mandatory training was up to date for most staff but a small number did not have MAPA which was necessary in one unit.
There was evidence that staff supervision systems had commenced with the team leader.

Staff spoken with had a good understanding of the residents' needs, support plans and preferences and communication.
Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified prior to taking up appointments. This included persons provided by external agencies. Care assistant staff had qualifications or FETAC level five as the minimum requirement which also supported the care of residents.
A review of files and the training matrix showed that there was a commitment to mandatory training with all of the staff allocated to the centre having undertaken fire safety, manual handling, medicines management and challenging behaviour training within either a one year or two year time frame as dictated by the policy. In addition, some staff had also had training in dementia and sign language which were pertinent to the needs of the residents.

All non nursing staff had first aid training including the management of choking and the administration of emergency medication which meant that resident activities outside of the centre were not impacted upon by virtue of their specific vulnerabilities.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of

retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Some records required by regulation 5(1) pertinent to residents were not available or were not complete in relation to residents' needs and personal support plans.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005077
Date of Inspection:	24 October 2017
Date of response:	6 December 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 05: Social Care Needs

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some information received prior to admission had not been clarified to ensure the residents needs would be met .

1. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

Please state the actions you have taken or are planning to take:
• All medical documentation has been followed up on and all relevant information is currently accessible.
• In future all information will be sought prior to admissions.

Proposed Timescale: 30/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were occasionally using an approved intervention without the training or the required prescription for the action.

2. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
• This intervention has since been prescribed for the specific individual.
• Behaviour support plan will be amended to reflect the use of this intervention.
• All staff will receive MAPA training.

Proposed Timescale:

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Safeguarding plans did not sufficiently detail the actions to be taken to prevent peer to peer incidents.

Protocols for the management of specific areas of vulnerability were not followed consistently by staff.

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:
• All safeguarding plans have been reviewed
• Team Leader met with all staff to review protocols and safeguarding plans to ensure a consistent approach.

Proposed Timescale: 30/11/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Intimate care plans did not provide sufficient guidance for staff in the protection of residents dignity and integrity.

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

Please state the actions you have taken or are planning to take:
• All safeguarding plans have been amended.
• Intimate care plans are currently in the process of being reviewed.

Proposed Timescale: 30/12/2017

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:
Some records and plans in relations to residents care were not available or were not complete.

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

Please state the actions you have taken or are planning to take:
• In future all plans will be complete and will be stored securely in an accessible manner.

Proposed Timescale: Ongoing

Proposed Timescale: